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BOOK REVIEWS

Introduction

Dear readers,
you are just opening a spring issue of our magazine which is published twice a year and is focused on truly exceptional topics. We publish the contributions of authors who dedicate themselves to the issues of special pedagogy, that is, to people who must, to a certain extent, rely on the help from others. Following contributions were sent to our editorial office mostly by Czech authors. We believe that the content of these contributions will make you fully interested and that they might, in many cases, serve as an inspiration for your own work whether you work abroad or in the Czech Republic. The issue of special pedagogy crosses borders not only between European countries but it is also an important matter concerning the whole world.

The first contribution we have selected is focused on the area of auditory processing disorder and brings the comparison of people with this kind of impairment in the context of their family relationships. It was sent to us by Czech authors J. Zvědělíková and A. Hanáková. The following article deals with the situation of seniors with neurocognitive disorders. In this context, it compares the opinions of secondary school students and caring staff about the use of music therapy techniques (O. Müller, P. Svoboda). Another paper written by O. Lingr is introcuding prison environment and is focused on risk factors to which young convicts are exposed. In the following contribution, T. Telekyová is describing the research on exceptionally talented people.

The fourth arcticle deals with the research on identity screening of assistants who work with autistic actors in inclusive theatre. We have received this article from M. D. Polinek – a Czech director of Modrodiv Theatre in Zlín. Next contribution is the overviewed essay that is focused od the Maslowś theory in practice work with people with SUD in prison. This article has prepared for our Journal by H. Moravčíková. And the last one has came from England. K. Miltonś overviewed essay is focus on the importance of inclusion of disabled children in the context of mainstream and special schools in United Kingdom.

As usual, we have added two reviews on interesting books that we received by Chinese authors X. Liu and S. Zeng.

We wish you good reading and believe you will remain supporters of our magazine.

Pavel Svoboda, executive editor of JEP

Parenting of people with hearing impairment: a comprehensive analysis of perspectives and experiences

(scientific paper)

Jana Zvědělíková, Adéla Hanáková

Abstract: *This article focuses on the perceptions of parenting among people with hearing impairment. It presents a comprehensive analysis conducted from three different perspectives: those with hearing impairment who do not have children, those who do have children, and the hearing children of persons with hearing impairment. A combination of quantitative and qualitative methods were used to collect data. The quantitative part of the research involved Q-methodology and a self-constructed questionnaire. In contrast, the qualitative part focused on conducting focus groups and semi-structured interviews with the focus groups. The study was conducted in three phases with a total of 49 respondents. The first phase involved quantitative research among 36 childless people with hearing impairment. The second phase included focus groups with eight deaf and hard-of-hearing parents. The third phase focused on individual interviews with five women who are CODAs (children of deaf parents.) The research findings suggest that parenting of persons with hearing impairment is influenced by a wide range of factors, including motivation to parent, differences in perspectives on parenting between men and women, parenting styles, degree of hearing impairment, and limitations and risks associated with the impairment.*

Keywords: *parenting, hearing impairment, CODA*

1 Introduction

This article explores the phenomenon of parenting from the perspective of individuals with hearing loss. Fialová (2000) characterizes parenthood as a fundamental relationship in an individual's life that goes beyond the meaning of marriage and lasts until the end of the life of one of the two partners. Matějček (1994) then emphasizes that the child's experience with their parents in the home environment is the cornerstone. Children who have experienced a harmonious childhood in a happy home are more likely to create a similarly supportive environment for their children.

We learn patterns of behavior from the family we are born into. At the same time, it is clear that the birth of a child with a disability affects the whole family (see, e.g., Vágnerová, 2012; Kukla, 2016). Statistics show that in 90–97% of cases, children with hearing impairment are born to parents who do not have a hearing impairment (see Komorná, 2008; Potměšil, 2015).

How do individuals with hearing loss perceive parenting? What behavior patterns do they learn in the family, and how do they subsequently apply them? Experts and parents agree that approaches to parenting a child with hearing loss can vary. Potměšil (2015) explores the personality of a child with a hearing impairment and describes how hearing impairment negatively affects an individual›s functioning, both at the level of language and communication skills and in a broader range of other cognitive functions.

International research often focuses on the relationship between the parent and the child with hearing loss (e.g., Leigh, Brice, & Meadow-Orlans, 2004; Hall, Smith, Sutter, DeWinft, & Dye, 2018), with most of these studies focusing on parents without hearing loss. Less attention has been paid to relationships in so-called homogenous families where both parents and children are affected by hearing loss (e.g., Paradis & Koester, 2015; Frank, 2017).

Parenting is shaped by conscious and unconscious cognitive processes (Finegood, Raver, DeJoseph, & Blair, 2017). Dittrich, Paul, and Parrot (2004) describe the phenomenon of intuitive parenting, which supports the child and facilitates learning, communication, and regulation of one's behavior. This intuitive parenting can be disrupted by adverse socio-cultural or biological influences, which include parents' hearing impairments.

In the Czech Republic, the issue of parenting people with hearing loss has been addressed in studies focused on exploring the needs of mothers with hearing loss during pregnancy and childbirth (e.g., Hartingerová, 2010; Lošťáková, 2016). Furthermore, Potměšil (in Hanáková et al., 2018) has addressed this issue by examining the position of the family in the value system. Specifically, he discusses the value orientation of adolescents with hearing impairment compared to a control sample of hearing adolescents. Family as a key element is evaluated very positively in his research by deaf, hard of hearing, and intact respondents. The results show that family is perceived as essential in life, even when communication (due to hearing impairment) is not entirely satisfactory. The family appears here as a potentially vital and respected element that can positively influence the outcome of the child's socialization process and is considered a target group for intervention by the professional team – functioning early care.

2 Aims and Methods

The research aimed to gain a comprehensive view of a family with a member with a hearing impairment, and the research was divided into three interrelated parts. A quantitative design was chosen for the first phase of the study, while the other two steps were qualitative.

The target group of the research consisted of people with hearing impairment and their families. The main criterion was whether or not the person with a hearing impairment is a parent. To have a complete family, we also focused on the CODA (from Child of Deaf Adults).

The main aim of the research was to analyze the complex view of parenting of people with hearing impairment, both by people with hearing impairment themselves and their children. Based on an analysis of the available literature and previous research, the following research objectives were established:

- *To analyze the perception of parenting by persons with hearing impairment who do not have children.*
- *To analyze the perception of parenting by persons with hearing impairment who have children.*
- *To analyze the perception of parenting of people with hearing impairment through the eyes of their hearing children.*

At this point, we would like to pause on the variables "perception of parenthood" and "view of parenthood"; they are synonyms.

Based on the research objectives, hypotheses were established and tested by quantitative research.

$1H_0$: *No consensus exists between men's and women's perceptions of parenting.*
$1H_A$: *There is consensus between men's and women's perceptions of parenting.*

$2H_0$: *There is no consensus between hearing and non-hearing respondents on their views of parenting.*
$2H_A$: *There is agreement between hearing and deaf respondents in their views on parenting.*

$3H_0$: *Persons who live/have lived in a dormitory do not perceive parenting the same way as persons who have never lived there.*
$3H_A$: *People who live/stay in a dormitory perceive parenting the same way as people who have never lived there.*

$4H_0$: There is no consensus in perceptions of parenting between respondents who do and do not have siblings.

$4H_A$: There is agreement in perceptions of parenting between respondents who do and do not have siblings.

Based on the research objectives, the research questions were established and verified through qualitative research:

- *What differences do people with hearing impairment who do not have children perceive in parenting?*
- *What differences do people with hearing impairment who have children perceive in parenting?*
- *What are CODA's perceived pitfalls and limits regarding parenting persons with hearing impairment?*

3 Results and Discussion

The first sub-objective was to analyze the perception of parenting by people with hearing impairment who do not have children. In the first phase of the research, a quantitative design was used, and a Q-methodology and a self-constructed questionnaire were used to collect the necessary data. The view of parenting was described through 40 Q-types. The research was conducted through an interactive questionnaire. We chose the electronic form of this research. We were inspired by the now-obsolete Flash-Q program by Hackert and Braehler. The program is located on the website https://vyzkum.definitelydave.dev/. It was a combination of Q-methodology and a questionnaire to compare the results (demographics, hearing impairment, living in a dormitory, compensatory aid, siblings, etc.). Thirty-six people participated in the study, of whom 38.9% were male and 61.1% were female. At the same time, 69.4% of the respondents belonged to the deaf group and 30.6% to the hearing group. 72.2% of the respondents had never lived in a dormitory, and 27.8% had ever lived there. Siblings are 83.3%, and 16.7% are only children. The youngest respondent was 16 years old. The oldest respondent was 47 years old. The average age of the respondents was 22 years. Hearing impairment without compensation was 13.9% of respondents, cochlear implant users were 44.4%, and 41.7% had hearing aids. Views or perceptions of parenting were described through 40 Q-types (see Table 1).

Table 1: *Q-types*

1	Having children is essential.
2	It is essential to talk to children about everything.
3	Having children is a loss of freedom.
4	I want my children to be hearing impaired.
5	I don't care if my wife/husband is hearing impaired.
6	I will raise my children like my parents raised me.
7	I'm looking forward to having kids.
8	My kids will never be in boarding school.
9	Having children is a worry.
10	I'm scared to raise my kids.
11	My parents will help me raise my children.
12	Family is a background, a strong bond.
13	Parenthood is forever.
14	Children are a gift.
15	I'd instead go to work than take care of kids.
16	I'll have a pet before I have kids.
17	The kids have to do exactly what I say.
18	What the kids need is more important than what I need.
19	I'm scared, I don't know how I will solve problems with my children (medical, educational).
20	I'm not going to be a good mom/dad.
21	I will love my children.
22	I will raise my children differently than my parents raised me.
23	Children and parents are partners and equals.
24	Being a parent is a responsibility.
25	Having children is financially challenging.
26	A parent should feel obligated to make their children happy.
27	I would never give a child a cochlear implant.
28	Having children is my dream, my life's fulfillment.
29	I want to raise a good and honest man.
30	I'm afraid I won't be able to give my children everything they need.
31	I want to have children soon.
32	I'm afraid the kids will cry, and I won't know about it.
33	It is crucial to have a big family – many children.
34	I'm afraid I won't understand the children.
35	I want my children to hear so they can interpret for me.
36	I want to be a mom/dad.
37	I can raise my children well on my own, I don't need a husband/wife.
38	People should have a wedding and then have children.
39	To have children, I have to have my own apartment.
40	The world is a dangerous place for children.

Each Q-type was translated into sign language by a sign language interpreter. Three statements had to be modified for better understanding by persons with hearing impairments. Specifically, these modifications were as follows – see Table 2.

Table 2: *Modifications of statements (Q-types) 23, 28 and 29*

Statement No.	Original text	New text
23	Children are partners.	Children and parents are partners and equals.
28	Having a child is the fulfillment of my personality.	Having a child is my dream, the fulfillment of my life.
29	I want to raise an honest man.	I want to raise a good and honest man.

The first step was sorting. All 40 Q-types with our statements (see above) were presented to the respondent. The respondent had the opportunity to move them into one of the containers according to whether he/she disagreed with the statement, his/her attitude was neutral, or agreed with the statement, using the drag and drop technique (Kubrický, 2011). This created three groups of statements. As mentioned above, each statement was translated into Czech sign language. Once the respondent had sorted all the statements, he/she proceeded to the actual sorting into the prepared template (pyramid). The advantage was that he could change his decision. Until he submitted the questionnaire, he could drag and drop the items in the pyramid. Hypotheses were tested using Kendall's coefficient of agreement.

Table 3 shows the evaluation of Kendall's coefficient of agreement in perceptions of parenting between men and women.

$1H_0$: No consensus exists between men's and women's perceptions of parenting.

$1H_A$: There is consensus between men's and women's perceptions of parenting.

Table 3: *Evaluation of Kendall's coefficient of agreement-perception of parenthood between men and women*

Statement	Men	Women	The sum of order X	X^2
1	3,57	3,36	6,93	48,0249
2	5,07	4,45	9,52	90,6304
3	1,79	1,73	3,52	12,3904
4	2,00	2,09	4,09	16,7281
5	4,86	4,05	8,91	79,3881
6	2,64	2,91	5,55	30,8025
7	4,07	3,83	7,90	62,41
8	2,29	2,55	4,84	23,4256
9	3,57	3,95	7,52	56,5504

Table 3 – *continue*

Statement	Men	Women	The sum of order X	X^2
10	2,43	2,64	5,07	25,7049
11	3,29	3,09	6,38	40,7044
12	4,57	4,32	8,89	79,0321
13	3,86	4,50	8,36	69,8896
14	4,21	4,27	8,48	71,9104
15	1,93	1,86	3,79	14,3641
16	2,71	2,91	5,62	31,5844
17	2,93	2,82	5,75	33,0625
18	3,57	2,91	6,48	41,9904
19	2,71	2,95	5,66	32,0356
20	1,86	1,95	3,81	14,5161
21	4,29	5,23	9,52	90,6304
22	3,14	2,86	6,00	36
23	3,57	2,86	6,43	41,3449
24	4,21	4,55	8,76	76,7376
25	3,07	3,41	6,48	41,9904
26	4,00	3,95	7,95	63,2025
27	2,21	3,32	5,53	30,5809
28	2,93	3,05	5,98	35,7604
29	3,93	4,32	8,25	68,0625
30	2,43	2,59	5,02	25,2004
31	2,14	1,95	4,09	16,7281
32	2,14	2,77	4,91	24,1081
33	2,00	1,73	3,73	13,9129
34	2,21	2,09	4,30	18,49
35	1,71	1,68	3,39	11,4921
36	3,57	3,27	6,84	46,7856
37	1,57	1,50	3,07	9,4249
38	2,14	1,73	3,87	14,9769
39	2,07	3,09	5,16	26,6256
40	2,71	1,91	4,62	21,3444
Total			**240,97**	**1588,54**

$W = 0{,}00642$
$\chi2 = 0.50078$
$\chi2(0{,}05;39) = 54.57223$

Accepting $1H_0$. There is no consensus between men's and women's perceptions of parenting.

Table 4 evaluates Kendall's coefficient of agreement between deaf and hard of hearing.

$2H_0$: There is no consensus between hearing and non-hearing respondents on their views of parenting.

$2H_A$: There is an agreement between hearing and non-hearing respondents in their views on parenting.

Table 4: *Evaluation of Kendall's concordance coefficient – difference between deaf and hard of hearing*

Statement	Deaf	Hearing Impaired	The sum of order X	X^2
1	3,52	3,27	6,79	46,1041
2	4,6	4,91	9,51	90,4401
3	1,72	1,82	3,54	12,5316
4	2,4	1,27	3,67	13,4689
5	4,24	4,64	8,88	78,8544
6	2,88	2,63	5,51	30,3601
7	3,76	4,27	8,03	64,4809
8	2,08	3,27	5,35	28,6225
9	3,68	4,09	7,77	60,3729
10	2,32	3,09	5,41	29,2681
11	3,04	3,45	6,49	42,1201
12	4,28	4,73	9,01	81,1801
13	4,32	4,09	8,41	70,7281
14	4,24	4,27	8,51	72,4201
15	1,84	2,00	3,84	14,7456
16	2,8	2,91	5,71	32,6041
17	2,84	2,91	5,75	33,0625
18	3,16	3,18	6,34	40,1956
19	3	2,55	5,55	30,8025
20	1,68	2,45	4,13	17,0569
21	5,04	4,45	9,49	90,0601
22	2,92	3,09	6,01	36,1201
23	2,92	3,64	6,56	43,0336
24	4,52	4,18	8,70	75,69
25	3,48	2,82	6,30	39,69
26	4,08	3,73	7,81	60,9961
27	2,36	2,09	4,45	19,8025
28	2,88	3,27	6,15	37,8225
29	4,08	4,36	8,44	71,2336
30	2,52	2,55	5,07	25,7049
31	2,04	2,00	4,04	16,3216
32	2,6	2,36	4,96	24,6016

Table 4 – *continue*

Statement	Deaf	Hearing Impaired	The sum of order X	X^2
33	2,08	1,27	3,35	11,2225
34	2,12	2,19	4,31	18,5761
35	1,52	2,09	3,61	13,0321
36	3,6	2,91	6,51	42,3801
37	1,76	1,00	2,76	7,6176
38	2,4	1,55	3,95	15,6025
39	2,8	2,45	5,25	27,5625
40	2,24	2,18	4,42	19,5364
Total			240,34	1586,03

W = 0,006658
$\chi 2 = 0.519303$
$\chi 2(0{,}05;39) = 54.57223$

Accepting $2H_0$. There is no consensus between respondents with hearing loss and respondents who are deaf in their view of parenting.

Table 5 shows the evaluation of Kendall's concordance coefficient concerning perceptions of parenting between those who did and did not live on campus.

$3H_0$: Persons who live/have lived in a dormitory do not perceive parenting the same way as persons who have never lived there.

$3H_A$: Persons who live/have lived in a dormitory perceive parenting the same way as persons who have never lived there.

Table 5: *Evaluation of Kendall's concordance coefficient – perceptions of parenting between those who did and did not live on campus*

Statement	Lived in a dormitory	Did not live in a dormitory	The sum of order X	X^2
1	3,10	3,58	6,68	44,6224
2	4,40	4,81	9,21	84,8241
3	1,80	1,73	3,53	12,4609
4	2,20	2,00	4,20	17,64
5	4,10	4,46	8,56	73,2736
6	2,80	2,81	5,61	31,4721
7	4,60	3,65	8,25	68,0625
8	2,30	2,50	4,80	23,04
9	4,00	3,73	7,73	59,7529
10	2,20	2,69	4,89	23,9121
11	2,80	3,31	6,11	37,3321
12	4,00	4,58	8,58	73,6164

Table 5 – *continue*

Statement	Lived in a dormitory	Did not live in a dormitory	The sum of order X	X^2
13	4,20	4,27	8,47	71,7409
14	4,30	4,23	8,53	72,7609
15	1,80	1,92	3,72	13,8384
16	2,10	3,12	5,22	27,2484
17	3,20	2,73	5,93	35,1649
18	2,70	3,35	6,05	36,6025
19	2,50	3,00	5,50	30,25
20	1,90	1,92	3,82	14,5924
21	5,20	4,73	9,93	98,6049
22	3,20	2,88	6,08	36,9664
23	3,20	3,12	6,32	39,9424
24	4,80	4,27	9,07	82,2649
25	3,30	3,27	6,57	43,1649
26	4,30	3,85	8,15	66,4225
27	3,00	2,00	5,00	25
28	3,80	2,69	6,49	42,1201
29	4,00	4,23	8,23	67,7329
30	2,80	2,42	5,22	27,2484
31	2,10	2,00	4,10	16,81
32	2,20	2,65	4,85	23,5225
33	1,60	1,92	3,52	12,3904
34	1,90	2,23	4,13	17,0569
35	1,90	1,62	3,52	12,3904
36	3,80	3,23	7,03	49,4209
37	1,10	1,69	2,79	7,7841
38	1,40	2,08	3,48	12,1104
39	2,40	2,81	5,21	27,1441
40	3,00	1,91	4,91	24,1081
Total			239,99	1584,41

$W = 0{,}006779$
$\chi 2 = 0.528788$
$\chi 2(0{,}05;39) = 54.57223$

Accepting $3H_0$. People who live/stay in boarding schools do not perceive parenting in the same way as people who have never lived in boarding schools.

Table 6 shows the evaluation of Kendall's concordance coefficient as a function of perceptions of parenting between those with and without siblings.

4H$_0$: There is no consensus in perceptions of parenting between respondents who do and do not have siblings.

4H$_A$: There is agreement in perceptions of parenting between respondents who do and do not have siblings.

Table 6: *Evaluation of Kendall's concordance coefficient – perceptions of parenting between those with and without siblings*

Statement	Has siblings	Has no siblings	The sum of order x	X^2
1	3,60	2,67	6,27	39,3129
2	4,57	5,33	9,90	98,01
3	1,50	3,00	4,50	20,25
4	2,07	2,00	4,07	16,5649
5	4,33	4,50	8,83	77,9689
6	2,77	3,00	5,77	33,2929
7	3,90	4,00	7,90	62,41
8	2,37	2,83	5,20	27,04
9	3,87	3,50	7,37	54,3169
10	2,53	2,67	5,20	27,04
11	2,13	3,33	5,46	29,8116
12	4,40	4,50	8,90	79,21
13	4,33	3,83	8,16	66,5856
14	4,30	4,00	8,30	68,89
15	1,70	2,83	4,53	20,5209
16	2,70	3,50	6,20	38,44
17	2,77	3,33	6,10	37,21
18	3,03	3,83	6,86	47,0596
19	2,73	3,50	6,23	38,8129
20	1,73	2,83	4,56	20,7936
21	4,93	4,50	9,43	88,9249
22	3,10	2,33	5,43	29,4849
23	3,33	2,17	5,50	30,25
24	4,57	3,67	8,24	67,8976
25	3,40	2,67	6,07	36,8449
26	3,87	4,50	8,37	70,0569
27	2,40	1,67	4,07	16,5649
28	3,23	1,83	5,06	25,6036
29	4,10	4,50	8,60	73,96
30	2,12	4,50	6,62	43,8244
31	2,17	1,33	3,50	12,25

Table 6 – *continue*

Statement	Has siblings	Has no siblings	The sum of order x	X^2
32	2,33	3,50	5,83	33,9889
33	1,97	1,17	3,14	9,8596
34	2,17	2,00	4,17	17,3889
35	1,73	1,50	3,23	10,4329
36	3,53	2,67	6,20	38,44
37	1,53	1,50	3,03	9,1809
38	1,93	1,67	3,60	12,96
39	2,83	2,00	4,83	23,3289
40	2,40	1,33	3,73	13,9129
Total			238,96	1568,70

W = 0,00662
$\chi^2 = 0.516398$
$\chi^2_{(0,05;39)} = 54.57223$

Accepting $4H_{0.}$ There is no consensus in perceptions of parenting between respondents who do and do not have siblings.

By testing the hypotheses through Kendall's concordance coefficient, we concluded that there is no agreement in perceptions of parenthood between the ratings of childless men and women (valid $1H_0$), between childless deaf and hearing people (valid $2H_0$), between those who live/have lived in a boarding school and those who have never lived in a boarding school (valid $3H_0$), and between childless people who have siblings and those who do not (valid $4H_0$). At the same time, in all cases, the difference is statistically significant at the 0.05 significance level.

Based on the analysis of the data collected, without splitting the sample, we found that the most essential items identified by childless respondents with hearing impairment were "It is important to talk to my children about everything." and "I will love my children." We used standard deviation to determine whether there was agreement or disagreement with each statement in a given group of respondents. Based on the calculated arithmetic mean, we could then tell whether they agreed with the statement, had a neutral attitude, or disagreed. Then, the whole group was divided into two groups and the answers were compared. The most significant differences in the statements were observed in the groups: male vs. female, deaf vs. hard of hearing, have siblings vs. do not have siblings, lived in a dormitory vs. did not live in a dormitory. We then proceeded to categorize each statement. The categories shown in Table 7 emerged from the first phase of the research as essential aspects of the perceptions of parenting by persons with hearing impairments who do not yet have children.

Table 7: *Categorization of the first phase of the research*

Category	Original Q-type version
Freedom	I'll have a pet before I have kids.
	Having children is a loss of freedom.
Parenting	I will love my children.
	Being a parent is a responsibility.
	I'm not going to be a good mom/dad.
Partnerships	I don't care if my wife/husband is hearing impaired.
Communication	It is essential to talk to children about everything.
	I'm afraid I won't understand the children.
Interpreting	I want my children to hear so they can interpret for me.
Dormitory	My kids will never be in boarding school.
Education	I want to raise a good and honest man.
	I will raise my children like my parents raised me.
	I will raise my children differently than my parents raised me.
Economic function	Having children is financially challenging.

The second sub-objective was to analyze the perception of parenting by people with hearing impairment who have children. In the second phase of the research, a qualitative design was used, the focus group method was used to obtain data, and the data obtained was evaluated using grounded theory-axial coding. The focus group was conducted in the District Union of the Deaf in Olomouc. Eight persons with hearing impairment and two Czech sign language interpreters were present. The probands were persons with hearing impairment who already have children. They were presented with the results of the first phase of the research, i.e., the perspective of people with hearing impairment who do not have children yet. A video recording was made of the focus group. Subsequently, a verbatim transcript was made and the data was evaluated using grounded theory. The videotape and subsequent transcription of the focus group subjected to axial coding are not presented here to preserve complete anonymity. The video contains both Czech sign language and Czech translation. The youngest participant was 36 years old at the time of the research, and the oldest was 69. The average age of the focal group was 49 years. Seven people identified themselves as deaf, and one as hard of hearing. Two men and six women participated in the research.

In the following, we present the axial coding of the focal group. The left column of Table 8 lists the units of meaning with category names, and the right column lists analytic notes identifying causal and intervening conditions and context.

Table 8: *Axial coding of the focal group*

Meaning units with category names	Analytical notes identifying causal and intervening conditions and context
Motivation for parenthood • Nearby • obtaining an apartment • traditions • postponement of parenthood • Siblings	*The focus group brought together two generations to compare their motivations for motherhood. An older married couple started a family to get an apartment. The middle-aged proband stated that they had children because of closeness. The probands agreed that it used to be expected to start a family after finishing school and that nowadays it is postponed. One proband stated that she had a brother 15 years younger than her and had to care for him. This bothered her and despite deciding to have a child later, she had children early.*
Method of upbringing • the nature of the individual • parenting styles • how my parents raised me • every child is different • communism – strictness • agreement • children's interest • son vs. daughter • empty nest • the need to communicate with children • paternal role model • Siblings • number of children	*According to probands, the way of upbringing determines the nature of the individual. The variety of parenting styles also influences how their parents raised them. However, one proband countered. She stated that she and her sister had different views on parenting, although their parents had raised them similarly. Another explained that she herself has three children, and each is completely different, so her parenting approach must be different for each child. They also compared parenting styles over time. The older generation agreed that parenting used to be more consistent and that at least one parent needed to be strict. It was said that men should raise sons. Middle-aged probands were more in favour of 'by agreement' parenting. They also mentioned children's interest in helping their parents. "My daughter wanted to help me; she explained the words to me." They also touched on the son vs. daughter distinction, where the experiences of individual probands were ambivalent. One mother highlighted the feeling of an empty nest after her daughter moved abroad but her son continued to live with her. "It was a shock for me, I felt empty; it hurt so much that she had gone." She added that they kept in touch via video calls, mentioning the need for communication. One woman mentioned that she lacked a father figure, was raised only by her mother, and found it difficult to raise her children with her husband after starting a family. There was also a discussion about the appropriate number of children, with more being viewed positively than having an only child.*
The difference in perspective on parenthood – men vs. women • man stricter • a woman raising herself • interests of men • finance • understanding with one parent	*The probands agreed that men and women have different perspectives on parenting. "My husband is different, I am different, unfortunately." Women mentioned that men tend to be stricter but are often not at home because they have many interests. Proband said that he agrees that under communism, there was not so much programming. They could only do sports, whereas today, they have cell phones, TVs, computers, and football. Proband added that it is because deaf people go to football, and darts and meet other deaf people all the time that "they don't give a damn about their wives and children". One proband reported unnecessary arguments with her husband, "We have two girls, my husband doesn't understand." Another proband stated that the man has to help his wife and that she thinks men do this, take the children with them on trips – on "men's rides". It was noted that the women run the household, shop, and cook, the man brings the money but doesn't know how much it costs, he gets ready meals.*

Table 8 – *continue*

Meaning units with category names	Analytical notes identifying causal and intervening conditions and context
Dormitory • suitable environment • own experience • combined defects • boys and girls together • Moving • to have the children with you • Deaf culture • hearing educator • CODA doesn't have to go to boarding school	*The older generation of probands agreed to place the child in a boarding school. They generally agreed that boarding school was a suitable environment because they had lived in boarding school themselves and were happy. The older couple mentioned that they had counted on having children with hearing impairment and going to boarding school; they had not counted on the children not having hearing impairment and having them at home. Middle-aged probands pointed out that there are far fewer children in boarding schools today, mixed in different ways. In addition to children with combined disabilities, they mentioned children with cochlear implants and mixed wards of boys and girls. One proband said that her parents had moved so they did not have to put her and her sister in boarding school. She justified this to maintain communication between them and their parents. She stressed that she did not want to put her child in boarding school or anyone else's. One proband referred to an experience in her family where a child with a hearing impairment is placed in a boarding school where he is educated by hearing educators but raised at home by deaf parents. She spoke of a clash of cultures. They agreed that in the case of CODA children, the parent does not have to address this issue because they have a school in every village.*
Communication • relationship with the child • Interpreting • assistance to parents • reluctance to interpret • age limit • can't read • few interpreters • children can't defend themselves • speech therapy • speech pattern • method of communication	*According to the probands, the basis is a good relationship with the child, from which everything depends. Older probands said that if a hearing child is born, he or she automatically becomes an interpreter. In contrast, the middle generation separated from helping parents and traditional interpreting. They referred to helping parents as helping them to handle an issue over the phone. According to them, the child must do this if the parents need it urgently. And for handling private matters, they said, it is necessary to book an interpreter because there is no need to transfer their problems to the child. Furthermore, they shared their experiences with each other's willingness to interpret their children. They agreed that if the child does not want to interpret, the parent must respect this. The discussion also opened up on the age limit for interpreting, which they set between 12 and 15 years. Some condemned the use of young children for interpreting, where the child interprets something that he or she does not understand. "Some deaf people can't read, the child can't read either, but they want the child to say something." An older proband said there used to be few interpreters, so children interpreted. Today, he said, there are also few, but the situation is better. He added that some things need to be resolved right away, and the child is the closest. In the discussion, words such as, "In a way, they were abusing the children" when they forced them to interpret, "the poor child had to endure it," and "children do not know how to defend themselves when they are small." There were also negative repercussions for the child when he or she failed to get things done to the parents' liking. One proband shared that she was advised to marry a hearing man, which she refused, saying that she signs, he would talk, and she would be bored with him. Women would only be willing to live with a hearing partner if they had*

Table 8 – *continue*

Meaning units with category names	Analytical notes identifying causal and intervening conditions and context
	a perfect command of Czech sign language. In the discussion, the probands also touched on the issue of speech therapy at CODA. They mentioned that children from intact families often attend speech therapy and share their experiences. According to the probands, most CODAs have a speech talent. Only one proband mentioned that her child had speech therapy difficulties, so a neighbour came to her to be a proper speech model. Not all probands sign within the family. The older generation stated that they only sign amongst the deaf but mostly sign back with the broader family.
Degree of hearing impairment • Deaf • Hearing impaired • Hostility • Friendship • Interpreting	*According to the deaf probands, the hearing impaired are afraid. They are "in-between" hearing and deaf, they talk a little, they sign a little, and they are insecure. "We swear so much at each other." One proband said that he had not spoken to hearing people before. There was a noticeable hostility in the discussion. The turning point came when the sole hearing representative covered his hearing aid with his hand. At that point, the probands began to speak positively about the hearing impaired as interpreters and that some hearing impaired people like and help the deaf. A deaf proband said that his mother forbade him to sign during communism. But he wanted to learn and went to high school with the deaf. However, he admitted that sign language is not natural for him; he considers speaking as natural.*

The third sub-objective was to analyze the perceptions of parenting of people with hearing impairment through the eyes of their hearing children. In the third phase of the research, a qualitative design was also used and the data collected was evaluated using grounded theory-axial coding. The last phase of the research consisted of individual interviews with CODAs. The probands were presented first with the results of Phase 1 research and then with the results of Phase 2 research. An open-ended interview followed this. The probands could comment on the issue or ask questions about their interests. They were then asked one question, "*To summarise, do you see any limits and risks of parenting people with hearing impairment that could be addressed in special education intervention care?*" After outlining the interview process, 5 CODAs (women) decided to participate in the research. The following were identified as the main categories that relate to parenting persons with hearing impairment from the perspective of their hearing children: family, boarding, communication, interpretation, self-concept, degree of hearing impairment, limits, and risks of parenting persons with hearing impairment. The probands interviewed more or less agreed that views on parenting are very individual, often change over time, and everything is different anyway after the birth of children. According to them, this applies to people with hearing impairment and the population in general. In the course of the interviews, some probands also expressed that they had thought about whether they would mind having a child with a hearing impairment and concluded that they mainly wanted a healthy child and did not consider a hearing impairment as a disability – a disease. One proband believes that she would have a better relationship with her parents if she could not hear herself. Two other probands also found this to be the case. They stated that their parents do not take them as equal partners because they can hear – they do not understand. One proband believes that there is a lower divorce rate for people with hearing impairment because they do not have as many options of where to go. Probe 4 reflected on the factors influencing the perception of a person with a hearing impairment towards parenthood. She stated that family structure, background, the quality of relationships in the family, including relationships with grandparents, and the communication setup in the family mattered a lot. Proband 2 perceived the interference of grandparents in family affairs and CODA upbringing as negative. The other probands perceived this as normal. The probands who talked about the number of children agreed that in the Deaf community, it is considered preferable to have more children than an only child. One proband was an only child and perceived this negatively. She stated that no one had told her that it was normal to have Deaf parents. She felt strange and had no one to discuss it with. The probands also learned that their grandparents had never learned to use Czech Sign Language (CSL), with one proband's grandmother even reproaching her grandchildren for signing with their parents. According to proband 4, CODAs have no problem communicating with their parents because sign language is their natural communication system. Probe 3 also perceives CSL as her natural language, but she stated that she knew several families where deaf parents did not sign with their hearing children but only spoke to teach their children to speak properly. The second phase of the research revealed that (according to hearing-impaired people who already have children) CODAs have an aptitude for speech. Two respondents strongly disagreed with this. They mentioned early nursery placement for proper speech development, i.e., early separation from the mother. Two probands wondered that although they had an excellent command of CODA, their relationship with their mother was not ideal. In contrast, proband 4 did not perceive hearing impairment as a major barrier to communication. She compared communication with a person with a hearing impairment to communication with a stranger. At the same time, she added that it is clear that deaf people do not read when written text does not make sense to them because of different grammar. Probe 4 stated that her friends are often surprised that CHS has many variations and is not universal. Several probands also mentioned the generational change. They mostly attributed it to the change in education in our country. According to them, the older generation perceives their disability as a stigma, whereas younger generations do not perceive their hearing impairment negatively. In the second phase of the research, the probands agreed that there were fewer activities under communism than today, which is why deaf fathers are still away – they have too many hobbies and more opportunities. One proband disagreed, stating that she remembered many organized events as a child. However, the proband spoke of events that were organized for whole families but are no longer. She also mentioned that she hoped that special schools would not be abolished. She believes that if the education at special schools was excellent, even a hearing parent would put their child there. Four of the five probands touched on the issue of interpreting. One stated that she loves interpreting, does it for a living, and has it as a hobby. She also added that she knows she is one of the few but does not understand why. She added, however, that there were not as many situations to interpret in the past as there are today, which greatly increases the demands on interpreters and, consequently, on CODA. The other probands did not share the enthusiasm for interpreting but considered it common, but they did not always find it comfortable. Probe 2 appreciated the change in Deaf people's views on interpreting for children that emerged from our Phase 2 research results. Previously, in her view, there was a view that if a Deaf person had a hearing child it was a good thing because they would interpret. Four probands also commented on residential housing for deaf people. One proband was surprised by our research findings and said that it was interesting to see what impacts residential housing can have. Another proband was very surprised that childless Deaf people would put their children in boarding school. According to her experience, the older generation of Deaf people rate boarding negatively. In contrast, another proband believes that family is important to Deaf people precisely because they have been to boarding school. It was generally agreed that if an individual has a positive experience with a boarding school, it is clear that they will put their child there, too. One proband stated that it is at boarding school where relationships are formed and Deaf culture is passed on and that her mother cried when the holidays started because she did not want to go to a family where no one understood her. Two probands wondered about the animosity between Deaf and hard-of-hearing people when they have the same hearing impairment. Still, they both concluded that it was logical because there were big differences between them. At the end of each interview, one question was asked about the "limits and risks" of parenting with a hearing impairment. We asked about what could be done to improve this area.

4 Conclusion

The main aim of the research was to analyze the complex view of parenting of people with hearing impairment as a basis for special education intervention. By merging the meaning units of the categories from Phase 1, Phase 2, and Phase 3 of the research, we obtained an evaluation of the leading research objective. These meaning units can be considered a comprehensive research evaluation because the phases build on each other. The discussion in the focus group (Phase 2) was based on the findings from Phase 1 of the research. Phase 3 of the research presented the findings from Phase 1 and Phase 2. Thus, the parenting of people with hearing impairment for our research is characterized by the areas shown in Table 9.

Table 9: *Areas – meaning units of parenting of persons with hearing impairment*

Units of meaning	Phase 1	Phase 2	Phase 3
FAMILY	Parenting	motivation to parent	family
	Partnership	method of upbringing	
	Education	the difference in the male/female perspective	
	economic function		
DORMITORY	dormitory	dormitory	dormitory
COMMUNICATIONS	Communications	Communications	Communications
	Interpreting		Interpreting
SELF-COMMUNICATIONS	Freedom		self-concept
DEGREE OF HEARING IMPAIRMENT		SP grade	SP rate
LIMITS AND RISKS		limits and risks	limits and risks

Under the heading of „family“ are topics such as motivations for parenthood, partnerships, parenting methods, differences in views on parenthood between men and women, etc. Motivation for parenthood was addressed by probands with hearing impairment who already have children. This varied according to the age category of the probands. Older probands mentioned economic factors as motivation for parenthood, while middle generation probands talked about psychological and sociobiological factors. They also touched on the topic of the optimal number of children and considered it advisable to have more children. A CODA proband agreed with this, perceiving a prevailing view in the Deaf community that it is better to have two children than an only child. Two other categories were closely related to the motivation to parent, namely, the way of parenting and the difference in perspective on parenting between men and women. Hearing-impaired probands agreed that men and women have different perspectives on parenting. According to them, men are often more strict, and at the same time, they are less involved in parenting because they have many interests. According to the probands, the different perspective on parenting is also reflected in their understanding of their children. They stated that each child get along more with one parent, and it is not necessarily mother-daughter and father-son. They further stated that the way of upbringing and parenting styles determine the nature of the individual. CODA probands agreed that attitudes towards parenting change for childless people the moment they have children. It was often expressed that individual attitudes (even those who already have children) are very individual, and opinions change over time. According to them, this is not only the case for people with hearing impairment but is a general process. Only one CODA proband said that the differences between women's and men's views on parenting did not surprise her, as she has a very conservative family and believes that breaking down stereotypes and accepting something new is very difficult in a closed group. During the CODA interviews, it was mentioned that the probands themselves wondered whether they would mind if their child did not hear. They agreed that they wanted a healthy child, which did not rule out a hearing impairment in the child. On the other hand, one of them thought that if she could not hear herself, she would have a better relationship with her parents. The other two probands expressed similar views. They believe that their parents do not take them as equal partners precisely because, unlike them, they can hear and do not know what it is like not to hear. From the CODA interviews, we were intrigued by the statement that couples with hearing impairment have a lower divorce rate than the intact population because they do not have as many options of where to go. Unfortunately, we could not track down domestic or international research on this topic. However, we consider it an exciting topic for further research. We consider it essential to consider how well a family can fulfill its functions if partners stay together only to avoid being alone or having nowhere to go. The CODA proband reflected on the factors influencing the perception of a person with a hearing impairment towards parenthood – she stated that it depends on the family structure, background, the quality of relationships in the family, including the relationships with grandparents and the communication setup in the family.

The category "boarding" is related to the method of education. In this area, the probands dealt with the effects of dormitory living and assessed whether it was a suitable or unsuitable environment. Opinions were ambivalent both among respondents and hearing-impaired probands, and CODA. The focus group also described the generational transformation of the boarding school environment, when there used to be more deaf people in boarding schools, Deaf culture, and sign language were passed on there. Today, according to the probands, there are far fewer children with hearing impairment in boarding schools, they tend to have a cochlear implant or associated or other disabilities. From the qualitative part of the research, we highlight two statements that relate to the boarding school. The hearing-impaired subject stated that her niece's upbringing is "crossed" because she is being raised by hearing teachers at boarding school and by Deaf parents at home. The CODA subject reported that her mother cried when the holidays started because she did not want to go to a family where no one understood her. Regarding boarding school issues, Potměšil (2010, p. 31) notes that "the significantly more complicated situation for hearing-impaired children in special schools using boarding facilities is based on the fact that in some facilities (and this probably does not only apply to schools for the hearing disabled) activities outside of school are organized for operational reasons in such a way that the group of children making up the school class does not change and in out-of-school time they form an educational group at the boarding school… This means that, for example, a child who is unsuccessful in school work carries his failure with him into other activities, because the same composition of the social group does not allow him to start any activity without the prejudices of others and to be able to excel in something."

Hearing impaired probands consider a good relationship with their child to be the cornerstone of the family. In our interviews with CODA, we came across several areas of concern regarding communication that interfere with a good relationship between children and parents. The research revealed that CODA parents did not use sign language with their parents, i.e., the CODA grandparents unless they also had a hearing impairment. One of the reasons for this was the lack of CODA classes in the past, but in one case, the proband stated that as grandchildren, their grandmother blamed them for signing and not speaking to their parents. The probands saw it as essential to communicate with their parents through CSE. However, one proband said she also knew several families where deaf parents did not sign with their hearing children because they wanted them to develop spoken language. Proper speech development of CODA was also a part of the research. According to the probands with hearing impairment, the speech development of CODA is quite acceptable because they have a talent for speech. Two CODA probands objected to this. From their experience, they conclude that CODA's speech development is problematic and needs to be supported. One proband spoke of being placed in a nursery because of her speech development, and yet she still has impaired communication skills, specifically articulation impairment. We also got into the issue of CODA interpretation. The older generation of probands with hearing impairment stated that if a CODA is born, he or she automatically becomes an interpreter. The middle generation disagreed with this. They acknowledged that in some cases, interpreting through a CODA is a necessity, but it should be done voluntarily and personal problems should be handled by someone other than their child. Some probands with hearing impairments condemned the use of young children for interpreting, where the child interprets something they do not understand. Only one CODA proband out of five considers interpreting a hobby and does it for a living. However, she is aware that she is one of the few. According to this proband, the demands on interpreting have increased nowadays, and therefore on CODA. As a final exciting finding in this area, two probands reflected that although they were excellent in their knowledge of CODA, their relationship with their mother was not ideal.

In the context of communication, we also got into the generational change in the self-concept of people with hearing impairment in our interviews with CODA. Two CODA probands independently agreed that the older grades carry a kind of stigma because of their hearing impairment. In contrast, the younger grades do not perceive it as a disability but as part of their personality. It was the aforementioned older year groups of deaf students who were prohibited from using sign language during their education. We identify with Potměšil (2010, p. 40), who states that "one cannot avoid mentioning the quality of the communication system from an individual perspective because it is communication that is fundamentally involved in the development of personality, and the inability to communicate or long-term frustrations caused by inadequate communication competence are often the basis of psychological problems, regardless of the presence of a hearing impairment and its possible degree and nature."

It is also important to note that in the first phase of the research, where the average age was 22 years, we allowed respondents to assign themselves to the deaf or hard-of-hearing group based on how they reflected on their hearing loss. They were also allowed to fill in whether they used a compensatory aid. 69.4% of deaf people and 30.6% of hard-of-hearing people participated in the survey. However, at the same time, 40.54% of respondents use hearing aids, and 43.24% have a cochlear implant. Only 13.51% of the respondents stated that they do not use any compensation, of which 10.81% were classified as deaf. In contrast, eight people participated in the second phase, 7 of whom identified themselves as deaf, yet they did not have any compensatory aid. The average age of the second phase of the research was 49 years.

Along with self-concept, Deaf culture is also closely related. The CODA proband disagreed with the statement made by the probands with hearing impairment regarding the cultural activities of the hearing impaired. The Deaf probands agreed that there used to be less programming than today, but according to the CODA proband, it is the other way around. She also mentioned that she hoped that special schools would not be abolished. She believes that if the education at special schools were outstanding, even a hearing parent would put their child there. As Potměšil (2010, p. 38) states, it turned out that "a child/student with a hearing impairment with a preference for sign language and an inclination towards the Deaf minority is not provided with the necessary conditions for his/her integration in the current school system. Quite paradoxically then, special schools for the hearing impaired, albeit boarding schools, come out as places with the best conditions for the development of the psyche of hearing impaired children, and thanks to the enlightened principals of these schools who employ hearing impaired people as teaching and non-teaching staff of the school, self-definition, self-concept can be developed even in severely hearing impaired children."

Our research has shown that the degree of hearing impairment also has an impact on the parenting of people with hearing impairment. In the second phase of the research, probands with hearing impairment got to the differences between deaf and hard of hearing. There was a noticeable hostility in the discussion. An interesting statement was made by a deaf proband. She believes that the hearing impaired speak a little, sign a little, belong neither to the hearing nor to the deaf, and are therefore insecure not only in the area of parenting. These Phase 2 results surprised the CODA proband who said that she did not know there was animosity between these groups when they share a common hearing loss. But she subsequently added that this was actually logical as they were very different. A very interesting finding was that another CODA proband did not see hearing impairment as a major barrier to communication, but at the same time perceived a big difference between deaf and hard of-hearing people. She considers hearing impairment as a better starting position in life. The experience of the expert we interviewed working in a counseling center is that if one of the partners has a milder degree of hearing impairment, he or she automatically takes over the responsibility for the running of the whole family, which seems like an unreasonable burden. Even one CODA proband has personal experience of the counselling centre and perceives a big difference between acquired and congenital hearing loss/deafness. She stated that this facility for people with hearing impairment is run by hearing-impaired people and has "I want to hear" in the name, thus clearly explaining the cause of the issue and the disagreement in both groups.

At the end of each CODA interview, one question was asked about the "limits and risks" of parenting with a hearing impairment. We asked what could be done to improve this area and whether and how it could be influenced through special education intervention. Probe 1 does not perceive any limits in parenting people with hearing impairment, according to her it is only necessary to supervise the proper speech development of hearing children. She did not specify in what form. According to proband No. 2, CODA dropped out of the system. They are healthy but they need support. She suggests support for CODAs in the form of pedagogical intervention, where the teacher would spend about 30–45 minutes a day with the child, especially awareness of this issue among teachers. She sees as negative the interference of grandparents in education and the frequent encouragement of children to outperform their parents. According to proband 3, hearing impairment is not a limiting factor for parenting, but she would like to see a counselling service for parents with hearing impairment. Her reasoning was that a person with a hearing impairment has limited access to information and she felt this would improve the relationship between children and parents. It also encourages sharing between CODAs. Interviewee 4 would recommend some form of personal development for people with a hearing impairment to promote self-esteem. She perceives that persons with hearing impairment have inadequate access to information. They also have, in her opinion, fewer opportunities to meet different people, such as psychotherapists. She perceives the CODA issue as neglected. According to her, there is support only for parents who have a child with a hearing impairment. She agrees with the support for deaf parents but sees the need for support for hearing children as equally important. Interviewee 5 would recommend that education focuses more on the needs of the individual. She herself had a problem with not having anyone to learn with. She needed someone to test her and her parents were not up to the task. She perceived the accessibility of information for people with hearing impairments as inadequate.

The research seeks to contribute to new scientific knowledge in the reflection of people with hearing impairment and attempts to approach the characteristics of the perception of families and parenting by these individuals. It should be stressed that our study has its limitations and does not necessarily cover all aspects of the subject. Some conclusions can be drawn from our findings that could help to improve early intervention. We also offer some practical advice for parents and professionals involved in the counselling and education of people with hearing impairment, but we are aware that this area requires further intensive research.

Ethical aspects

When conducting the research, we respected the rules of scientific work, we are responsible for the accuracy and correctness of the processed data. We conducted the research with respect for all research participants. Informed consent was obtained from all of them. Hendl (2012) divides informed consent into passive or active. All participants had the option to terminate the research or withdraw from the research at any time. The first phase of the research was conducted online through an interactive questionnaire. In this case, it was passive informed consent. The respondent could close the questionnaire at any time and thus terminate the research. In the second phase (the only one) active informed consent was used (participants in this phase of the research signed a document, which, in order to preserve anonymity, is not an appendix of the dissertation, just like the focus group video). From an ethical point of view, the verbatim transcript of the focus group was not included in the appendices because it is partly a transcript of Czech sign language, which has a different grammar than Czech. At the third stage, during passive informed consent, one of the probands expressed that she did not wish the written record or recording to be kept elsewhere than with the author of the thesis. All the data obtained, i.e., video recordings, audio recordings, and verbatim transcriptions, are stored with the author of the thesis in such a way that they cannot be misused.

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Music therapy intervention as a means of stimulating the communication skills of seniors with neurocognitive disorders – theory versus practice

(scientific paper)

Oldřich Müller, Pavel Svoboda

Abstract: *The paper contains a screening of the opinions of helping professions workers working in a home for the elderly with individuals with neurocognitive disorders and compares it with the opinions of a younger generation of students who are just preparing for this work. The authors carried out a comparative questionnaire survey with both target groups, focusing on the analysis and comparison of possible differences in their knowledge in the field of care for elderly people with neurocognitive disorders. Specifically, they focused on knowledge and experience with approaches, methods and tools applicable within the framework of music therapy interventions, as they are understood in practice in comparison with the theoretical knowledge of secondary school students focused on social work. The questionnaire was mainly aimed at assessing the knowledge of the possibilities of effective stimulation of the memory of the elderly and their communication skills using the means of music. The conducted investigation was based on research studies dealing with so-called non-pharmacological approaches to the given clientele, for professional caregivers it was followed by music therapy lessons, which the authors regularly implemented from the beginning of 2022. Its results will, among other things, serve as the basis for an upcoming study with a scoping design review.*

Keywords: *neurocognitive disorders, seniors, music therapy intervention, melody, rhythm, text, memory stimulation, communication skills*

1 Introduction

Severe neurocognitive disorders (NCD, dementia) are one of the main causes of care dependency in the elderly worldwide. They represent a global challenge for health and social care in the 21st century. They affect individuals, their families and the economy of individual countries. About 50 million people worldwide live with this diagnosis. By 2050, this number is expected to triple. (Livingston et al., 2020).

Severe NKP is a complex syndrome arising on the basis of various neuropathologies and manifesting itself in a wide range of symptoms. The most common form arises on the basis of Alzheimer's disease, followed by vascular causes and mixed etiology. Dementia caused by Alzheimer's disease (NKP AN) is part of the neuropathological continuum, where it follows on from the previous so-called preclinical and prodromal stages. This is also consistent with the 2011 NIA-AA (National Institute on Aging and the Alzheimer's Association) revised diagnostic criteria (Frisoni et al., 2011).

NKP AN is characterized by progressive cognitive decline with a neurodegenerative background. It is primarily manifested by a deterioration of short-term memory (retrograde memory disorder) and deficiencies in the encoding and storage of new knowledge (anterograde memory disorder). At the same time, the impairment of the episodic component of memory, i.e. the ability to remember information and events in a personal context, is significant (Tromp et al., 2015). As the disease progresses, the ability to recall memories shifts in time (from the most recent data to the most distant ones), the worsening of the memory deficit has the character of a breakdown of long-term memory (Buijssen, 2006).

Weakening of memory negatively affects the pragmatics of speech (e.g. there is a reduced vocabulary). There is also a weakening of the semantic component of language (see naming problems) (Mesulam et al., 2009), visuospatial, executive and other cognitive functions are also subject to degenerative changes. Behavioral and psychological symptoms (BPSD) and reduced ability to perform activities of daily living are also present (Peña-Casanova et al., 2012).

Vascular NKP includes a group of syndromes related to various vascular pathologies. The resulting clinical picture then depends on the area of the brain where the damage occurred. Typical primary manifestations are disorders of attention, executive functions, thinking, behavior, etc. (Korczyn et al., 2012).

Elderly persons with severe CKD need a comprehensive approach involving different areas of care. The position of social workers (and other non-medical professions) primarily requires the use of effective psychosocial interventions and proven non-pharmacological approaches. One of their goals is to deal with the impaired communication ability of the target group.

Typical communication problems can manifest as follows (Maxim, Bryan, 2006):

- disorders in the field of attention can lead to changes in the course of communication, e.g. reduced understanding of spoken language, reduced ability to maintain the topic of conversation, the need to repeat questions and instructions…,

- memory impairments (see episodic, semantic component) can lead to unsuccessful conversations containing incoherent language, confabulation and repetition, reduced ability to follow multi-step instructions, inability to link old information with new, deficiencies in logic and accuracy…,
- disorders in the field of thinking can lead to impaired understanding of abstract concepts, inability to verbally argue, misunderstanding of metaphors and indirect questions…

Non-verbal communication has a specific position for people with severe NKP. It has various communicative meanings, but mainly captures the nature of interpersonal relationships and emotional state. On the one hand, its meaning changes, but also in a certain sense increases with the progression of the disease. While people in the light stage can understand and express social signals, people in the severe stage tend to react to the tone of voice, touch, facial expression… However, at the same time, it is the most effective communication channel for them. For the caregiver, it is important to monitor the level of the so-called contact behavior of clients, which is mainly nonverbal in nature (verbality is lost). These are, for example, micromovements (smile, head nod, eye contact…), a simple sound, a word… (Bender et al., 2022).

In order for professionals (or family caregivers) to effectively support their clients, they must adopt such techniques, methods and approaches that enable a sufficiently understandable and appropriate way of communication and that also enable sufficient use of the preserved functional capacities of persons with severe NKP. The field of artistic activities can be considered proven in this sense. Many studies confirm the significant influence of art on improving social interactions among this target group (Kontos et al., 2021). Music and its means are among the most frequently confirmed (Raglio et al., 2008). In particular, music therapy is considered a non-pharmacological approach with good results, for example, in influencing some cognitive functions and BPSD (Lam et al., 2020). Here too, however, it is primarily a means of improving communication between therapist and client. The direction of research in this area should, among other things, focus on finding suitable music therapy tools and the effectiveness of their use.

Typical representatives of professional caregivers in institutional care are mainly social workers, workers in social services, but also, for example, occupational therapists, speech therapists, etc. Typical long-term social and health care institutions are homes for the elderly and homes with a special regime. The Dominika Kokory Center, where the first part of the research was carried out, is representative of such care. It offers activation and leisure activities, among other things, for seniors with severe NKP. These activities are designed according to their individual abilities and needs and focus on supporting cognitive functions, influencing BPSD and meaningful fulfillment of free time. The Dominika Center employs approximately 31 workers in the Client Care Section, most of whom are social service workers, the representative of the medical staff is a physiotherapist – occupational therapist. Most of the direct care workers have a secondary or higher professional education, only the physiotherapist has a university education. Since the facility is a member of the Association of Social Service Workers, its employees participate in various types of short-term training, which also includes topics related to stimulation techniques, sensory activation, communication strategies, specifics of communicating with clients with Alzheimer's disease, etc.

It is possible to prepare for the work of professional carers through various forms of education. This group includes the students of ISŠ Moravská Třebová, for whom the second part of the research was conducted. These were mainly students from the field of Social Work, which prepares graduates for the provision of personal assistance, institutional care, or home care and for overall expertise in the provision of social services. Students are also specifically prepared for the competence to carry out social activation and other direct work with users of social services. Part of their studies also includes participation in various activities carried out directly in the field, for example in facilities that provide care specifically for seniors with severe NKP.

2 The methodology of the survey

The research was carried out using two forms of questionnaires, which differed from each other only in the details regarding the approach and other minor details taking into account the specifics of both monitored groups of respondents. However, the content of the individual items was identical. The results of the questionnaire survey were to provide answers to the following set tasks in their analysis.

Tasks:

- *a) To find out what methods and means are used by workers of the helping professions in the context of their own musical interventions.*
- *b) To find out which repertoire of demonstrated music therapy activities they consider to be the most effective in the context of the sub-monitored areas.*
- *c) In the context of the two previous tasks, analyze any differences between the opinions of high school social studies students and the opinions of workers in helping professions who already have many years of experience working with seniors.*
- *d) Propose certain constructive changes (e.g. modification of the content of the curriculum at ISŠ, support of seniors' creativity in the senior home / rehrement home…) that will respect the results of the conducted survey and that will be addressed to both groups of respondents.*

Evaluation of both questionnaire surveys: (Kokory, 2022; Moravská Třebová, 2023)

Both forms of the questionnaire were distributed personally, as this method ensured a 100% return rate. The workers of the helping professions of the Dominika Home for the Elderly in Kokory perceived filling in the questionnaire to a certain extent as a counter-service to the organization of regular music therapy lessons, which the authors of this survey implemented and are still implementing at quarterly intervals for the clients of the home and for them. In the following text, we will refer to this questionnaire survey as Questionnaire A, while the questionnaire distributed to ISŠ students in Moravská Třebová will be denoted by the letter B.

A total of 22 women took part in questionnaire survey A (the average time they worked with seniors with neurocognitive disorders was 8 years). These women worked either in the position of direct care or so-called direct service work. Of this interviewed group, 60% of them had a high school education, the rest reported learning certificates. The only participant in the survey had a university degree. This respondent (21 years of experience) worked as an occupational therapist.

Questionnaire survey B was attended by students of the 2nd–4th year of the Integrated Secondary School (ISŠ) in Moravská Třebová in a total number of 46 students, of whom the vast majority were female (41).

The following evaluation of the answers to the questionnaires will further accentuate any more significant differences between the answers to individual items in the context of the comparison of groups A and B. These results will therefore be subjected in the first phase to a logical data analysis, which does not exclude a possible more detailed statistical evaluation of the results found.

Note:
NA = frequency of results of the questionnaire distributed to a group of helping professions workers,
NB = frequency of results of the questionnaire distributed to a group of secondary school students.

Questionnaire Item No 1

1. You use when working with clients
   a) Reproduced music
   b) Own playing a musical instrument (Which one? ________________________)
   c) Singing together

A significant part of group A respondents ranked recorded music (NA = 20, i.e. 91%) ahead of group singing (NA = 15, i.e. 68%) for this list item. However, it is somewhat surprising that none of the interviewed helping professions workers mentioned their own active playing of a musical instrument.

The secondary school students approached had somewhat different ideas regarding the use of musical components. They ranked singing together (NB = 30, i.e. 65%) ahead of their own playing of a musical instrument (NB = 19, i.e. 41%), the use of recorded music was mentioned by only 11 students (NB = 11, i.e. 24%). One student stated that they would not use any of the above. Of the musical instruments, guitar was preferred 6 times over piano 5 times, flute 2 times and drums and sticks 2 times.

Questionnaire Item No 2

2. Which kind of music (in your opinion) has a positive effect on your clients? Number the following options from 1 to 5 according to their preferences.
   a) Classic __________________
   b) Modern _________________
   c) People's _________________
   d) Carols __________________
   e) Other ____

When averaging the order of preferences for both groups A, B, we achieved the following results:

Music	Group A, order	Group B, order
Clasical	3	1
Modern	4	3
Folk	1	2
Carols	2	4
Other	5	5

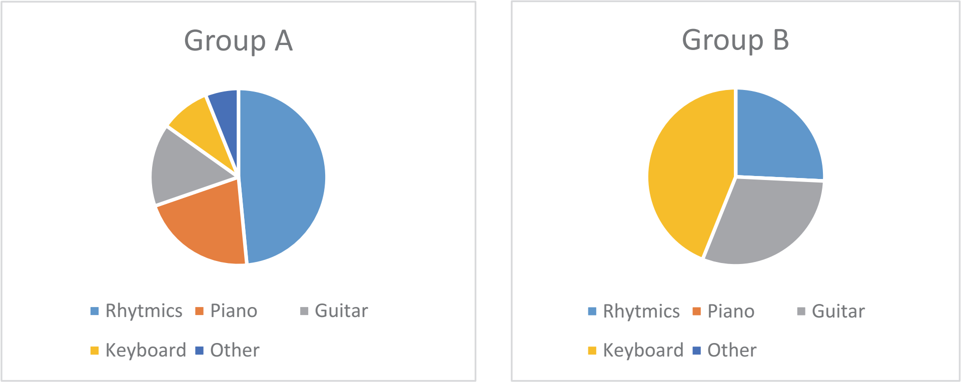
The used Spearman's rank correlation coefficient showed that there is a moderate dependence between the two rankings (rs = 0.5). Workers of the helping professions ranked folk music in the first place (students put it in the second place) and carols in the second place. This was not too surprising for the authors of this investigation, because before the Christmas holidays in the Home for the elderly in Kokory hey implemented a therapeutic session focused on the use of carols. The students did not have this experience and placed the carols in fourth place. The rest of the order more or less almost coincided.

Questionnaire Item No 3

3. What musical instrument is most suitable for music therapy work with clients?
   a) Piano
   b) Keyboard
   c) Guitar
   d) Rhythmic instruments
   e) Other ____

For this list item, where the respondents had the possibility to choose several options, the workers of the helping professions strongly preferred rhythmic instruments, while the interviewed students preferred a modern keyboard. The distribution of the elections corresponded with the more conservative orientation of the respondents of group A, as opposed to the more modern opinion spectrum of group B, which, for example, no longer expects to use the traditional piano at all. The following graphs reflect the opinions of both groups of respondents in percentage terms related to the number of respondents. However, these were enumerated items of the questionnaire, respondents could indicate several options, so the percentages in the sum do not show a value of 100%.

Graphs No 1, No 2

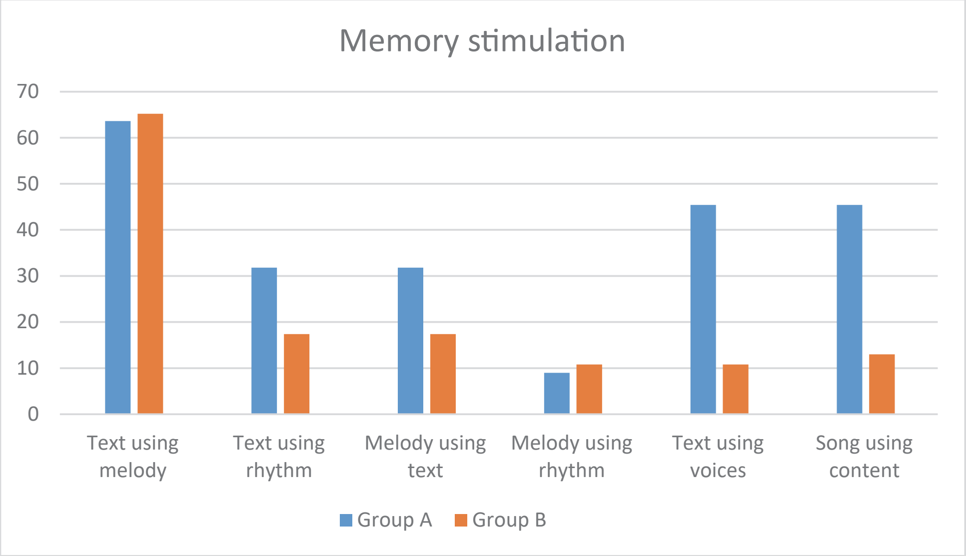


This result was expected by the authors of the survey. Rhythmic instruments are generally considered to be the most appropriate tool for actively engaging participants in musical interventions, regardless of their musical background. And this applies mainly for workers in the helping professions.

Another item of the questionnaire focused on the opinions of both observed groups related to optimal memory stimulation in elderly people with cognitive disorders.

Questionnaire Item No 4

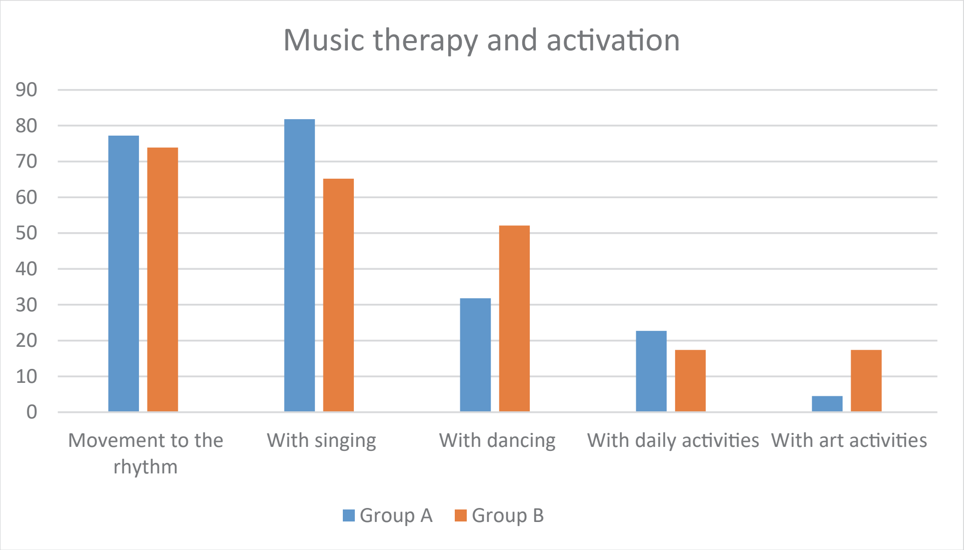
4. What is the best way to stimulate memory in a music therapy intervention?
    a) Recall a forgotten text using a melody?
    b) Recall a forgotten text using rhythm?
    c) Recall a forgotten melody using the text?
    d) Recall a forgotten melody using a rhythm?
    e) Recover a forgotten text using initial syllables or phrases?
    f) Recall a forgotten song by telling the content of the text?



The graph indicates an almost percentage agreement for the first item, at the same time it can be stated that both groups of respondents consider the use of melody to be the most effective stimulating factor. The other two items seem to reflect the greater practical experience of workers in the helping professions who have already had the opportunity to try out these music therapy techniques. This also applies to the last two monitored items, where the difference between the two groups is even more pronounced.

Questionnaire Item No 5

5. What can music therapy best be combined with to activate clients?
   a) With movement to the beat
   b) With singing
   c) With dancing
   d) With daily activities
   e) With art activities

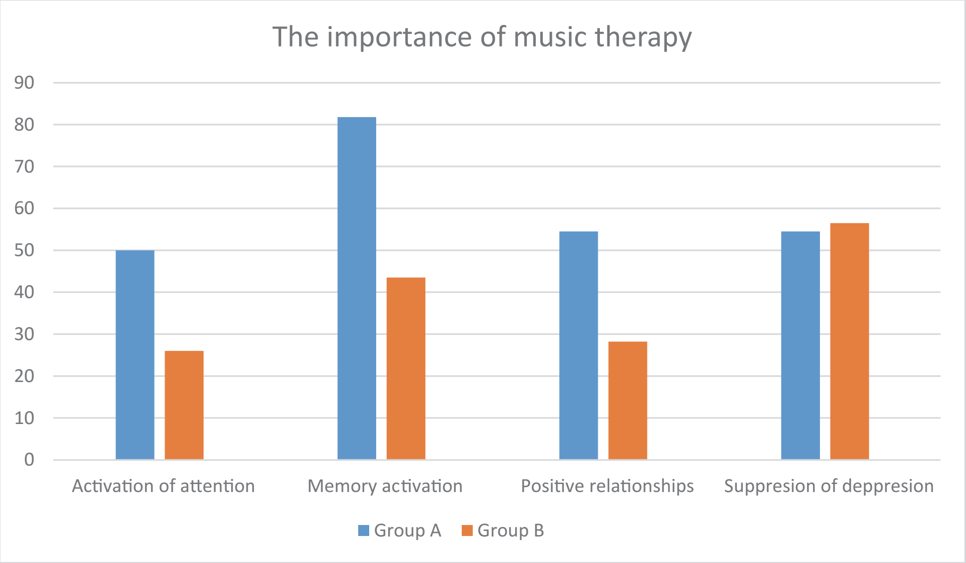


The graph clearly shows that workers in helping professions emphasize and prefer more traditional activation techniques, while secondary school students more or less agree with them, but are also more inclined to use dance and creative activities.

The following sixth item of the questionnaire was aimed at determining the greatest benefit of music therapy lessons, as it is perceived from the point of view of the staff of Dominika Home for the Elderly and from the point of view of secondary school students of social studies at the ISŠ in Moravská Třebová.

Questionnaire Item No 6

6. What do you see as the greatest benefit of music therapy intervention?
    a) Activation of attention
    b) Memory activation
    c) Establishing positive relationships between clients
    d) Suppression of anxiety states (depression)

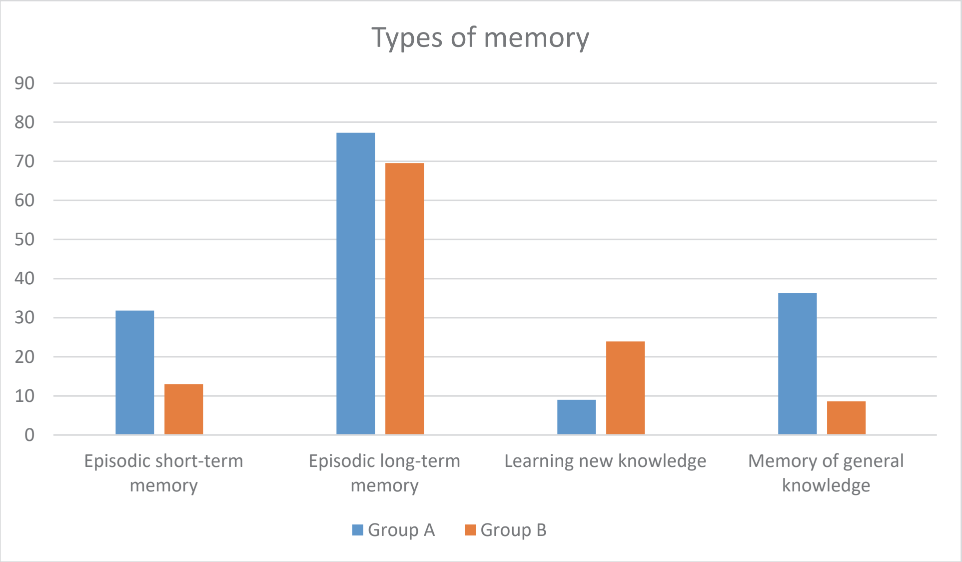


The graph related to the sixth item of the questionnaire indicates an interesting finding that a relatively large part of the interviewed respondents from the ranks of workers in the helping professions believe that the benefit of music therapy is broader and is not only intended for the suppression of anxiety states. The authors of the research consider this result to be the most surprising and its interpretation is difficult. Perhaps the specific music therapy intervention implemented by the authors of the research, which influenced the respondents of group A, played a certain role here.

The last item of the questionnaire was focused on the activation of memory from the point of view of its traditional division.

Questionnaire Item No 7

7. In your opinion, what kind of memory is most activated by music in your clients?
    a) Episodic short-term memory (Personal memories related to recently experienced)
    b) Episodic long-term memory (Personal memories relating to the more distant past)
    c) Learning new knowledge
    d) Memory focused on general knowledge



In this case, the results pointed to more significant differences between the two groups of respondents, especially in assessing the importance of episodic short-term memory activation. Larger differences also appeared in the last two items tracking learning of new knowledge (here respondents of group A are more sceptical than students) and in memory focused on general knowledge (here, in contrast, students are significantly more sceptical).

3 Conclusion

The overall analysis of the results of the questionnaire survey pointed to the high-quality preparation of social studies students selected by ISŠ in Moravská Třebová regarding the care of seniors with neurocognitive disorders. Their ideas focused on aspects of music therapy intervention for this group of clients were realistic and in many ways did not differ from the opinions of workers of helping professions who already had many years of experience in therapeutic work with the elderly. The conducted research indicated that the students assume a greater degree of creativity in their future job and believe that they will use modern, non-traditional elements in their further work with the elderly. This was evident, for example, in the evaluation of questionnaire items No. 2, 3, 5 (Preference for classical and modern music, greater use of a modern keyboard, emphasis on dance and art activities…). Students also expect a greater degree of personal music-making, which will therefore not rely only on recorded music. None of the helping professions workers reported being proficient in playing a melodic musical instrument. This less than optimal situation probably corresponds to the lower overall education of group A respondents and probably also to the financial evaluation of their work. These are the aspects of the conducted research that should initiate possible changes leading to the improvement of therapeutic interventions for seniors with neurocognitive disorders.

The smaller sample of interviewed workers and students did not allow the authors to make any more conclusive conclusions based on the questionnaire survey, but in each case the usefulness of the implemented music therapy interventions in this facility was proven. The distributed questionnaire subsequently made the staff of the home and the students think about the benefits of similar activities and allowed the authors of the research to gain an insight into the social environment of the Dominika Home in Kokory and to get an idea of the opinions of secondary school students of the ISŠ in Moravská Třebová.

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Development and risk factors of people in prison

(Scientific paper)

Ondřej Ling

Abstract: *The article deals with a topic of development and risk factors of young adults in execution of the sentence or custody. As a method of the study, qualitative methods were used by means of semi-structured interview with young adults behind bars followed by the process of analysis. Results show the influence of family, school, peer, and substance use risk factors. The interview also discovered some personality traits which were not the focus of the study but can show consequences of the risk factors as well as interventions going behind bars.*

Keywords: *imprisonment, risk factors, young adults*

1 Introduction

From the expert's perspective, it is important to know what is behind the behaviour of the particular person. Blatníková and Netík (2008) said that "understanding risk factors among inmates helps us not only to focus on aetiology but also to set a prognosis of the person". On the other hand, it is not possible to say that there is one direct cause leading to criminal behaviour. Generally, it is known that risk factors are divided into endogenic and exogenic and influence each other during their lives (Loeber, 2008).

Definition of the term *criminal behaviour* could be understood differently, based on perspectives of persons profession. Definition of criminal behaviour can be complicated as there are many perspectives on this term. Hollin (2006) described criminal behaviour from different perspectives and concluded that criminal behaviour is behaviour which is not tolerated by the law.

The perspective on the experience of people behind bars with the external world is diverse. The development of those people is often adverse, sad, dark, and full of anger. On the other hand, people in prisons can take those risk factors as a normal experience. Perspective of this paper is in accordance with the first point of view. Family environment is one of the most studied and described factors that has a big impact on behaviour. Parental conflict, divorce, separation of parents, parental delinquency, substance abuse, low socioeconomic status, poverty, absence of discipline and syndrome CAN are the most often risk factors in families of inmates (Baker, 2023; Goddard & Pooley, 2019; Jones & Pierce, 2021; Kazeem, 2020; Loeber & Stouthamer-Loeber, 1986; Matoušek & Matoušková, 2011; Murray & Farrington, 2010; Rutter et al., 1998; Ryan et al., 2013; Velemínský et al., 2020; Whitten et al., 2019).

In the Czech Republic, the prevalence of Adverse Childhood Experiences (ACE) has been investigated by the team led by Velemínský et al. (2020, p. 1). Their study, employing a quantitative survey targeting various forms of adverse parenting behaviours, focused on university students. The results are summarized as follows: 20.7% of students experienced emotional abuse, 17.1% physical abuse, 6.4% sexual abuse, and 8.0% some form of neglect. Regarding dysfunctional households, the following values were reported: drug use in the household by 4.9% of students, alcohol consumption by 15.3%, parental violence by 22.1%, and parental separation by 23%. More than a third (38%) of students indicated that they had not experienced any of the forms of adverse parenting, while nearly 10% (9.9%) reported experiencing four or more forms of adverse parenting.

Loeber and Stouthamer-Loeber (1986) divided family risk factors into the most powerful, medium-strength and weak. According to these authors, "the most powerful risk factors are the lack of parental supervision, parental rejection, and parent-child involvement. Medium-strength predictors include background variables such as parents' marital relations and parental criminality. Weaker predictors are lack of parental discipline, parental health, and parental absence."

Focusing more on the most powerful risk factors, it is possible to find connections between those factors and the theory of attachment which was first described by Bowlby (1979). Diagnostic and statistical manual (DSM V) distinguishes two attachment disorders; Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED) which are both dysfunctional in relating to other people. (Diagnostic and Statistical Manual of mental disorders fifth edition, DSM 5, APA, 2013; Minnis et al., 2013; Moran et al., 2017).

Institute of Medicine and National Research Council in their publication from 2001 highlighted the influence of peers as the only variable that had a direct impact on future criminal behaviour (Thornberry et al., 1994). Also, other factors regarding peer influence have been studied as the lower portion of time a teenager spends with their parents, the higher influence is in the hands of peers (Kandel et al., 1978; Steinberg, 1987). Warr (1993) studied the peak of the influence of peers and found out that the most powerful influence of peers occurs at 17 years old and tends to decline after 18. There is also a strong correlation between peers and substance use (D'Amico et al., 2008; Henneberger et al., 2021; Chan, 2021; Chuang et al., 2005; Farrell et al., 2017; Simões & Matos, 2008; Teplin et al., 2002; Widdowson et al., 2020). D'Amico et al. (2008) pointed out the influence of substance use on the development of criminal behaviour and vice versa.

School environment is one of the main environments that plays a significant role in a child's development and social, behavioural, and emotional health (Anjaswarni et al., 2019). In their study, Gubbels et al. (2019) focused on risk factors for absenteeism and dropout, which they linked to the development of conduct disorders and delinquency. One of the findings of the study was the significance of risk factors such as learning disabilities and low school achievement. Other risk factors described in the study were large class sizes or low-quality teachers. Low academic achievement in school is one of the most cited risk factors for delinquency (Avakyan et al., 2022; Hoffmann, 2020; Leone & Weinberg, 2010; Murray & Farrington, 2010).

2 Material and Methods

Semi-structured interviews were used to gain information about the lives of young adults in prisons. The research was running between November 2021 and May 2022 and had several stages. First, we put together questions for a semi-structured interview based on literature review. Second, we got in touch with a prison and introduced them to our study. This session was followed by nine interviews with young adults in prison. Last, the interviews were transcribed to start a coding process.

Objectives

According to previous research concluded in the previous chapter, we aimed to study the phenomenon of risk factors during lives of people behind bars from their perspectives. The aim of the study is to find out what risk factors could stand in the ways of lives of young adults in prisons using their own retrospective perspectives.

Participants

In all, 9 young adults, 8 males and 1 female, participated in the study. Their age range was between 19 to 24 years old. Detailed information could not be gathered to provide safety and anonymity for participants. All the participants were chosen by the prison staff to meet verbal intelligence and motivation to talk about their own experience.

3 Results

After transcription of all nine interviews, a coding process started. For the coding, a common procedure was chosen; open, axial, and selective coding. Four categories were divided after the coding: family constellations, peers and narcotics, school environment and self-reflection. Each of them included several subcategories as shown in figure 1.

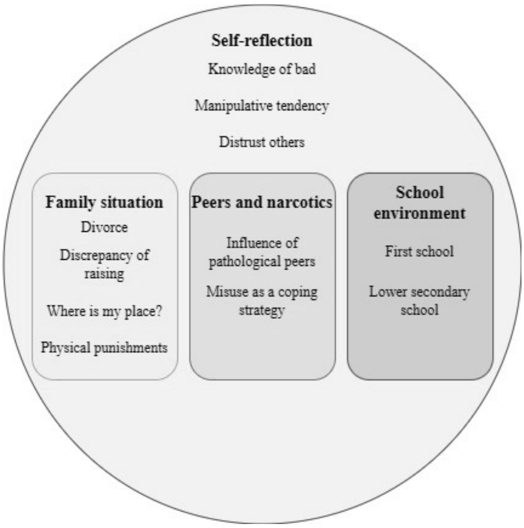

Figure 1: *Categories and subcategories of coding*

Family Situation

Divorce

Talking about family situations, participants often mentioned divorce of their parents during their childhood. Eventually, this information was in several cases the very first sentence of their answer on the question How was your childhood?

> *It was manifold, you know, my dad and mum got divorced, …(R1)*
> *After that, my parents got divorced, it was not such a big issue. (R4)*
> *Actually, my parents got divorced, …(R6)*

Divorce of parents can have many consequences which can appear in several fields of life of a child. Divorce can mean that a child is getting raised by another carer, often by their grandparents. Another impact of divorce on the children's lives can be a total loss of contacts and relationships with family members which can lead to the feeling of instability and need to compensate for that. Exactly this topic appeared in the words of participants where they described their coping strategy and looking for the anchor in their lives.

> *…I had been assigned to my grandma by the court. When she died, I went to Bohemia where I found my girlfriend and now, I do not have contact with my family at all. (R1).*
>
> *When my parents got divorced, it took my psyche that they are not together anymore. I started with a perv, and also misuse it with a needle. It was all because of the divorce. We were misusing anywhere, just anywhere. (R2)*
>
> *We had not had the best relationships. My parents preferred my brother, so I felt ostracising…(R5)*

Discrepancy of raising

Participants remembered conflicts between their parents that did not always include only verbal insults but also other shadows of the atmosphere of home.

> *I remembered that they were arguing often, you know. (R1)*
>
> *They were giving some bans, for example that I cannot go out but my mum was always so kind and always persuaded my dad, so they left me out. (R3)*
>
> *They, for example, were arguing much. When he wanted to say to me something, my mum always covered me and told him that he was not my father so he shall not care. This started a conflict and then he lost hope and did not tell me anything. (R5)*

Especially, two last answers could be more analysed and go deeper in their answers. According to their words, their parents were unstable in their upbringing. They did not set the same limits and borders and did not support each other in their limit setting. At the same time, it is possible to notice some raising effort more than unwillingness and disinterest. The educational appetite not to ignore and ignore transgressions in the behaviour of one's children ceased to be satiated, for example, after a long-term failure with bans or punishments.

> *…I could stay at home because it was the punishment but then I went out and everything started again. Then she did not care anymore. I was 15 and she did not do anything about it. (R2)*

The absence of educational effort, consistency and limits were also topics running through the interviews.

> *…I just told my grandma I did not go to school that day because I am sick, she just answered: okay you did not have to go. (R8)*
>
> *My father did not care at all. Skipping facts that I was smoking and other stuffs. He was always like: If you wanna go out, go out wherever you want. He just did not care. One day, when he had to pick me up because cops were holding me, he just told me you had been an asshole and that was it…(R4)*

Where is my place?

Participants reported that they felt unfaired and treated unjustly during their lives. Also, some ignorance and feeling like fifth wheel were often described. Literally, some participants named it like being black sheep of the family.

> *I do not know. I always felt like a black sheep of the family. I was that guy whom everything fell. My brothers did something bad but I was present too, so I was punished. (R1)*
> *I am a black sheep of the family. This is how you name your position?*
> *Exactly! Just the messer … messer of the family. (R2)*

The phenomenon of the black sheep is linked to other events that played a significant role in this self-conception. Feeling alienated or finding one's place were also themes associated by respondents with changes in institutions. Frequent change in institutions can have adverse effects not only on children but also on adolescents and adults. Our brains are constantly evaluating the safety and danger of the environment and trying to prepare the body for a possible fight. At the same time, the individual may get the impression of being unwanted, unaccepted and feel like a hot potato being tossed back and forth between different institutions and people. This constant tension can lead to the development of other behavioural problems, especially defiance and uncooperativeness, inwardness, and distrust of any improvement, which lie at the base of repeated disappointment and abandonment.

Physical Punishments

The issue of enforcing good behaviour through corporal punishment was repeatedly discussed during the interviews. However, the respondents did not generally adopt a judgmental stance on this issue and their responses expressed a degree of indiscrimination. Observation of respondents' reactions indicated that physical punishment often came from male family members such as fathers or older brothers. This suggests that families where corporal punishment was used tended to have an authoritarian upbringing that favoured enforcing rules through violent means.

> *When I messed something up, I was beaten by a belt. (R1)*
> *My father was always beating me. (R2)*
> *Then, she had an alcoholic partner who was beating me much. Most of the time by a big leather belt. (R7)*

School Environment

Analysis of the relationship with school, classmates, teachers and with other people was the main topic of this section. Answers were categorised into two sections: first school and lower secondary school as the words of the participants were often related to the specific level of the education.

First School

First school was described by the non-problem environment. Participants met with success in the school but also, they had some activities in their leisure time after school.

> *The first grade was such that I was really learning, like, even among the villains. (R2)*
> *First grade was probably totally cool. I didn't have any conflicts with anybody there that we even fought. So, I didn't have that there. (R4)*
> *Actually, the first … primary school up to about fifth grade, I didn't have a problem. That's when I had honours, I was in the maths Olympiad everything. (R6)*

Lower Secondary School

As they moved to the second level, respondents agreed on the overall deterioration of individual domains such as impairment in grades, onset of behavioural and substance use problems, etc. Associated with the second stage is the period of puberty, which is a risky period of potentially dangerous forms of behaviour. In the answers of the respondents, we find deterioration of the condition mainly in the form of getting to know new peers who had an unfortunate influence on them. This can also be explained by the search for one's identity based on the evaluation of other peers. Role confusion according to Erikson (2022) was hidden in the response of respondent 4, who explains the second stage as follows:

> *It was worse at the second one, well. There it was that one minute I was talking to everybody, three days later nobody was talking to me. And it was always bouncing around. There I, there I, there I, then I was thinking how to have fun with them, so I started smoking weed with them, I started smoking… (R4)*

In one testimony, there was also the need to stay at home and not go to school at all in the second grade. The respondent mentions the need to take care of her sick mother, which is illogical from the point of view of the system. Caring for people with disabilities does not fall on the shoulders of minor offspring, but on adult family members or institutions – hospitals, etc.

> *And then at the second level? I couldn't go to the second one. You couldn't go? Well, because my mother was ill, and I had to help at home in the household. So you didn't go to second grade after that. You didn't go to school at all? No. (R9)*

Peers and Substance Use

Both categories are intertwined due to the frequent association of these two subjects, as individuals who often provided narcotics or were present during their misuse were commonly regarded as equals in this context. The study of Simões and Matos (2008) reported that misusing narcotics is the strongest risk factor for development of criminal behaviour.

> *After elementary school, we'd get high now and then, one of my friends would bring something harder, like weed, marijuana, so he'd roll a quill and I'd never smoked before in my life, so come on, you'll be fine. We'd do it, and then we'd laugh, laugh, laugh. For three hours straight. (R1)*
>
> *I met a guy in elementary school, first time I stole something, first time I tried something there, I started smoking. In elementary school, I think I met a lot of people that I thought we were just going to hang out with for the rest of our lives. I was just a very naive kid in that way. (R4)*
>
> *Now as a friend saw me, he came to me and said he had something that would get me on my feet. I say, what would that be? And he pulled out a pill, a pill, he told me to try it, it was pink. (R7)*

Influence of pathological peers

The problematic nature of collectives and peer influence was also raised in the responses. Some even insisted that it was all about collectives and peers and their influence. The moment an individual is around peers who are using, committing crime, and adhering to this philosophy, there is not much a parent can do about it alone. The problematic nature of collectives has indeed been voiced many times. Below are a few excerpts from the interviews.

> *…and actually, there were some friends who were scoundrels and over time I joined them until it turned out well… Just a normal mother who wants to have a normal son except I had a bad collective well. (R2)*
>
> *I just, I got pulled by my friends and I got pulled by this girl. I picked the wrong girl, you know? Then I just started living a bad life. (R8)*
>
> *Then the junkies gathered, right. And come on, have this and that, and it started. (R9)*

Also because of peer pressure and influence, it is appropriate for the parent in such a situation to visit an expert on behavioural disorders, or to order a stay in an educational care centre or other facilities for institutional or protective education. This course of action was also encountered by several respondents who described their journey of institutional education as follows:

> *When I was three years old, I was put in a children house like my own parents, my own mother and brother. Well, when I was three years old, the parents I have here, the adoptive parents from the house took me in. Then they got a call that my brother was there too, if they wanted to take him, so they said yes. They took him. They took care of us and then I got caught up in a bad gang and ended up in a juvie at 14. And I was there until I was 18, actually, and they tried to help me in other ways, and then I ended up here. (R3)*

It was my dad that I wasn't, and my mum responded by putting me in a day care centre for two months. So, I transferred to a school, a second school, where I wasn't actually there for two months. (R4)

Addictive substances entered the lives of the respondents at different ages. Respondent 7 stated that he first started using nicotine at the age of 10, which he explained as a tool for coping with an unpleasant situation, i.e., cues from classmates.

> *…well at 10 years old I started smoking and I kind of got sloppy because they laughed at me for being a nerd. (R7)*

Substance use as a coping strategy

It was the use of drugs as a coping strategy that was a frequent theme behind the tangled web of motivation to use. For some of the respondents, the state after substance use was a release from their subjectively described reality. The drug allowed them to forget or at least partially switch off some of the problems they faced, such as the death of a parent or the inconsolable need for love. The states after some substances could be described as living in a different life that is carefree, calming, and free of negative influences.

> *If I went somewhere and I didn't have a bottle with me, I was bored, annoyed. (R5)*
> *…sometimes I'd pull weed to calm down… (R6)*
> *I was 18 years old when my mom died, so I started using meth and pot. And then I bounced off the meth and started doing heroin, I was 19 years old. (R9)*

A finding in this category is also the direct link between substance use in the context of peer group influence and development that ends up in prisons. This acronym came up several times in the interviews, but we cannot say unequivocally that substance use immediately puts individuals behind bars. We know from experience that some support tools, such as therapeutic communities for drug addicts, have a very good success rate and many people manage to fight their addiction. At the same time, this can be another clue where intervention, counselling and therapy programmes can be set up to try to reverse the negative trend.

Personality reflection

Although the personality, character and disposition of an individual may be risk factors in some respects, this is not the case in this category. This category was inadvertently created because of frequent recording of introspection by respondents who shared their views and suggestions that may help to complete that never complete mosaic of their life stories. In their thoughts, hints and messages that were spoken between the lines it was possible to glimpse their attitudes, self-image, and opinions that we were trying to unravel to offer a more comprehensive picture of the developmental journey. The chapter will offer three psychological-personality constructs that could be glimpsed in the words of the respondents, namely the construct of consciousness of evil, manipulative tendencies, and distrust of others.

Knowing the evil

Individuals who have committed a crime or come into contact with the law may give the impression that they are unaware that they are crossing moral, social and legal boundaries. In the snippets of responses below we can find evidence that respondents in our research can distinguish between right and wrong and evaluate whether they are doing something wrong.

> *Except I just didn't listen to them, if I just listened to them, I'm probably not even here… Well I should listen to like, the parents more, well. Like listen to their advice and take an example from it. (R3)*
>
> *I'm not saying anything, I'm right here, I've done a lot of times…. I've done a lot of things I shouldn't have done. (R4)*
>
> *I was just thinking about finishing school in another city, I wouldn't go back there through those people. I wouldn't want to get sucked back into it. (R5)*

The topic of pathological peers and their influence on the respondents' behaviour can also be heard in the answers. They are aware that they have been withdrawn by friends with whom they have committed various offences. For respondent 9 we even see a desire not to quit and be like them and be a different (better) person. Despite serving their sentence in prison, we hear that respondent 5 is not motivated to re-establish relationships with the friends they got into trouble with. One explanation for why he may not be able to meet these goals is described in the response of respondent 7, who hid in his words the lack of support throughout his life and the inability to share his emotions, experiences and accumulated stress, which he then had to discharge in other ways. This explanation opens up the aforementioned topic of containment, or the parent's ability to absorb and process the child's emotions.

Manipulative tendency

The course of the interviews brought with it unexpected situations to which I was exposed as a researcher. The initial tension could give the impression that I was keeping my distance or that I was caught off guard. Some of the interviewees tried to give me the impression that they were well-adjusted and contented people, only the trial and their stay in prison had entered their lives. Their efforts to manipulate me into a situation where I would justify, pity and excuse them were very covert and unconscious on their part. Examples of such behaviour are shown in the quotes below.

> *that when they needed something, they just had to ask me if it was possible and I arranged it yeah and just and it was never a problem, so in that respect the teachers got on with me for doing nothing in class (smiles) (R6).*
> *Oh yeah. you're sitting there now… I could have been in that position but with my stupidity just… u me you're a dude. I'll give you that. All the people who have achieved education and this is… (R8)*

It can be noticed that the above-mentioned words of the respondents can serve as a defence mechanism against exposure to a vulnerable situation. They want to create a positive impression in others that they have not had the chance to experience in the course of their life or they did not know how to accept it. Manipulation can also serve as a tool to satiate the need to have control over others.

4 Discussion

The family environment and its influence on criminal behaviour has a strong scientific basis (Bobbio et al., 2020; Brown & Shillington, 2017; Jacobsen & Zaatut, 2022). Our results point to physical punishment as one of several possible adverse childhood experiences (ACEs), unstable parental relationships, and their varied and inconsistent parenting practices that contributed to their offspring developing feelings of disengagement, loneliness, and the need to find a place in society. The father-mother relationship was classified by Loeber and Stouthamer-Loeber (1986) as a moderate risk factor for the development of delinquency. Absence of discipline, or inconsistent parenting methods, were identified by the same authors as weak factors. A review study by Schimmenti et al. (2020) reported a very strong association between physical violence (punishment) of a child and future criminal behaviour. Feelings of lack of a secure place in society can be caused by the factors mentioned above: physical punishment, lack of discipline or parental divorce causing the child to lose the secure world they had (Buddeus et al., 2022). Besides, one can also consider the frequent moving of children from institution to institution, which can create a feeling of unwantedness, thus making the child less motivated to form stronger bonds. The need for space is one of the five basic needs according to the Pesso-Boyden therapeutic direction, which explains that literally the child has a need to be seen, but also to have a physical place. At home or at school (Pesso et al., 2009).

Apart from the family constellation, the transition to the second grade proved to be a risk factor in our research, which brings with it a few developmental challenges, such as puberty, the search for identity, the need for peer recognition, greater demands placed on students in the second grade, etc. Academic achievement is a frequently described factor in the context of the development of delinquent behaviour (Avakyan et al., 2022; Gubbels, 2019; Shader, 2001). Studies suggest a link between school failure and delinquent behaviour through the feelings that failure can evoke in a child, namely feelings of frustration, injustice, and even revenge that led to violent behaviour to delinquency (Loeber, 1990).

Predominantly peer relationships at the second level were described by the respondents in our research as the cruellest in the context of the deterioration of their behaviour. They had to start behaving in ways that were accepted in the collective, which included experimentation with addictive substances. Simons et al. (1994) talk about the 'catching up with the wrong party' that pulls individuals towards disruptive behaviour. Respondents reported a very strong influence of their friends on the development of delinquent behaviour. They even put causality between the two variables. This was confirmed by a study conducted at the Institute of Medicine and the National Research Council, which identified peer influence as the only variable that had a direct effect on an individual's subsequent delinquency. Such a large influence can be explained by the personality mechanisms described above, where the child has a need to find his or her place in society. He finds his position in peer groups, which are a release from the endless search for a place. Commenting on this topic carries with it a logical but also paradoxical observation. Respondents testified when asked about the future that they would certainly not want to return to the same peer groups and towns associated with delinquent behaviour. They viewed this as a fall into committing crime. The peers with whom they had tried to position themselves during adolescence became people they never wanted to meet again.

Feelings of being anchored in a social group also gain strength for another reason, namely the beginning of substance use, which evokes pleasurable feelings and experiences in a person, so the individual wants to experience them repeatedly. The start of substance use was reported by respondents to be around the age of 13, which corresponds to the transition to the second grade of primary school. Alcoholic beverages and cigarettes were the most frequently mentioned. Subsequently, they started to try illicit substances such as MDMA, methamphetamine and marijuana. Shader (2001) also reports substance use in this age range. However, in his model, use is also reported in a lower age range, as shown in our results, where one respondent reported starting use at age 10. The correlation between alcohol and marijuana use and delinquency is confirmed by Roccy et al. (2019), who also add that the more problematic or higher the use of such substances, the greater the severity of offending. Throughout the data analysis in our research, the codes of pathological peer influence and substance influence were used most frequently, indicating very strong factors in the child's development and potential delinquent behaviour. The direct link between substance use and delinquency was also confirmed in studies by Chan (2021) and D'Amico et al. (2008).

When analysing the data, we also looked for causes of use in the context of stress. Throughout the analysis, the theme of substance use as a coping strategy, i.e. a tool to manage accumulated stress, repeatedly emerged. Similar terminology was used by Ashkar and Kenny (2008) in their work. Thus, use could be a quick and functional escape for respondents from an unhappy family or school frustrating environment. Leonard et al. (2015) chose to explore this link and found that prolonged stress can lead to alcohol or tobacco use but added that it is not problematic.

In addition to the risk factors, the theme of personality insights was categorised based on the statements that flowed through the interviews. Their insights were likely due to professional treatment in prison. Thus, this is not a risk factor but a corrective mechanism that takes place in prisons through resocialization programs. Respondents often hid the theme of consciousness of evil in their answers, i.e., knowing what is wrong and what is not. They described this, for example, with their parents, who reminded them of what was right and wrong. Often, they also blamed only themselves and with hindsight were able to distinguish that they had made a mistake on their journey through life. These findings are consistent with the findings of similar research conducted by Ashkar and Kenny (2008). The results and comparisons with other studies point to the presence of job effectiveness in prisons and the ability of individuals to learn to reflect on what is right and wrong. Other personality cues that entered the interviews were the manipulative tendencies of the respondents who tried to instil a pitying and supportive attitude. They did so unconsciously based on a defence mechanism they used when they did not want to answer the question directly. Manipulative tendencies are also included in the PCL-R questionnaire (Hare et al., 1990).

5 Conclusion

The thesis provides insight into the issue of life trajectories of young adults in execution of the sentence or in custody and the recognition of risk factors they have faced throughout their lives. Using a semi-structured interview tool, the thesis offers the individual perspective of the person in execution of the sentence or custody and their retrospective view of their life path and the barriers they have had to deal with. The thesis goes beyond describing individual risk factors by exploring their possible relationships and causality.

Each chapter explains the potential impact of specific risk factors on a person's future criminal behaviour. Footnotes provide possible intervention strategies and recommendations for practice.

The conclusion of the thesis suggests further research directions in this area and compares the results with the findings of other studies, providing a strong scientific foundation for further research.

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The importance of the emotions of the students with high abilities and how to work with them

(overview essay)

Tereza Telekyová

Abstract: *This overview aims to provide a comprehensive understanding of the evolving discourse surrounding the emotional well-being of gifted students in education. It delves into the emergence of emotional quotient (EQ) research, emphasising its significance beyond cognitive abilities and its impact on academic performance. The discussion explores the challenges faced by gifted students and highlights the necessity of tailored emotional stability programmes to support their development. Additionally, the overview examines effective teaching strategies and identifies ongoing challenges such as financial constraints and the need for further research.*

Keywords: *emotion, gifted student, EI, emotional stability*

1 Introduction

The educational process of students, especially gifted students, has focused mainly on the support and development of cognitive abilities. In recent years, however, more emphasis has been placed on the importance of students' emotional well-being and stability. In the early 1990s, scientific research began to focus more on EQ. This allowed us to focus on gifted students comprehensively and not only on the cognitive component of intelligence. Emotions and their regulation were then taken up by several psychologists, notably Gardner (1999) and Sternberg (2012).

The affective side of students is shown to be influential in their academic performance, proving that cognitive ability may not be the only crucial factor in education. It also plays an important role in education in terms of empathy, orientation to one's own feelings and emotions, self-regulation, adaptability, stress management etc. (Zeidner & Shani-Zinovich, 2016)

That being said, the importance of emotional stability and well-being of gifted students and students in general needs more attention. Addressing the emotional side of gifted students is important to alleviate their fears about their giftedness, foster the formation of supportive social connections, and empower them to lead fulfilling lives (VanTassel-Baska & Johnsen, 2007; Zeidner & Shani-Zinovich, 2016).

2 Definition of a gifted child or student

What exactly do we mean when talking about a gifted child or a student? The answers vary, of course, and it is fair to say that there is not a clear definition. It depends on the author, the approach and also on the individuality of each child. The traditional approach is that giftedness is reflected in good scores on tests of IQ or academic results. However, this concept may leave out some students who underachieve on tests or do not impress their professors (Borland, 2005). Yet the IQ is still one of the most used indicators of gifted students who typically score 110 or above. Also, many gifted children are talented in just one dominant area. Therefore, it is important not to focus only on the final IQ score but also to look at the subcomponents of the IQ talent (Hertberg-Davis & Callahan, 2008).

In my opinion, somehow a better concept is Renzulli's three-factor model, which describes a gifted child as someone who has three basic sets of characteristics: above-average ability, commitment to tasks, and creativity. Such a child is interested in a wide variety of information, looking for its interrelationships, and seeking new and novel ways of dealing with situations. Other typical manifestations of giftedness may include: exhibiting excessive talent in a particular area or areas, creative thinking, curiosity and desire for knowledge, and a high vocabulary. Gifted children may have trouble communicating with their peers and prefer adults or older children (Hertberg-Davis & Callahan, 2008).

Johnsen (2005) characterises the gifted child or student as follows:

1. The gifted child's skill and talent are exceptional, such that the gifted child significantly outperforms his or her peers in the given discipline.
2. The child-student is productive; his or her giftedness shows results.
3. The giftedness of a given student is demonstrated both in his or her actions and through testing.
4. The value of the gifted student's activity is socially beneficial.

Aspects such as creativity, talent for a particular or several activities, and sub-components of giftedness and intelligence (motor, artistic, etc.) ought not to be forgotten when we want to recognize a gifted student. Machů (2006) lists seven types of gifted children a teacher may encounter in his or her practice:

Successful gifted – this student is adaptable, listens to the teacher, is sociable, usually fits into the team, and his or her above-average talent is obvious. Such a gifted student is easily recognisable both by the teacher and his or her classmates, usually, this type of student is fully aware of his or her talent.

Demanding gifted – such a student has his or her own opinion, is very self-confident, stubborn, has a problem with authority, and is unruly. Such manifestations usually stem from insufficient stimulation in education; the student is bored in class and is not properly motivated. In class, he or she often rants with teachers and authority figures and does not have a very good relationship.

The Secret Gifted – this student is conformist, does not stand out, and rather purposefully hides his or her talents. Such a child does not like to put on airs, is rather quiet, and wants to be part of the class. The covertly gifted person is shy and insecure; his or her giftedness may not be recognised at all.

A gifted renegade – a student who is not very adaptable, does not get along with teachers, and often not even with classmates. As a consequence of this misunderstanding, the gifted student displays a very negative attitude, may be explosive, not attend school, or, despite his or her giftedness, show below-average results in school performance.

Twice Exceptional Gifted – this is a gifted student who, in addition to his or her giftedness, suffers from some kind of disability (specific learning disability, physical disability, emotional difficulties, ADHD, etc.). Gifted students may feel diminished or flustered by their disability. A twice-exceptional individual may not be recognisable in the classroom because of his or her handicap.

Independent gifted – this is a child who is adaptable, independent, and self-confident, and is eager to take away as much information as possible from the lessons. He or she also enjoys extracurricular activities where he or she can fully develop his or her thinking and creativity.

Highly gifted – this is a child with a very high IQ of 120 and above. Such an individual does not like to conform to the school system's overall rules and authorities. He or she may be impulsive, correct the mistakes of adults, and want to change the school rules. He or she is often at the centre of some conflict. He or she desires to experiment and find more correct and new solutions. This student may also have difficulty recognising his or her talents.

3 Gifted students and their specifics in the emotional field

There are several reasons why we should focus more on the emotional side of gifted students than the cognitive side. It is important to keep in mind that gifted students are a minority heterogeneous group with high aptitude and talent, from diverse backgrounds, socio-economic statuses, and abilities.

Gifted pupils generally struggle when exposed to social stressors. For instance, they are afraid to show their giftedness in front of their peers, they struggle to communicate or socially interact with them and often do not understand them. This may be caused because gifted students (especially in the first grade) are significantly delayed in their motor, physical, or social-emotional abilities in comparison to the cognitive ones. For instance, gifted younger students may read fluently but cannot tie their shoelaces or regulate their emotions. They may have outbursts of anger, be very fearful, or be prone to neuroticism. They are often misunderstood due to their inability to present their ideas in a way that is meaningful to those around them (Gross, 2006).

Gifted students usually tend to be perfectionists, wanting to get everything right and not accepting mistakes from themselves or sometimes from their surroundings. They often exhibit stubbornness and a strong desire for organization. When they or those around them cannot meet their high goals and expectations, they tend to be very disappointed. Such traits can cause possible difficulties in socialising and communication, leading to conflicts in both student-teacher and student-classmate relationships (Gross, 2006).

They may also be subjected to excessive pressure from the expectations of their parents, school, and the best student performance, which is often considered automatic due to their higher intelligence. Since they may be expected to have perfect results, they might be "afraid of challenging tasks, taking risks, and the possibility of failure. Therefore, these gifted people only take on tasks where they know with near certainty that they will succeed" (Machů, 2006, p. 21–22). As a result, gifted students struggle with feelings of alienation, excessive competitiveness, striving for excessive perfectionism, etc. (Strop, 2002; Hříbková, 2009)

Another problematic area for the gifted can be the giftedness itself, in the form of a multitude of talents, occupations, and activities. Giftedness in more than one area may be seen as an advantage, but there are certain negative aspects. Specifically in the area of decision-making. They may be indecisive as they perceive the possibility of taking a wrong step and turning away from another alternative (Machů, 2006).

As a consequence of some of these struggles, gifted students may face risks such as exclusion from the group of their classmates, excessive stress and isolation. All of which can lead to anxiety, depression or undesirable behaviour such as aggression, bullying, self-harm, criminal activities, and excessive drug and alcohol use (VanTassel-Baska & Johnsen, 2007).

Another negative consequence is so-called underachievement. It is a phenomenon in which a gifted student achieves the results of an average student or even shows very below-average results. Several factors can lead to this phenomenon: the student does not have sufficient motivation to study and finds the school and teaching environment uninvolving and unsubstantial. He or she is not supported by the school to develop their talents. The student does not have a good family background to support him or her in his or her academic growth or to provide him or her with suitable conditions. The student does not show interest in studies, wants to fit in with classmates, or has friends who exhibit problem behaviour that may be associated with truancy. (Siegle, 2018; Rimm, 1997)

It is important to remember that every gifted child is unique, and the list of problems we see in gifted children may not be present in other gifted children at all. However, it is important to be aware of these general characteristics. They can help us recognize gifted students and guide them pedagogically. Failure to understand the gifted and their susceptibility to potential issues risks hindering the development of their giftedness. Furthermore, it must be considered that a gifted child does not automatically equal a top-performing student. A gifted child certainly has great potential to become successful, but if he or she is not sufficiently motivated and has little interest in study or self-development, then he or she may also have poor academic results or problems in his or her future career.

4 EI programmes

To find a solution to these problems, we need to come up with new ideas, programmes, and curriculums that would help gifted students support their emotional stability and growth and prevent or eliminate undesirable behaviour (VanTassel-Baska & Johnsen, 2007). Blaas (2014) stresses the importance of developing social-emotional programmes for primary and secondary schools. Zins et al. (2007) also claim that school curricula need to be redesigned to educate students not only in the field of knowledge but in social-emotional competencies as well. Strop (2002) again suggests that the focus on promoting social skills is important. For example: the ability to adapt quickly, reinforcement and support in the area of cognitive skills, and the ability to think complexly and originally. Zins et al. (2007) point out that programmes like these also affect academic performance, adaptability, fluctuation tolerance, self-regulation, strong will, eventual determination to study, and subsequent graduation.

4.1 Importance of EQ

Gifted children, like average children, can achieve both high and low levels of EQ. Therefore, it is not granted for gifted children to be highly emotionally intelligent (Zeidner & Matthews, 2017). Gifted students are rather prone to having poorer communication skills, especially with their peers, as was already described. It is then necessary to foster their EQ. One way to do it is to create an EQ development programme. Strop (2002) states that programmes should focus on the partial deficiencies of gifted pupils. The reason is that such programmes for the development of emotional and social skills in over-gifted pupils should be tailored to the specific characteristics and needs of gifted pupils to properly support their gifts and talents. It should take into account things like socio-cultural conditions, age, level of giftedness or the combination of giftedness with a certain type of disability, e.g., specific learning disability, ADHD, physical disability etc. Social and emotional learning programmes are designed to develop specific EQ skills in children, including recognition of emotions in themselves and others, empathy, emotional management, and conflict resolution. These programmes also aim to improve educational outcomes in the classroom by supporting effective teachers and students (Zins et al., 2008).

4.2 Problems with developing EI programmes

The number one problem with the development of EI programmes is the cost. According to Zeidner and Shani-Zinovich (2016), many teachers as well as the Ministry of Education itself may argue that there is not enough financial or time funding for the introduction of emotional and social skills learning into the education system. Another of their arguments may be that the introduction of a given programme could have a negative impact in terms of time deficits in the field of academic education.

Another problem is a lack of EI programmes based on solid theoretical knowledge. „Although many EI programs currently in use are promising, few have been systematically modelled based on EI theories or designed in a way that is likely to lead to long-term chase. Therefore, it is critical that psychoeducation researchers continue to develop evidence-based strategies that educators can effectively implement, especially with gifted." (Zeidner & Matthews, 2017, p. 137)

It is necessary to conduct research that focuses directly on the strengths and weaknesses of EQ in gifted students. It is also important to focus on the differences in EQ between students with different levels of giftedness and to compare the EQ of gifted students with average students. More research is also necessary to study "the invariance of the factor structure and dimensionality of EI, assessed as both an ability and a trait, in gifted and non-gifted children and youth. Furthermore, it is important to examine the extent to which the positive correlations of EI, concerning achievement, well-being, health, and social relationships hold for both gifted and unidentified individuals." (Zeidner & Matthews, 2017, p. 137)

Another issue in the development of a new curriculum for the development of gifted students' EQ is the very question of who should be considered a gifted student. As we already mentioned, the definition of a gifted student is very hard to agree on. A common definition is that a gifted student is someone with the ability to excel in an intellectual, social, physical, or creative area. However, many experts define giftedness based on intelligence tests, which, as we know, are not 100% reliable and may leave some students out (Valentine, DuBois, & Cooper, 2004).

5 Role of the teachers

Two factors are fundamental for the overall educational process: the interaction between the student and the teacher. A teacher is a person who has adequate higher education to practise the profession. The teacher co-creates the educational environment and the classroom climate, organises and coordinates the activities of the students, imparts knowledge and information in the field to his or her students, guides the students in their learning, motivates them, and tries to stimulate them and develop their personalities fully cognitively. A student is a client of the school who has rights and obligations towards the school and is educated and prepared for his or her future profession in the school (Hansen & Feldhusen, 1994).

The teacher should be familiar with how to work with this student. The approach to the gifted should be taught at the university, and if it is not, it is expected from the teacher to educate him or herself further on this topic. It would also be advisable for the management of the educational institution to provide their teaching staff with supervision that would serve as psychological support and help the teachers in the exercise of their profession (Hansen & Feldhusen, 1994).

Teachers of gifted pupils themselves should also be involved in the EQ development programme. They can make suggestions on how to creatively lead the teaching of EQ in conjunction with the teaching. For instance, by deliberately exploring ways in which emotional competence can be extended into history, art, music, literature, physical education, and other subjects. Teachers can therefore contribute to a large extent to support the development of EQ in students through their teaching practice. (Brackett et al., 2009)

Jan B. Hansen and John F. Feldhusen (1994) researched effective work in education, comparing two types of teachers: teachers trained to work with gifted students and teachers not trained to work with gifted students. 63 teachers and 1,247 highly able students participated in the research. Teachers were administered two measures: a background questionnaire and the Myers Briggs Type Inventory (MBTI), a self-reported personality inventory. Students also completed the MBTI. Most teachers reported that although they had adequate training in the subject they teach, they had not received any in-service training on how to work with gifted students. The MBTI results showed that the teachers who were trained used progressive methods for teaching and worked with the individual potential of the gifted student, while the untrained teachers used traditional teaching methods such as frontal teaching to work with gifted children and taught all students equally, lacking an individual approach. The personality types of teachers trained to work with students with special needs were in many ways similar to the personality types of gifted students. These findings suggest that teachers who are perceived to be trained in each area are more effective in working with gifted students, prefer abstract topics and concepts, are open-minded and flexible, and value logical analysis and objectivity. Teachers who were trained to work with gifted students placed more emphasis on the level of thinking and discussion and less emphasis on memorization, lectures, and grades compared to untrained teachers (Hansen & Feldhusen, 1994).

6 Teaching gifted students in practice

An effective strategy for meeting the needs of gifted students is through a differentiated curriculum for the gifted. This means "adapting the curriculum to accommodate different learning levels, styles, interests, and abilities of students. Differentiated curriculum may involve either acceleration or enrichment." Such a curriculum should "focus on thinking skills, abstract concepts, advanced-level content, interdisciplinary studies, and blending of content, process, and product" (Archambault et al., 2007, p. 8).

The topic of adapting instruction to use educational methods modified for gifted students was the focus of American research led by the National Research Center on the Gifted and Talented in 2007. They created a nationwide survey containing four questions. Approximately 7300 third and fourth grade teachers throughout the country were involved in this survey (Archambault et al., 2007, p. 9). The questions in the survey were as follows:

1. Do classroom teachers modify instructional practices and curricular materials to meet the needs of gifted and talented students?
2. Do classroom teachers in various parts of the country and in communities of different size provide different services for gifted students?
3. What instructional practices are used with gifted and talented students in classrooms across the country?
4. Are there differences in the types of regular classroom services provided gifted students in districts with and without formal gifted programs?

„The Classroom Practices Questionnaire (CPQ) solicited information on the background of teachers, the policies and procedures their schools and districts had adopted for educating gifted students, and the classroom practices teachers used with gifted and average students. Teacher reports of their own behaviour with both types of students provided a measure of the extent to which gifted students were receiving enriched or differentiated educational experiences." (Archambault et al., 2007, p. 9)

The research has revealed some troubling data, namely that very little accommodation was made for gifted students in the regular curriculum. For research question number one the results showed that teachers made only minor adjustments to the regular curriculum to meet the needs of gifted students. This result was found for the total sample of public schools, private schools, and public schools with high concentrations of ethnic minorities. The research showed that teachers most often used the following practices to develop gifted students: asking questions to encourage independent and critical thinking, independent study, group work, advanced learning units, ability grouping or accelerating the transition to higher grade content. Respondents reported using these interventions with gifted and also average students less than a few times a month (Archambault et al., 2007, p. 9).

The research question number 2 builds on the previous question, and respondents' answers indicate that providing special services to gifted students is not very common. "The data was also analyzed to determine if there are differences in the type of instruction and services provided to gifted and average students in different parts of the country and in communities of different sizes. In general, the results found for the four regions of the country were quite similar to those found for the country as a whole. Similar patterns of results were also found in rural, urban, and suburban communities. And in both cases, there were only minor adjustments in the services that gifted students receive." (Archambault et al., 2007, p. 9)

Regarding research question number three, there was a wide variation in the use of formal programmes, particularly in their usability. In schools with formal programmes for the gifted, classroom teachers focused on the depiction of gifted students and the subsequent constant work with them. On the contrary, in schools without formal programmes, although there was frequent adaptation for teaching the gifted, there was a lack of targeted depiction and the creation of an individual plan for the gifted student (Cohen, 1988).

The data collected for question four shows that "regular classroom services provided to gifted students in schools with formal gifted programs are similar to those provided in schools without formal gifted programs, but in which classroom teachers identify and prepare gifted students. Few apparent differences were noted in the responses of teachers who teach in schools in which a gifted program exists and schools in which a formal program does not exist" (Archambault et al., 2007, p. 9).

The survey's most notable finding, however, was that the participating third and fourth grade teachers had implemented only minor modifications to the standard curriculum and therefore didn't meet the needs of gifted students (Archambault et al., 2007).

Jurášková (2003) states that it is important to fulfil the emotions and emotional development of gifted students. An important part of this is an empathetic and aware teacher of the students' emotional needs. Gifted students require new information and are very inquisitive; teachers should enable them to search for and process information according to their individual needs. Gifted students should be given the opportunity for divergently challenging tasks, as well as for independent or group work. Gifted students need an individual approach of support and motivation in the educational process "so that they can most effectively capitalize on their talents, work independently, creatively, and with interest, and be able to adapt to a diverse social context (within the family, work, interest group, etc.) as optimally as possible" (Sigle, 2013)

6.1 Forms of teaching

The form of teaching is also closely related to the appropriate educational approach. One way to guide gifted students educationally is to impose static work. It can have many benefits for the students since they think differently and need to have space for creativity. This approach allows students to work with their ideas, plans, or opinions to learn responsibility and time management. The teacher has the opportunity to give students assignments of varying difficulty to work on in a way that best suits and advances gifted students. Independent work seems to be an appropriate method for gifted students from several perspectives. Gifted students think differently from their peers, have a different work pace, and are very keen to find their own solutions to the work given. Thus, gifted students have more leeway in independent work, both in terms of solving the given problem and also in terms of time planning and determining their own methodology. The teacher tries not to interfere with the independent work and to provide feedback after the task has been completed. But should the student need guidance or clarification, the teacher should be there for him or her (Portešová, 2020).

Another form of teaching is group teaching. This may not seem very suitable for a gifted child, especially if they have to work with average classmates, but even group teaching can paradoxically be beneficial for a gifted pupil. Group teaching takes place in small groups of approximately three to five students who work together on a task. The main goal here is the art of cooperation. Students learn to cooperate, respect each other, dialogue and translate relevant arguments, and, last but not least, to find a common solution to the task. In this way, gifted students become closer to their classmates and learn to express their ideas without being judged or negatively evaluated by their classmates. This approach also contributes to a good classroom climate, it stimulates hyperactive behaviour and makes it harder for gifted students to lose focus and escape into daydreaming. Here, the teacher can supervise and correct the whole group's learning process from afar. (Cihelková 2017; Gross, 2006)

The next teaching approach is frontal teaching. Here, the most important figure is the teacher, who directly guides and corrects the whole process of education. The teacher presents information in the form of a lecture and gives all students the same assignment. This form is not among the most beneficial for gifted students. However, if the teacher discusses the topic in a captivating manner and fills in the lecture form of teaching with further pedagogical methods, it may suit gifted students as well (Cihelková, 2017).

Another option is to attend a mainstream school, but one that has special classes just for gifted students. Or they can attend special schools specifically designed for teaching gifted children with trained staff, and finally, the family can opt for home education (Cihelková, 2017).

7 Conclusion

Regarding EI training for gifted children, a systematic plan needs to be developed and embedded in educational programs. EI training can help students improve their emotional and social functioning, acquire new or improved emotional competencies, and better understand and manage their emotions. Also, it can help promote the optimal development of students' giftedness and well-being in its various forms and manifestations and has important implications for gifted education. Future research on EI may help clarify the specific nature of emotional functioning in gifted individuals and potentially suggest ways to prevent and remediate interventions (Sternberg, 2012). A longer trend in EI can motivate students to learn more about self-development, learning and their everyday emotional experiences. Schools can also benefit in the short term if training programmes instil a sense of personal growth and motivation in participants, contributing to a positive classroom atmosphere.

Piske et al. (2020) says that such programmes and pieces of training if tailored to the needs of the gifted can provide opportunities for meaningful interactions with peers of similar intellectual abilities, fostering deep friendships and enhancing social skills. Emotional bonds and friendships play a crucial role in the healthy development of gifted children, aiding in problem-solving, emotion regulation, and mutual trust.

A case study on social-emotional problems in gifted children published in 2020 implies that there are many ways to help gifted students deal with their problems in terms of emotions and socialization. It could be either preventive interventions, involvement of families, group counselling and guidance, or bibliotherapy (Yalim & Bugay, 2020). Sisk (2021) shows that mindfulness practices such as deep listening, gratitude, and storytelling positively affect students' reactivity, regulation, and reappraisal of their emotions. It also helps to cope with daily stress and the constant influx of information.

Psychologists such as Gardner (1999) or Sternberg (2012) agree that the traditional concept of intelligence is too demanding and should be expanded to include not only cognitive abilities but experiencing, expressing, and regulating emotions as well. However, given the relative stability of personality traits and deeply ingrained coping styles, we should not expect EI training to bring about rapid changes in gifted student participants. Developing emotional skills takes time, deliberate effort, systematic feedback, and repeated practice to change deeply ingrained traits.

Despite the growing awareness of the significance of creating optimal conditions for educating gifted students, there is still a lot to be done. There are indeed many proposals for the education of the gifted, both for teaching programmes and teaching methods. There is also a relatively large amount of literature dealing with the manifestations of gifted children and their subsequent work with them. Yet we lack research in areas such as how to work with the gifted student in the classroom, the emotional experience of the gifted student, and the relationship and interaction between the teacher and the gifted student (Lubinski & Benbow, 2000). Piske and Stoltz (2021) also state that there is a clear need for both personal and material investment in the education of high-potential students and support for their families. However, this support is often lacking, and teaching staff may not be adequately prepared to address the socio-emotional needs of these students.

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Self-concept of assistants in inclusive theatre

(overview essay)

Martin Dominik Polínek

Abstract: *Based on longitudinal research, the text tries to define the specifics of an assistant in an inclusive theater based on qualitative research approaches based on the analysis of the assistants' self-concept. It turns out that the function of the assistant is absolutely crucial in the theater therapy process, but its specifics change in connection with different ways of para-theatre and staging work and with different theater therapy approaches, and it also depends on the specific needs of the actors. In the text, we start from the perspective of the views of the assistants themselves, namely those who work with actors with autism spectrum disorders through bodily communication. The text is based on the results of an investigation that also took place within the framework of the IGA_PdF_2024_015 project.*

Keywords: *specific theater, autism spectrum disorders, theater therapy, plastic-cognitive method of movement, inclusion, specific research, assistant in inclusive theater*

1 Introduction

Just like the inclusive theater, or theater therapy process is specific in its ambivalence (boundaries) (see Polínek, 2020 for details), so the role of the assistant in such a process is very complicated and difficult to define. However, its definition is key both for the aesthetic aspect and for the therapeutic and rehabilitative function of the given para-theatre process. According to the author's research and his more than two decades of experience in the given field, it turns out that the assistant's function is absolutely key in the theater therapy process, but its specifics change in connection with different methods of para-theatre and stage work and with different theater therapy approaches, and it also depends on the specific needs of the actors. Nevertheless, very little space has been devoted to research on the given topic for the time being. The following text, in defining the phenomena associated with the assistant in inclusive theatre, starts from the perspective of the views of the assistants themselves, namely those who work with actors with autism spectrum disorders through bodily communication. The text is based on the results of an investigation that also took place within the framework of the IGA_PdF_2024_015 project.

2 Definition of key terms

2.1 Inclusive (specific) theatre

In the framework of the research on the basis of which this text is conceived, we use the term inclusive theatre, as this term is the most established in our environment. However, the theater group that the respondents (assistants) were selected for the investigation fulfills rather the definition of a distinctive (specific) theater and overlaps with the definition of an inclusive theater as defined by A. B. Afonin (2018):

- **Inclusive theater** is one in which not only people with disabilities and healthy actors play, but also people with various specifics (seniors, people other than theater professions). Here, the emphasis is mainly on socialization and integration goals.
- **A distinctive (specific) theater** is focused on an artistic effect, and the fulfillment of therapeutic-formative goals is a secondary effect. "Personal theater allows you to see the special side of a special person, their needs. … The personality of a 'special' theater lies in a unique point of view to the world, a view connecting archaism with the actuality of art" (Афонин, 2018, p. 36). We can also distinguish a specific theater from other forms according to its creation. If a production (performance) can do without actors with specific needs, it means that such a production does not belong to the field of distinctive (special) theatre. (cf. Polínek, 2020; Polínek, 2023, Polínek, 2024)

Inclusive (specific, unique) theater is characterized precisely by the combination of ambivalence, or boundaries, especially between: rehabilitation, therapy, special educational intervention and theater arts; on the assistant's side, between their needs and the needs of others (actors, clients).

2.2 Theater therapy proces

By theater therapy process, we mean such a set of phenomena that are present in para-theatre production work and that aim not only at the aesthetic side of the work, but also at influencing the psychological state of the actors in a positive direction, at fulfilling their basic psychological needs and, last but not least, also at rehabilitative (not only) somatic level (see Polínek, 2015 for details). This process is sometimes a kind of secondary spontaneous phenomenon; other times, on the contrary, it is very accented and is purposefully used within the framework of para-theatrical work. An example of this second understanding can be the use of the method of plastic-cognitive style of movement, which is applied both as rehabilitation and as an artistic theatrical device (see below). Some authors rather speak of theater therapy as one of the expressive-formative or para-theatrical disciplines (cf. Valenta, 2011; Müller, 2014; Růžička, & Polínek, 2013). "However, realistically, theater therapy cannot exist without theatrical creation, or without theater as such. Clients of the theater therapy process usually do not consider their activity as therapy, but as an artistic or leisure activity" (Polínek, 2020, p. 47).

2.3 Composition of the paratheatre team

The composition of the team is therefore based both on the needs of theater art and on the needs of the theater therapy process; we can therefore include three basic components in it: **leading theater therapist** (director of inclusive theatre), actor in inclusive theater and assistant in inclusive theatre. While it is often misleading to perceive the actor as an individual with a difference (disability) and the assistant as an expert (intact person) who works with the actor. The reality is a bit more complicated. An **actor in inclusive theater** can be:

- an individual with an atypical life experience, which is often based on his otherness, or disability;
- an intact individual who does not have the capacity to support the actors in the theater therapy process, or they do not have an insight into the para-theater process, or they are not trained in the given method of work.

On the other hand, an assistant in an inclusive theater can be intact, but also show a certain otherness, but who possesses the following:

- experience with training in a specific method (e.g. plastic-cognitive method of movement);
- an overview (overlap) of the entire para-theatrical (theatre-therapeutic) process;
- capacity to support others (actors) primarily through awareness of oneself (one's boundaries, possibilities and limits).

2.4 Method of plastic-cognitive movement style[1]

The given method is based on the author's concept of author Natalja Popová. She uses the method with people with mental disabilities, with mental problems and with problems in the area of emotions and self-control, with disorders of the autistic spectrum, with disorders of the locomotor apparatus, with somatic diseases, with

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[1] The text was freely conceived from internal materials and based on consultations with Natalia Timofejevna Popová, the author of the given method.

impaired vision and hearing, and subsequently uses it in theater therapy activities. The program built on this method was created over the course of 30 years and was constantly improved in para-theatre practice. The uniqueness of the program lies in the fact that it blurs the line between the rehabilitation and creative process and thus contributes to the achievement of a rehabilitation and at the same time creative result through development and activation of individual possibilities of the individual. The method was originally developed for the preparation of actors of inclusive collectives, but since the work in this direction required the search for basic principles of human development, it gradually began to acquire a more universal character. The essence of the method lies in the process of working with the client – an actor, when we move from the biological foundations of human development to cultural expressiveness. The work begins with shaping or correcting muscle tone, mastering the basic levels of organization of movements and their awareness, and leads to individual plastic expressiveness. This means that it begins with the definition and solution of rehabilitation tasks and leads to the solution of interpretive expressive communication (artistic, aesthetic) tasks. The mastery of expressive movement is closely connected with the development of symbolic activity as such and reflexive human behaviour. Through the acquisition of the symbolic meaning of the body, a person's "belonging" to the world is realized, which is a basic prerequisite for communication and knowledge as such[2].

Members of the inclusive theater group **Tyátr ModroDiv**[3] apply this method as the only ones in the Czech Republic in their work. The method consists primarily of deep work with the body, the principles of which are based on ontogenetic development and integrally connect the body schema with psychic experience and neurological development. The bodily level thus becomes the basic means of communication within the framework of theatrical expression. The level of physical communication is equally accessible to both intact actors and actors with the most different types of otherness, unlike, for example, verbal communication, which can be limiting for some types of cognitive disability.

The principle of this system is to work with a movement stereotype, which is the first step to activate the creative process. In the form of constantly repeating movement exercises, the developmentally oldest muscle areas are activated, and later the perception of the partner on the stage develops. Most exercises are characterized by a slow pace of movement and static pauses – stiffness, immobilization, which allows to activate the lower levels of movement organization, reduce intellectual control and activate the bodily level of consciousness. (See Polínek, 2023 for details.)

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[2] Internal materials of N. T. Popova

[3] www.modrodiv.cz

The process later continues with the development of dance movement and its use to create a theatrical performance within the framework of the so-called plastic special theater. During the exercises, great emphasis is placed on increasing the awareness of the bodily experience. Each exercise is always followed by a short relaxation, in which the client is aware of the bodily sensations caused by the given exercise (cf. Popová, 2013; Polínek, & Růžička, 2020; Polínek. 2024).

2.5 Basic principles of production work in inclusive theatre

These principles have been the subject of long-term research by the author, who is the head of an inclusive theater for actors with ASD. They are key to understanding the specificity and interdisciplinarity of inclusive theatre, and are also the source of a new artistic quality that an actor with a difference can convey to the viewer based on his or her different, and normally difficult to transfer, life experience. We could formulate the given principles as follows (cf. Polínek, 2023):

- **The actor is the subject, not the object of creation** – a partnership and respectful approach is applied to the specifics of the given actor, which is not understood only as a "means" to fulfill aesthetic goals.
- **Content (theme) corresponding to the actor** – when the real life stories of individual protagonists can be processed, or their specific experience is offered to the audience in a symbolic, metaphorical form.
- Form and methods accentuating: **creativity, spontaneity, naturalness, diversity (not chaos) and improvisation, therapeutic (rehabilitation) effect**.
- **The use of pre-expression** – when the assistant perceives the basic movement impulses of the actor with otherness and then develops these within the framework of their movement improvisation. So it starts with the actor's conception, but facilitates and develops their theatrical (bodily) expression.
- **An actor as a bearer of a specific life experience** – an individual with a difference can enrich the audience with their unique life experience, which an intact actor can never achieve, thereby enriching and expanding the artistic statement to the audience as such.

2.6 Overlap of inclusive plastic theater[4]

According to previous research and investigations, the meaning of theater was defined by certain phenomena, where the author based his opinion on the views of the audience, experts (special pedagogues, therapists, etc.) and individuals with specific needs who came into contact with the inclusive plastic theater (for details, see Polínek, 2024):

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[4] Inclusive plastic theater is meant to be one that primarily uses means of bodily expression and communication when staging work with actors with disabilities.

- **Strengthening integration, or inclusion** (From the responses of the respondents: *"I think of wholeness and normality – it is common to communicate with sounds, it is common to communicate with movement. We are all the same." "When I perceive that wholeness in the performance, it demonstrates to me the ideal idea of inclusion in reality. It is hope , that it will probably be like this in the future, not only in the theater but in society in general. Art can thus benefit society in general."*).
- **Bridging the experience from theater work to real life** (From the answers of the respondents: *"…physical proximity with a stranger and their bodily manifestations stop bothering me as much as before. Stereotypes learned from my childhood are breaking down." "I realized that there is no need to be afraid of a contact with the others, but that physical contact is necessary to ground the person, to restore person's trust in the world. Plastic theatre allows me to be aware of every centimetre of my existence."*).
- **Meaning and overlap for the viewer** (From the reactions of the audience: *"I would call it conscious contact. The fact that they were on stage together in an intense conscious contact, so as a viewer I felt that I was in contact with them and with the situation." "The more aesthetic it is, the more therapeutic it is. The more I enjoyed the show, the better I felt as a viewer."*).

3 Assistant in inclusive plastic theatre

On the basis of the research described below and the analysis of its results, the phenomena defining the role of the assistant of the inclusive plastic theater were constituted (see Figure 1), these were further defined in more detail and the links between them were marked so that a more plastic model of the assistant's definition was created.

3.1 Research methodology, objective and research sample

Due to the nature of the research, a qualitative research strategy was chosen. The basic group was the assistants of the inclusive plastic theater and the selection group was the assistants of the theater Tyátr ModroDiv, z.s. through the method of occasional purposive selection through the institution, a research set of six assistants was created, who formed a representative sample in terms of age, profession, experience and duration of work in inclusive theatre. Data were collected through semi-structured interviews and analyzed using the method of creating clusters and finding gestalts. The aim was to define partial attributes characterizing the role of an assistant in inclusive theater with the intention of exploring the effective factors of the theater therapy process that are connected with the given role. These attributes are based on the experience, self-view and self-reflection of the assistants of the inclusive plastic theater. The investigation was also carried out within the framework of the IGA_PdF_2024_015 project. The resulting data was formatted into diagrams for clarity and commented in more detail (see below).

3.2 Assistant self-concept in inclusive theatre

The assistants' self-reflection and perception of their role within the para-theatre (theatrical therapy process) can be divided into several corresponding areas (see Figure 1):

- experiencing within the framework of the theater process (rehearsals),
- self-regulation within the process,
- preparation and training for the role of assistant,
- the stages of the process within the framework of the para-theatre rehearsal,
- key attributes associated with the assistant role,
- the importance of the leading therapist (theatre therapist, director) for the assistant,
- effective factors of the para-theatre process related to the role of the assistant.

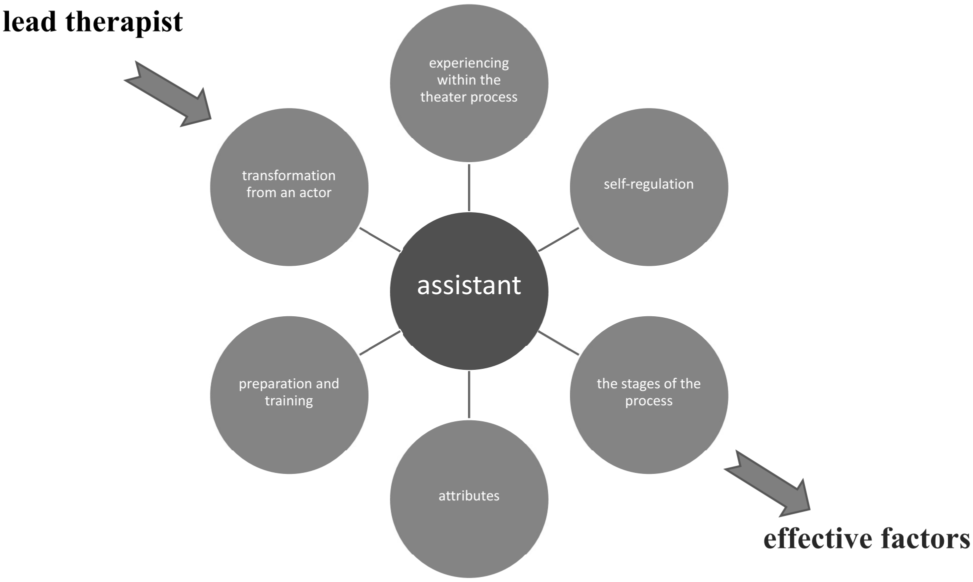

Figure 1: *Key phenomena of assistants' self-concept*

3.2.1 Experiencing within para-theatre work

It follows from the assistants' awareness that one of the most dominant areas is their experience within the theater therapy rehearsal. They state that even if they come physically tired or mentally exhausted from ordinary life, they leave after the rehearsal (a two-hour work based on the plastic-cognitive style of movement) with rest and refreshments. Furthermore, they describe an increased sensitivity and awareness of their bodily sensations and psychological needs, or that they perceive much more if there is a discrepancy between their inner experience and their outward expression. We refer to this phenomenon as the **transparency of incongruence** and it is often described in drama therapy work as well (cf. Valenta. 2011). This phenomenon is a prerequisite for a conscious **increase in congruence**, i.e. harmony between a person's external and internal world. The theater therapy exam therefore has a therapeutic and rehabilitative effect on the assistant (see Figure 2).

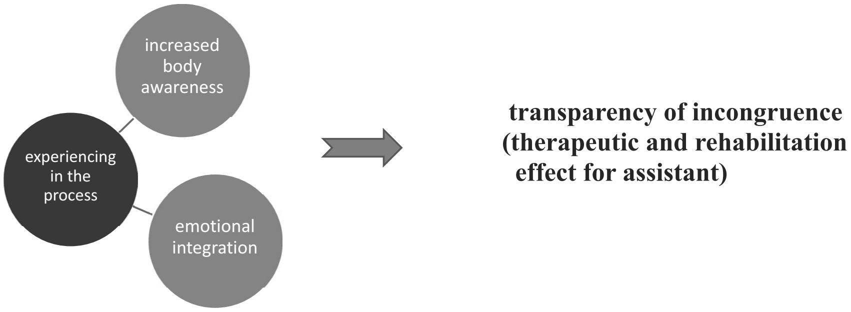

Figure 2: *Experiencing as part of para-theater work*

3.2.2 Self-regulation of an assistant in para-theatre work

Another phenomenon that all assistants describe in the same way is awareness of their current limits (e.g. fatigue, uncertainty) and respecting them. If the assistant does not have internal comfort, they cannot provide support to the actors, so they must consciously choose such an internal distance when working with the client that is not threatening both for them and for the assistant. Here we can trace one of the cardinal differences between an actor and an assistant: The actor is often not aware of their boundaries and their limits, therefore they cannot even respect them, they often get exhausted more quickly during work, or for actors with autism spectrum disorder, we are talking about overload, over-stimulation, which often leads to problematic behavior and makes life difficult for them. If, on the other hand, the assistant has increased awareness and a developed ability to self-regulate, within the framework of a **parallel process** where the setting of one individual is influenced by another (see Zinker, 2004), it can lead to self-regulation and respect for the needs of the actor with otherness and thus **facilitating their ability to self-support** (see Figure 3).

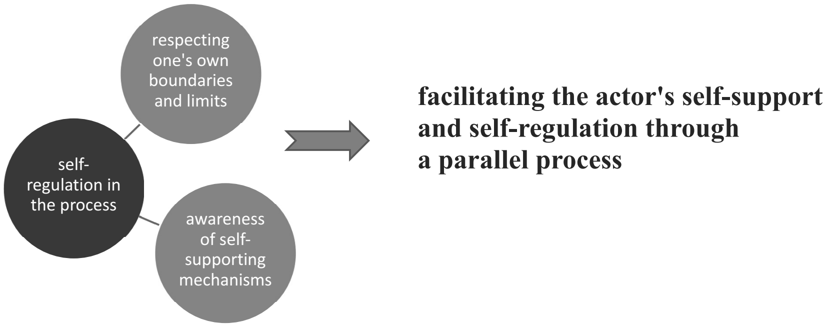

Figure 3: *Self-regulation of the assistant in para-theatre work*

3.2.3 Preparation and training of the assistant

The method of the plastic-cognitive way of movement is complicated and difficult to use, mainly because it assumes a deeply aware and sophisticated assistant at the physical level. The assistants describe the necessity of continuous (daily) work with the body in terms of awareness and stretching. It is also very important for the assistants to be able to concentrate on their body before working with the actors: grounding, elementary individual movement expression (short intuitive movement based on the assistant's bodily impulses). Here, too, it is possible to observe a parallel process, when in the course of the plastic-cognitive style of movement, there is a facilitation of the (often poorly realized) bodily adjustment of the actor with otherness (see Figure 4).

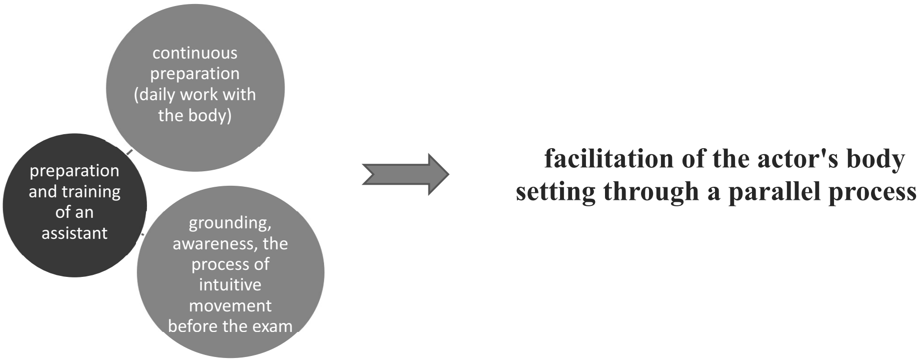

Figure 4: *Preparation and training of the assistant*

3.2.4 Key attributes of the role of an assistant in an inclusive plastic theater

An assistant does not come to the inclusive theater, one can become an assistant through para-theatre work and through the gradual fulfillment of the attributes that this role entails in the inclusive plastic theater. From the assistants' reflections, we can delineate these attributes as follows:

- **slowness**, which guarantees the possibility of concentrating on one's experience and creates a prerequisite for perceiving reactions and stimuli from the actors;
- the desire to **create** and experience, but based primarily on the impulses of the actors, to facilitate their basal tendencies with outward expression through theatrical (movement) formulas, when we speak of the actor's **prae-expression**;
- an increase in self-perception and self-awareness brings **inner self-confidence** and the ability to respect one's boundaries (**the principle of validation of experience**), which, in a parallel process, strengthens the self-confidence of actors with otherness;
- the assistant understands themself on the one hand as a theater artist, but at the same time they are a **guide and facilitator** of an actor with a difference in theater creation and expression towards the audience;
- assistants are aware of their irreplaceability within the theater therapy rehearsal; it turns out that the most effective is **working in an assistant-actor pair**, therefore it is very important for the assistant to **share responsibility for the process**, and to be present at the rehearsal under all possible circumstances, while keeping an eye on their limits.

The assistants talk about their gradual transformation from the role of actor to the role of assistant, through initial curiosity, through discovering their own bodies, increasing their movement experience and competence and continuous work with themselves, through strengthening interpersonal ties in the theater community to being in the process through other actors with a otherness (see Figure 5).

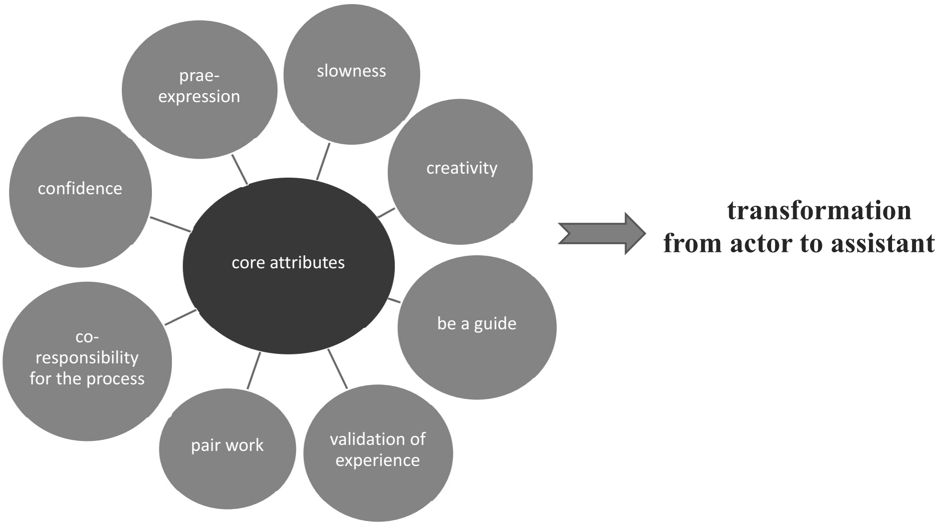

Figure 5: *Key attributes of the assistant's role in the inclusive plastic theatre*

3.2.5 Stages of the para-theater rehearsal proces

By generalizing the experience of the assistants, the stages of the process during one para-theatre rehearsal were defined, when the plastic-cognitive movement style method is used as a means of rehabilitation, physical communication and artistic (dramatic) expression towards the audience. We believe that the respect and fulfillment of these stages is one of the cardinal effective factors in inclusive plastic theater and it is important to describe them and have them defined as an expressive-formative tool within the rehearsal: Initially, the assistant's **intra-personal communication** with themself is necessary, with through one's bodily experience, awareness of one's current state and one's needs; this is followed by an **increase in bodily perception** within the framework of movement expression based on internal conscious bodily stimuli, e.g. in the form of a short intuitive movement improvisation (Which can happen in the above-described phase of the assistant's preparation just before the rehearsal.), the next stage is the actual work with the actor with otherness, a kind of **interpersonal bodily communication**, within which the assistant can **facilitate the actor's prae-expersion** and develop it, thereby advancing the actor's bodily experience and refining the artistic expression towards the viewer (see Figure 6).

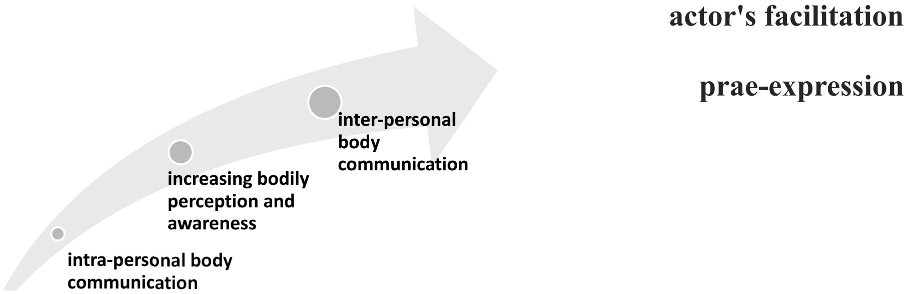

Figure 6: *Stages of the process within the para-theater rehearsal*

In conclusion…

The assistant is a key part of the theater therapy process, and their preparation, both in terms of acting, as well as physically and professionally, is key to an effective para-theatre effect on actors with otherness and on the resulting theatrical form that communicates with the audience. However, it is necessary to realize that the given process is influenced by other components and their interdependence is fundamental. According to the reflections of the assistants, one of these components is the leading therapist (theatre therapist, director), who facilitates the entire process and accompanies it both verbally and on a metaphorical and symbolic level; sets limits; he or she mediates the feedback process. This allows the assistant to fully focus on the bodily experience, contact and bodily communication with the actor with otherness.

In this way, inclusive theater becomes a kind of complex living organism that can act holistically on all attributes of the human being and can expand the artistic message in a way that mainstream art can never achieve.

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Maslow's theory of human motivation and its use in the recovery process for individuals with substance use disorder in prison

(overview essay)

Hana Moravčíková

Abstract: *Maslow's Theory of Human Motivation is a controversial theory whose general validity cannot be reliably confirmed or disproved. However, research confirms its functional use in various therapeutic procedures. The aim of this literature review is to summarize the current findings in the area of the use of the Theory of Motivation in the recovery process for individuals with substance use disorder and to suggest its potential use for users of addictive substances in the execution of the custodial sentence.*

Keywords: *Maslow; recovery; prison; custodial sentence; substance use disorder*

1 Introduction

In 1943, Abraham Maslow presented his groundbreaking *A Theory of Human Motivation* (Theory of Motivation), in which he strived for a new universal description of the functioning of human motivation as a hierarchical system of needs. The theory was based on the proposition that humans are gradually influenced by five categories of needs, which he divided into physiological needs, safety needs, belongingness needs, esteem needs, and self-actualization needs. In doing so, he explained the concept of need as an inner urge or unconditioned reflex that is natural to humans and mostly unconscious (1943; 1970).

Theory of Motivation, after its publication, has had a significant impact on the fields that work with humans and has begun to be researched and used in the context of various therapeutic approaches. The subject of this text primarily deals with the applicability of Theory of Motivation in relation to the recovery process when working with people with substance use disorder (SUD). The close association of mental illness, which SUD is, with Theory of Motivation is indicated by Maslow's findings (1970) about unmet needs, which he argued lead to psychopathology.

Maslow's theory was often met with criticism or research whose data did not support its validity. Nevertheless, the publications that deal with its use in the recovery process suggest its functionality. Therefore, this literature review, in its first part, discusses the criticisms of Maslow's Theory of Motivation followed by a review of research findings and other scholarly texts that discuss the applicability of the theory in the approach to persons with SUD.

The use of addictive substances is often associated with criminal activity, whether it is activities related to drug procurement or another type of illegal activity. Therefore, the turning point in the lives of many people with SUD is often serving a prison sentence. During the execution of the sentence, imprisoned people usually encounter significant changes in satisfying their needs. Imprisonment can therefore have a high potential to start the recovery process, especially in cases where it is the only support a person receives during their active substance use. Nevertheless, for many people, imprisonment also means the failure to satisfy the needs that they had fulfilled before starting their sentence. Thus, a stay in prison can be seen not only as a system of support for people with SUD, but also as a potential threat in the process of recovery. For this reason, this literature review suggests that further research addressing the needs of drug users in prisons is necessary to implement Maslow's theory of motivation into the inmate recovery process.

2 Maslow's Theory of Motivation and its criticism

In the context of Maslow's Theory of Motivation (1943), his probably most frequently mentioned statements in the literature are that human motivation is influenced by five categories of needs, which he called basic needs, and that these needs are organized in a hierarchy. A new category then emerges in a person only after the previous one in the hierarchy is fulfilled. Maslow's explanation of how needs work may then seem overly simplistic (e.g. according to Wahba & Bridwell, 1976). That he did not intend such an implication for his theory, however, is indicated by the fact that in his text he refers to the Theory of Motivation as a framework concept that needs to be further explored. He also acknowledges that some people may have their hierarchy of needs constructed differently because of atypical childhood development, mental illness, or the experience of living in extreme conditions. In relation to his theory, therefore, he presents a fairly wide scope for discussion over its arrangement and validity for different groups of people. He also addressed the differences in the hierarchy of needs in his later publication (1970), in which he mentioned the connection between dissatisfaction of basic needs and the emergence of psychopathology.

According to Maslow (1943), the sequence of needs fulfilment does not work strictly category by category, as it may seem at first glance from the well-known graphic representation of his hierarchy using a pyramid. In fact, the different categories of needs commonly overlap in their importance. One usually has each category at least partially fulfilled and each at least partially unfulfilled. And a new need becomes more pronounced when the needs that come before it in the hierarchy are fulfilled to a greater extent. Thus, according to Maslow, it is not necessary to fulfill the previous needs completely for the appearance of a new one.

Critics of the Theory of Motivation also point out various aspects that can influence a person's needs and motivation that Maslow does not take into account in his theory, such as different values in different cultural settings (Bouzenita & Boulanouar, 2016; Baumeister, 2016). In fact, Theory of Motivation is described as universal to people of different backgrounds (Maslow, 1943). Thus, its applicability to some cultures may be severely limited. The individual ordering of needs is mentioned in the Theory of Motivation only in the case of so-called cognitive needs, which, unlike basic needs according to Maslow (1943), have the importance that the person himself attaches to them. These are, for example, the need to know or understand.

An example of a text that critically reflects on the theory is the review study by Wahba & Bridwell (1976). The authors in the text argue over research findings that only partially confirm Maslow's Theory of Motivation or do not confirm it at all. As a problem in its testing, they see, for example, the difficulty of defining the term 'need', which is interpreted differently by different authors. This is then reflected in the choice of data collection of the studied researches, which mostly used the self-report technique. Maslow (1943), however, considers need as a motive, whose influence on one's behaviour is mostly unconscious. Therefore, it is likely that choosing a technique that draws on subjective perceptions of one's behaviour will not yield results as reliable as, for example, combining it with observation of that behaviour.

However, even with the inclusion of these two techniques, it cannot be claimed that they can reliably verify the validity of Theory of Motivation because Maslow takes into account the fact that human behaviour may not be motivated by needs alone, but may be conditioned for example by reflexes, personality traits or coping. Moreover, if a person consciously assigns importance to another activity, his actions may not reflect his most unfulfilled need, even if he feels the urge to fulfil it. Verifying or disproving the validity of Maslow's theory is therefore a very difficult task. However, data supporting its functional use exist in research and are summarized in the following section of this review.

Despite agreeing with the interpretation of human needs as a system with a hierarchy, Maslow's Theory of Motivation was also considered to be not entirely accurate by Kenrick et al. (2010). In addition to pointing out some of its shortcomings, they revised it by analysing recent findings from developmental biology, anthropology and psychology to fill in some of the gaps that the original theory carried with it. They kept the base of the hierarchy the same, but divided the need for self-actualization between the esteem need and three new reproductive goals at the top of the hierarchy: mate acquisition, mate retention and parenting. Thus, they extend and refine Maslow's Theory of Motivation rather than creating a new theory. In fact, unlike other critics, they view the concept of 'need' similarly to Maslow in terms of its effect on humans at a largely unconscious level.

3 Theory of Motivation and SUD

Maslow's Theory of Motivation has been explored in various studies in relation to different treatment approaches, where it has been considered as a way to make planning work with people in difficult life situations more effective. Examples include research that deals with support for people with mental illness who are homeless (Henwood et al., 2015) or approach to patients to improve their physical and psychological well-being (Xu et al., 2021).

Although some areas of Theory of Motivation have encountered problems with its verifiability, there is emerging evidence in areas of substance use research that supports its functional use in dealing with people with SUD. Thus, Maslow's Theory of Motivation may function not only as a way of planning interventions during the recovery process, but, due to the findings from research that has explored this approach, may also be useful as a predictor of potential relapse in case of unmet basic needs.

Maslow (1970) in his later publication, in which he discusses Theory of Motivation in more detail, talks about the consequences of human development in which a person's basic needs are not met. For a person whose need has not been adequately fulfilled, that need takes on a permanent importance instead of being naturally replaced by a new need in the hierarchy.

In the event that a person finds himself in a situation where one of his needs is not being met, an addictive substance can serve as a substitute. Therefore, the relationship of a person with SUD to an addictive substance can also be ambivalent – he or she is aware of the problems that its use entails, but also perceives the addictive substance as a help (Denning, 2011). It provides him or her with feelings of peace or joy or, for example, masks unpleasant states caused by mental illness (Garcia-Aurrecoechea et al., 2008). Each use of an addictive substance is then a short-term fulfilment of a need, but in the long term, however, it leads to a deepening of the SUD (Baumeister, 2016).

Moreover, such behaviour is further reinforced because craving or withdrawal symptoms may occur if the addictive substance is not sufficiently delivered to the body. People experiencing SUD may then perceive these conditions in a similar way to those who do not have their basic needs met. Substance use thus becomes the strongest motivation (Best et al., 2009).

By verifying of the use of the findings of Maslow's theory in the recovery process has been dealt by Mexican researchers García-Aurrecoechea et al. (2006), García-Aurrecoechea et al. (2007), García-Aurrecoechea et al. (2008) etc. The results of a series of these studies support the conclusions expressed by Maslow in his theory in relation to psychopathology and also provide a rich foundation for planning interventions when working with people with SUD or in drug prevention planning. To achieve these findings, the studies used a cross-sectional design in which groups of users of different drugs and people who do not use addictive substances on a regular basis were studied.

The first of the aforementioned research series examined marijuana and cocaine use and the associations of users of these drugs with the concepts of 'family', 'friends', 'self', 'cocaine', and 'marijuana'. Using comparisons of these associations with non-users, specific protective and risk indicators for use of these two drugs were defined. Examples include domestic violence and family conflict, which are risks for later stimulant use, or self-identification as a drug addict, which acts as a motivation for further substance use (García-Aurrecoechea et al., 2006).

The results of these studies are further consistent with Maslow's assertion that fulfilling one's needs causes feelings of happiness and not fulfilling them causes negative feelings. When basic needs were not met, participants experienced a range of unpleasant feelings such as feelings of failure, guilt, sleep problems, and their difficulties sometimes evolved into affective disorders and more severe forms of SUD (García-Aurrecoechea et al., 2006; García-Aurrecoechea et al., 2008).

The sequence of the hierarchy of Theory of Motivation as described by Maslow was supported by this research – needs become more important depending on the extent to which previous needs are met and this finding must be taken into account when planning interventions in the recovery process. This is not only because of the success of the process, but also because substance use and unmet basic needs are mutually influencing factors, and the lack of need fulfillment, according to the results of these studies, is directly related to the attraction to drug use (García-Aurrecoechea et al., 2007; García-Aurrecoechea et al., 2008).

In the approach to the recovery process as a gradual fulfillment of needs, the needs that are lower on Maslow's hierarchy of needs take precedence in the implementation of changes in life of a person with SUD, and only when they are sufficiently fulfilled they progress to higher needs. Thus, if any of the basic needs in a person's life are unmet, the intervention of those involved in supporting the person towards recovery should be focused on these needs (Garcia-Aurrecoechea et al., 2008; Best et al., 2009). This is because, according to Maslow's Theory of Motivation, the higher needs will not emerge until all the needs placed at the lower positions of the hierarchy have been met. Therefore, at the outset of supporting a person with SUD, it is unlikely that higher psychological needs can be reliably identified if lower needs are inadequately met (Best et al., 2009; Maslow, 1970). Thus, interventions should initially target primarily the provision of needs that may not have much in common with substance use (Denning, 2011). For people with SUD, this is usually about providing physiological and safety needs. These may include such things as food, clothing or shelter (Nasiri, 2012; Garcia-Aurrecoechea et al., 2008).

Each person who struggles with SUD has a different life experience and a different way of experiencing. Therefore, individuals with SUD may perceive items from their hierarchy of needs differently, making it important to proceed individually for each person when planning interventions (Denning, 2011; Kruk & Sandberg, 2013; Dong et al., 2018). Factors such as the type of substance use or how it is used, experience of incarceration, or gender may influence perceptions of need (Nasiri, 2012; Isralowitz et al., 2010; Kruk & Sandberg, 2013). People with SUD often experience various life complications, such as mental illness, health problems, relationship problems, or inadequate accommodation, in addition to the risks of substance use itself. Thus, intervention planning needs to be viewed holistically according to the specific needs of people with SUD (Best et al., 2009).

Furthermore, research by Garcia-Aurrecoechea et al. (2007) suggests that during the gradual recovery process of meeting the needs the type of addictive substance should be taken into account. They examined need satisfaction in cocaine users, marijuana users, users of both of these drugs, and non-users. In addition to providing evidence for the importance of using Maslow's hierarchy of needs in dealing with people with SUD, they also came up with more detailed recommendations for planning interventions for users of the specific drug groups studied. One example is the importance of meeting the needs for peace in cocaine users as a relapse prevention tool when the recovery process is initiated.

However, the process of recovery based on Maslow's Theory of Motivation, may face some barriers that make the gradual fulfilment of needs more difficult. These include, for example, an unsystematic approach in the provision of services to support people with SUD in meeting their needs. Social services may be difficult or completely inaccessible in some areas. Moreover, different needs are often not met within one social service but in several different locations (Nasiri, 2012).

Another barrier is that people with SUD are often asked to make greater psychological changes early in the recovery process. This is exemplified by current treatment systems, which usually operate in a way that when a patient admits the truth about their current substance use, they are excluded from treatment (Denning, 2011). Moreover, for some groups, such as homeless people, this purely abstinence-based approach to recovery may be particularly inaccessible due to the extremely poor living conditions and other complications that come with the absence of a home (Nasiri, 2012). Kruk & Sandberg (2013) therefore state that a recovery plan should include both abstinence and non-abstinence options for collaboration. Such an approach is also in line with the ideas of the Harm Reduction concept, which focuses on reducing the harm caused by substance use (Denning, 2011). It does not exclude their drug use from the process leading to recovery, but it does lead to the fulfillment of the most basic needs at the beginning (Kruk & Sandberg, 2013).

4 Using Maslow's Theory of Motivation when working with people with SUD in prison

People with SUD are often engaged in criminal activity. The users of addictive substances may commit these acts as a result of the influence of the psychoactive effect of the drug on their behaviour, conducting illegal activities to obtain the substance or, for example, handling or selling a substance that is listed as prohibited (Carpentier, 2007). Thus, people using addictive substances end up in prisons more often than the rest of the population (Mravčík et al., 2019).

In addition to the fact that the use of SUD can lead people to break the law, the quality of their life may be affected by other factors associated with this disorder. It can be, for example, neglecting responsibilities, relationships, health or pleasant activities so far because of the drug. Because of that, the satisfactory fulfillment of important needs can be threatened also by the extreme effects resulting from SUD, such as homelessness or involvement in violent or otherwise health-threatening activities (APA, 2022). Entering a prison sentence can therefore often mean the fulfillment of needs that were not previously satisfied, such as providing food, shelter, psychological help, meaningful leisure time, etc. By fulfilling important needs, the failure of which may have contributed to the development of SUD or persistence in the active use of addictive substances, a space for motivation to work on the recovery process may be opened. In addition, the prison has the potential to immediately follow up on the satisfaction of other important needs at higher positions of the hierarchy and thus further progress in the recovery process based on Maslow's Theory of Motivation.

However, by its very nature, the execution of a custodial sentence cannot satisfy some natural human needs, such as the need for privacy, freedom and, in some cases, safety. When considering the outputs from the approach of Maslow's theory when dealing with people with SUD (e.g. according to Garcia-Aurrecoechea et al., 2008), this can be a risk in the recovery process and a possible deepening of SUD.

5 Discussion

Using the Theory of Motivation when dealing with people with SUD is a relatively new way for studies to look at substance use, and while their results look promising, the topic is still under-researched. There is not much research that deals with the connection of needs according to Maslow's Theory of Motivation and SUD or the subsequent use of the hierarchy of needs when planning interventions in the recovery process. Gaps in knowledge also appear in already conducted studies on this topic.

Their results are more oriented towards the categories of needs at the lower positions of the hierarchy, as described by Maslow, and the more advanced stages of the process of recovery or satisfaction of needs at higher levels of the hierarchy (primarily the needs of self-actualization) have been put aside. For further knowledge in this area, it is therefore appropriate to direct research to in-depth interviews with persons with SUD in order to address the specific needs that concern this group and compare their influence on the development of SUD or remaining in a state of active substance use.

Although the approach to recovery, which uses insights from Maslow's Theory of Motivation, appears to be very appropriate for the period when a person with SUD begins serving a custodial sentence, no research was found during the preparation of this literature review that dealt with its use in a prison environment. For the effective implementation of this approach in the prison environment, it is therefore necessary to examine the specific needs of persons with SUD who have entered prison and to compare the effect of changes in meeting their needs on the progress of SUD and the recovery process.

6 Conclusion

This literature review in its first part deals with the criticism of Maslow's Theory of Motivation. Creating a research design that seeks to test the theory is very difficult because of the intuitive nature of needs as described by Maslow. Therefore, it cannot be said that studies that do not confirm the validity of the theory disproving this theory. Hierarchical arrangement of tendencies, of which a person is mostly unaware, cannot be reliably verified with the methods currently available to us.

However, in research dealing with the recovery process, the theory of motivation is shown to be functionally usable when planning interventions for people with SUD. Targeted support in meeting these needs can act as a motivational factor when planning interventions and be an important guide for all workers involved in the recovery process for their clients or patients.

One of the places where the approach to solving SUD based on Maslow's Theory of Motivation can be applied is the prison environment, which significantly affects the fulfillment of the needs of prisoners. However, before starting this type of support, it is necessary to further examine the specific needs of persons with SUD in prison.

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Importance of the inclusion of disabled children in educational settings

(overview essay)

Katy Milton

Abstract: *This paper critically discusses the implementation of policies of inclusive education and support for children with special educational needs and disabilities in the context of mainstream and special schools in the United Kingdom. It draws on historical overview of policies and analyses it through the lenses of models of disability and the bio-ecological systems theory. One of the main barriers in achieving higher inclusivity has been identified as lack of appropriate and specific teacher training. While positives of inclusive practice have been confirmed in the current systems of support, the author has identified gaps in fully embracing and implementing inclusive practice in the landscape of limited funding available in education.*

Keywords: *Special Educational Needs and Disability, United Kingdom, Inclusion*

1 Introduction

As of 2023, latest data indicates that 1.5 million children in the UK have Special Educational Needs (SEN) (Department for Education, 2023). Legislation set out by the United Nations Convention on the Rights of the Child states that all children, regardless of ability, culture, race, and gender are entitled to an inclusive education (Department for Education, 2010). Therefore, we should expect all children with SEN to have the same access to education as every other child. However, this is not the case. Inclusion for students with SEN is very limited, despite legislation and policy. It is frustrating to see children with SEN struggling to access the same opportunities, parents having to fight for what their child is eligible for (Runswick-Cole, 2008). Provision is particularly limited due to high levels of stigmatisation surrounding the topic. Inclusivity is a right, and every single child deserves it. Lack of inclusivity can severely impact children with disabilities including but not limited to causing detrimental outcomes on physical, behavioural, and psychological health, struggling with academic attainment, decrease in prosocial behaviour, low self-esteem, and becoming shy and withdrawn (Mulvey, Boswell and Zheng, 2017). This critical discussion will highlight the barriers to inclusion and how theories in childhood studies can help overcome these barriers.

2 Inclusion versus Integration

In 1918, education was finally made compulsory for all disabled children in the UK. This education occurred mainly in segregated schools (Borsay, 2012). Children being segregated into these schools led to higher levels of stigma. Children were placed in groups based on similar needs rather than being with pupils their own age thus restricting vital access to educational and developmental opportunities leading to mainstream schools being considered (Fox, 2003 as cited by Hassanein, 2015). With mainstream now debatably being the best place for children, where possible, integration occurred which was quite literally placing students with SEN and other students in an age-appropriate classroom together (Hassanein, 2015). While this can be seen as positive, O'Brien (2001) argued that inclusion is not just about the placement of children with SEN into a mainstream school, but also about the leaning and quality of life that they get from the school.

There is no set definition for inclusion, it is very generalized and open to interpretation. The Department for International Development (2018) stated that inclusion was the continuous process of increasing the presence of all children into a mainstream classroom to increase academic attainment and participation in society. Their research demonstrated that inclusion into mainstream was effective with positive impacts on social development and increasing grades, being more effective than Special Educational Schools. In support of this statement, Borsay (2012) indicated that SEN schools do not offer the same opportunities for children to develop the skills needed for adulthood. However, there are other definitions, like that of the Department of Education and Skills (2001) state that the inclusion process comprises schools developing culture, policies and practice that includes all pupils, however mainstream education may not always be right for every student. This ultimately means that they may require home schooling or attending a SEN school. However, policy reiterates that it does not mean, when the time is right, that they cannot be transferred into a mainstream school.

The Children's Commission (2021) collected data surrounding SEN and inclusion.

- 4 out of 5 children with SEN attend a mainstream school, however a majority of children who attend mainstream school leave as parents do not feel that the provision of support is adequate to support the needs of their children.

- On average, SEN students are more likely to be excluded from mainstream schooling, with 82% of primary school children with SEN permanently excluded from mainstream. Again, this could indicate that children are not receiving the additional support for physical, behavioural, or educational needs.

These figures demonstrate that despite all this legislation surrounding inclusion, there still is not enough support. To further support the lack of support, the Children and Families Act (2014), radically adapted the SEN system with the aim to give children better support and positively transform their outcomes. As data indicated, children are still not receiving the promises indicated in the reforms.

3 Barriers to Inclusion

3.1 Teacher Training

One main barrier restricting inclusive education is teacher training. Studies demonstrate that 22% of teachers feel like they did not meet the needs of their students with SEN in mainstream school (DfE, 2019 as cited by Wang, 2009). With a further 4 out of 10 teachers feeling like they were given appropriate training and had adequate knowledge to support their students with SEN in mainstream schools (Children's Commissioner, 2021). Whilst teacher training could very easily be provided and implemented across mainstream schools, the main barrier is teacher's attitudes towards inclusion in mainstream education. An imperative factor, perhaps arguably the most important, in the implementation of inclusivity is teacher's positive behaviour and attitudes (Bradshaw and Mundia, 2006). No readiness for teachers to accept children with SEN, ultimately means that they are not willing to participate in training and increase knowledge surrounding different disabilities (Hassanien, 2015). In support of above statements, a study conducted by Ewing et al. (2017) concluded that negative attitudes towards inclusion are associated with a less inclusive learning environment. Teachers' behaviour also dictates the relationships between students with SEN and others which can lead to conflict and bullying. Consequently, students with SEN can feel isolated and segregated even in that 'inclusive' environment (Monsen et al., 2014 as cited by Ewing et al., 2017). By raising awareness of inclusivity and increasing knowledge of disabilities, we can begin to reduce the stigma and shift teachers' attitudes and behaviour. However, it is important to note, that teachers should promote diversity over assimilation to avoid the colonization of minority students (Ballard, 1995 as cited by Hassanien, 2015). Pedagogy is vital to creating an inclusive teaching environment. The fundamental component of pedagogy are teachers' underlying values and attitudes to creating that environment. This further emphasizes the importance of changing views and behaviour of teachers to create a curriculum and environment that supports and suits every child in a mainstream classroom. Without the reduction of stigma, the pedagogy cannot be changed, ultimately still resulting in no inclusivity (Freire, 2000, Hassanien, 2015).

"While most pupils with SEN are educated in mainstream schools, progress towards inclusion in mainstream has slowed. … Some pupils with SEN continue to face barriers to participation and achievement. … Expectations of the success that pupils with SEN can have remain at the heart of the matter. Many of these could do better provided that the curriculum, learning and other support were better adapted to their needs and greater rigour was applied to setting and pursuing targets for achievement". (Ofsted, 2004 as cited by Lloyd, 2008). This quote provided by Ofsted, the Office for Standards in Education, Children's Services and Skills in England, greatly supports the matter at hand. Students need a better curriculum for their learning and better support suited to their needs to help them excel. So, while it is positive that the presence of students with SEN is being increased in mainstream schools, there still is not that full inclusion into mainstream education when the delivery and content of academic material can be improved.

3.2 Funding

A second major barrier to inclusive education is funding. Despite the increase in pupils with SEN attending mainstream schools, studies have indicated the lack in funding which is ultimately failing to keep up with the increased demand in mainstream schools (Children's Commissioner, 2021). It brings into question, how schools can establish inclusivity without the money to create the right environment all students can thrive in. Funding covers a multitude of areas which enables schools to improve their facilities to support students with SEN. However, government funding policy stipulates that allocation targets the schools with the highest SEN demand. Consequently, a majority of the funding targets Special Education Schools instead of mainstream (Children's Commissioner, 2021, GOV.UK, 2023). Arguably, allocation to the highest demand is important as it ensures that targeted facility is providing every student with what they need to best support them. It is problematic, however, what happens to the schools with lower budgeting. It is questionable how they can provide special educational provision to their students that meet the same standards as schools with higher demand. Is it fair that inclusivity in mainstream schools could mean that children with SEN miss out on what could be provided for them at a special educational school? However, data conducted on funding in SEN education is fairly outdated and it should be noted that new legislation emphasizes a new threshold based on Education, Health and Care Plans considering socioeconomic factors. This threshold sees students with EHC plans receiving up to £6000 per student per year based on the external factors. The budget ensures that the student is well supported and has suitable access to a curriculum that suits their individual needs including resources for tailored learning, specialist equipment, support staff, training and development and external therapy services (Hawkins, 2023). This is positive as it brings us another step closer to creating inclusive environment and ensuring all pupils with SEN are able to immerse themselves into mainstream settings.

A study conducted by Runswick-Cole (2008) successfully demonstrates how inclusion in mainstream has not yet been fully completed. Voices from parents who reflect on their child's experiences in mainstream indicate how some schools are further developed than others.

"We feel very strongly about inclusion in society and when we look at, well, why do children have education in the first place? They have education to prepare them for, you know, adult life. So that's where we come from". (P.177)

The first reflective voice has a child who thrives in mainstream, their experience demonstrates how children provided with the support from teachers and funding from the government has created this environment for them. The education they are receiving is successfully preparing them for an adult life in society which is why inclusion in mainstream occurred in the first place.

"(At the junior school) they kept him in to learn spelling and things which he was never ever going to learn, and they just wouldn't, they said "Well that's our policy and that's what he has to do, even if he won't benefit … we admit he won't benefit from it but there's nothing we can do because that is what we do". They just wouldn't change". (P178)

The second reflective voice is a mother's justification for moving their child into a SEN school where he receives better support and understanding from the staff. The experience they had at a mainstream school displays an uneducated and unfair system whose staff are unwilling to adapt to support SEN students. Unfortunately, this voice reflects how many parents feel and supports how a majority of students are transferred to SEN to get the support which has not been provided in a mainstream provision.

The reflection of both these voices is imperative to view inclusivity from both angles. We can positively see inclusivity in a mainstream school, as well as inclusion in a special educational setting that provides higher inclusivity compared to only physical integration in a mainstream school.

4 Overview of Theories within Disability Studies

The medical model views disability as being located within the child (Dewsbury et al., 2004). It is further supported through pedagogical solutions which aim to help and support children with disabilities to better cope with society. However, the medical model has been heavily criticised as it views individuals as somewhat lacking and unable to play a part in society whereas in reality, individuals with disabilities are just as capable of being part of society as everyone else (Dyson, 1990). A further criticism leads to children being 'labelled' and the stigma and negativity which is heavily associated with disabilities (Parliamentary and Health Service Ombudsman, 2015). It is critical that we change this stigma and view individuals with SEN in a positive light and being able to participate in society.

In contrast, the social model states that SEN needs and disabilities arise when the environmental demands which are placed on a child exceed their current capabilities for meeting these demands (Oliver, 1996). Furthermore, it has also been used as an advocate for the removal of disabling products which are the result of social and cultural institutions (Hassanien, 2015). However, criticisms of the social model are that it ignores crucial characteristics of the individual (Oliver, 1996).

It can be argued that perhaps a better view is the interactionist approach, using both the medical model and the social model perspectives to support inclusion. This would result in the characteristics of the child not being neglected but also demonstrating how the environmental demands impacts the child massively (Scruton and McNamara, 2015).

Contrarily, inclusion can also be demonstrated through Bronfenbrenner's Bioecological model, however, this can also link to the interactionist approach as it examines both the individual and the environment (Özdoğru, 2011). The PPCT model that Bronfenbrenner introduced stands for Process – Person – Context – Time. The process represents the different interactions between the person and the environment which influences their development and behaviour. The person is the characteristics, both medical and behavioural that impacts the child. The context refers to the different levels of environment of which a child is in. In terms of education, the school would be a part of the child's microsystem, which has a direct impact on the child. Time refers to the different changes which improve their experiences at school or perhaps something that occurs within their disability which requires change (Bronfenbrenner and Morris, 2006). The importance of this model is that the environment interacts with the individuals' characteristics resulting in a direct impact on different aspects of their health and development. An inclusive environment would therefore result in more positive health and developmental effects on the child.

5 How Disability Models Provide Opportunities To Solve The Barriers To Inclusive Education

The medical model provides children with a diagnosis. It raises awareness about the condition which each child has and the different traits and behaviour surrounding different disabilities. It allows teachers to become familiar with physical, emotional, and mental support that each child will need which enables them to provide tailored support to every child. Furthermore, it allows staff to be given the right training for development of techniques on how to properly support SEN children.

The social model aims to change the negative environment a child is in. For instance, reducing stigma eliminates the negative views which surrounds children with SEN. This will create a better environment for them which will create inclusivity and support their mental health. Additionally, better allocated funding will enable the school environment, especially mainstream, to meet the needs of all children with SEN attending to create a more suitable and supportive facility. The interactionist approach combines both the medical and social model working together to create encouraging change.

On the other hand, the PPCT model embraces the role of different systems which either directly or indirectly influence a child. So, while school policy is something that a child has no control over, it will still indirectly impact them. Advancing policy change results in better support for children with SEN and a more inclusive curriculum that meets all needs of every child in a class. Additionally, a change in teachers' attitudes will directly influence the child as they will interact physically. The behaviour of the teacher stipulates the pedagogy of the curriculum and whether or not it caters to all students.

6 Conclusions

In conclusion, inclusion is imperative to ensure that every student gets the experience of high-quality education that they deserve. Whether that be in mainstream education or a SEN school, inclusivity should occur in each educational institution. To better the future for a fully inclusive environment, we must ensure that inclusion is a continuous process. Research should be focused on raising awareness to eliminate the reluctance to accept children with SEN into mainstream settings. Staff need more training which remains up to date so that they are able to fully support every child in their classroom and tailor a curriculum that is inclusive to every child's needs. Inclusivity is a right, not a privilege and every child deserves it.

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Mental retardation (fourth edition)

Mary Beirne-Smith, James R. Patton, and Richard Ittenbach (1994) | Bierne-Smith, Mary, Ittenbach, Richard, & Patton, James R. (1994). *Mental retardation* | New York, USA: Macmillan College Publishing Company, 636 pp. | ISBN: 0023078839

Reviewed by Xuejiao Liu

Recent developments in the field of special education and the area of mental retardation, such as community-based instruction, transitional planning, supported employment, and inclusion, have made critical the need for informed, educated professionals in this area. However, few have been as striking as a systematic text and achieving remarkable clarity in the mental retardation field. I would like to commend you read Mary Beirne-Smith, James R. Patton, and Richard Ittenbach's book *Mental Retardation (the fourth edition)* which was published by Macmillan College Publishing Company (1994). The passion of the authors for the concept of mental retardation permeates the text. All three authors have extensive teaching experience in education, spanning from elementary to post-secondary levels. In addition, they all play significant roles in academic research and educational projects, contributing to advancements in the fields of special education and psychology.

This book is divided into four major parts; Part I: Basic Concepts (five parts), Part II: Introduction to the Different Levels of Mental Retardation (two parts), Part III: Programming and Issues across the Lifespan (four parts), and Part IV: Continuing Concerns (four parts). The book aims to provide educators and other service providers with up-to-date information on the many facets of mental retardation from a lifecycle perspective. There are other valuable additions in the following: 1. tries to show how a given topic relates to intervention; 2. decoded much of the terminology found in the literature; 3. have related the causes of retardation to the reality of the classroom, job setting, or community. Even more exciting is the fact that it has continued to use short features in each chapter to broaden the coverage of certain topics. Moreover, each chapter ends with a helpful series of 'summary'. A more extensive glossary, references, name index, and subject index are available, which are sometimes an important part of the presentation. This reviewer also found it beneficial that the authors regularly cite other sources, as quotes are frequently a better way to understand the original writer's meaning than an author's paraphrase.

The earlier chapters have an excellent review of the basic concepts about the mentally retarded, which provides the basis for the rest of the portion. From the beginning, the text states clearly that its primary focus is on a series of personal reflections that address many issues and topics relating to mental retardation, through a historical perspective, community perspective, family perspective, educational perspective, and classroom perspective on mental retardation, which contributed by persons who have dedicated a significant part of their lives and careers to acting as educators and advocates for individuals who are retarded. Yet, I as an educational researcher concerned about the integration of educational theory and special education practice, organization, and discipline, teaching the students who are difficult to handle in class, altering perspective, and other issues that should be of concern to a special education teacher. Additionally, the future path for people with special educational needs is back to society, so an interpretation of them in terms of the perspective of community is necessary.

The three main objectives of Chapter 2 are focusing on the historical context of mental retardation, presenting the content of that history, and introducing the complexities of human services related to programming for people with mental retardation. The reader is left with the impression that *mental retardation is very much a social phenomenon*, suggesting that in the lifespan of an individual, everyone can become a person who needs special services. Subsequently, it chronologically describes the public attitudes towards people who are mentally retarded and the development took place in both social and physical sciences.

In Chapter 3, James R. Patton and Eric Jones highlight the concept of handicapism, key points of the various definitions, the traditional levels of classification, issues surrounding the practical implementation, and the influencing factors of the prevalence of mental retardation. The condition of mental retardation is characterized by substantial limitations in present levels of functioning, say, encompasses a heterogeneous group of people with varying needs. The text advocates a focus on media portrayals of individuals with mental retardation providing both negative and positive examples. Chapter 4 is underpinned by intelligence, intellectual development, and adaptive behaviour, including issues such as theories of intellectual assessment, assessment instruments developments, and theories of adaptive behaviour and their measurement.

The final chapter of the first part, notes the basic principles of genetics, the major categorical causes of mental retardation, environmental, hereditary, and interactionist positions regarding causation, ways of prevention, and ethical issues. In particular, the demonstration of *advances in medical technology have created ethical problems that society must face* are always clearly articulated. However, *arguments concerning the right to life versus quality of life present a great challenge to professionals.* Once again, further appealed *each person must accept the responsibility of becoming informed on these issues and developing her or his own position (p. 199)*.

Part 2 delves deeper into the elucidation of different levels of mental retardation. Chapter 6 explains the general descriptors and caveats that apply to this group, identifies the demographic characteristics, deliberates those characteristics that affect performance in school and community, and finally, provides a description of educational placement, services received, and graduation rates of this group. It signifies that *this population with milder forms of retardation has been referred to as educated or trainable in the past (p. 239)*. The main conclusion is that more males than females are identified, indeed, race, ethnicity, and socioeconomic status all have an impact on the demographic characteristics of the mentally retarded. In the following section, it is deeply connected to the production of the motivational and socio-behavioral, learning, speech and language, physical and health, and educational characteristics of the mentally retarded.

Chapter 7 enters the terrain through a debate about whether a clear definition of severe mental retardation or not can account for such reproduction through education, although its answer is basically that *most definitions have focused on what individuals are unable to do (p. 277)*, which adopts a theory of education that focuses on compensating for deficits, this illustrates that *persons with severe or profound disabilities can be viable members of today's society (p.244)*. What follow sits within several crucial questions about the cases, in my view, which is suggesting a unique perspective on using the Theory of Multiple Intelligences (H. Gardner,1983) in the development of individuals with mental retardation. The perspectives subsequently emphasize the value of early intervention, family services, curriculum programs, systematic instruction, integration, and transition planning within educational programs for this group.

The first seven chapters of this book are established with a discussion of the basic concepts of mental retardation and an introduction to the different levels of mental retardation, the next two parts evaluate the programming and issues across the lifespan and continuing concerns of the mentally retarded.

Researchers have shown that early identification and appropriate early intervention are both beneficial to the intellectual, social, and emotional growth of young children and economical in terms of reducing or eliminating the need for later special education services (Bailey & Wolery,1984; Fallen & Umansky, 1985; Guralnick, 1991; Haskins, 1989; See page 282). Therefore, chapter 8 canvassed some key issues about educational programming for early childhood. *The Elementary and Secondary Education Act provided funds for establishing early childhood special education programs (p. 318)*. Accordingly, the exploration highlights the impact of Public Laws 90–538, 94–142, 98–199, 99–457, and 101–476 on the development of children with intellectual disabilities, with a particular emphasis on the far-reaching impact of the implementation of P.L. 99–457 on the advancement of education for children with intellectual disabilities. In what follows, such insights may be new to the specifics of assessment, service delivery models, developmental curricula based on Piaget's theory, and considerations of program implementation.

In the previous chapters, the causes, characteristics, and assessment of individuals who are mentally retarded, chapter 9 draws some key threads around the theme of development and implementation of educational programs. Specifically addressed placement alternatives which emphasized the importance of IDEA and the REI, IEP assessment, programming, and instruction programs for students who are retarded. *Transitional planning and transition services are needed to help individuals with disabilities reach their fullest potential as adults (p. 364).* Consequently, the portion of Chapter 10 is devoted to exploring the concept of transition as related to work and preparation for adulthood.

Chapter 11 insists on many key issues that are typically considered to be a part of the adult years, such as community adjustment and influential factors that contribute to success in community living environments. The authors pose a question: *the development of a positive sense of self is a lifelong endeavor for adults without mental retardation; why should it be any different for adults with mental retardation (p. 419)?* Individuals who are mentally retarded encounter a lot of controversies and difficulties in their daily lives, what should we do to improve the personal satisfaction of this group? Not surprisingly, it is possible to point to the effects of several of the most controversial social issues, i.e. sexual development and sexuality, the opportunities at postsecondary levels, and advocacy movements related to persons with mental retardation.

The final part elaborates on family considerations, individual rights and legal issues, institutions and deinstitutionalization, and current and emerging issues. The family perspective is a theme presented throughout chapter 12. *The news of a disability may be initially so devasting that it strikes at the heart of a family's value system (p. 454).* Given the ways in which the psychological health and well-being of a child with mental retardation are inextricably linked to family functioning, the points to achieve empowerment and address this issue may emanate not only from social support systems but also from professional consultation.

Chapter 13 provides an illustration of the context for securing legal precedents for individual rights, which correlates with the interpretation presented in Chapter 8. *Anyone who studies mental retardation must, at some point, be able to articulate the individual rights guaranteed to all citizens who have this condition (p. 491)*, emphasizing the important role of egalitarianism and normalization and the right to education for persons with mental retardation.

The purpose of Chapter 14 is to present the major factors, characteristics, and developments related to institutionalization and deinstitutionalization. Individual characteristics, family characteristics, parental perceptions, and nonfamily factors are the influencing factors related to the decision to institutionalize a person. At the heart of the deinstitutionalization movement must be acceptance by all parties of the legitimacy of the deinstitutionalization principle concerning the dimensions of deinstitutionalization. Meanwhile, with adequate preparation and support, people can be released from institutions into community residential settings.

Both projecting present scenarios into the future and forecasting new situations are also analyzed in the final chapter. *We can no longer remain passive observers but must become active participants in solutions to the problems and needs of persons who are mentally retarded (p. 555).* The rest of the section particularly recognizes expectations about the role of the media, the use of biomedical and psychosocial interventions, and the highest quality research demand on the development of the mentally retarded.

By immersing myself in the content of this book, I have acquired a comprehensive and nuanced understanding of the examination of mental retardation spanning historical progression, theoretical paradigms, classification systems, etiological considerations, legal frameworks, diagnostic protocols, intervention strategies, preventive measures, and prospective trajectories. The thematic discourse articulated herein offers invaluable insights to inform critical inquiry and analysis within the realm of research concerning the quality of life among college students with disabilities. Specifically, my interest prompts investigation into such individuals' quality of life, identification of influential determinants thereof, and formulation of strategies aimed at its enhancement.

Overall, the main strength of the book is keeping a close eye on the development of mentally retarded research and covering a wide range of aspects of this field, not only does it progress through the phases of defining, from assessment to intervention, and finally transition, but it also provides a solid theoretical underpinning for contemporary special education research. Unfortunately, it may prove insufficiently informative for researchers seeking to delve into specific subjects, potentially overlooking pertinent matters essential for guiding day-to-day practical applications. Nevertheless, it is carefully crafted, thought-provoking, and remains a refreshing book that can hold the reader's interest throughout but also be a valuable teaching text that leads to a lively discussion that I would recommend to professionals and experienced practitioners, and educators who work with individuals who are mentally retarded.

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Narrowed lives: meaning, moral value, and profound intellectual disability

Simo Vehmas & Reetta Mietola (2021). *Narrowed Lives: Meaning, Moral Value, and Profound Intellectual Disability* | Stockholm: Stockholm University Press, 275 pages | ISBN 9789176351482

Reviewed by Shulan Zeng

This book aims to elucidate the concept of "narrow lives" experienced by individuals with Profound Intellectual and Multiple Disabilities (PIMD), investigating why their lives are constrained and the ethical implications thereof. Through theoretically informed empirical descriptions, the book will delve into various aspects of the lives of research participants, including how conceptions of competence influence care practices and the factors contributing to their limited social relations. Additionally, the book will explore theoretical issues such as the significance of chronological age in the lives of individuals with PIMD and the ethical considerations surrounding their sexuality. A key focus is on addressing the moral status of people with PIMD, arguing for their equal moral consideration alongside the rest of society.

This book is authored by a collaborative team consisting of Simo Vehmas, and Reetta Mietola. Simo Vehmas, a professor of special education at Stockholm University, Sweden, led the conception of the research project and contributed to several chapters. Reetta Mietola, a research fellow at the University of Helsinki, Finland, directed the empirical data collection and co-wrote several chapters with Simo. Each author's expertise in their respective fields enriches the comprehensive exploration of disability studies presented in this work.

The book comprises eight chapters that delve into various aspects of Profound Intellectual and Multiple Disabilities (PIMD). Chapter 1 uncovers the misconceptions and marginalization of individuals with PIMD, offering a historical perspective and detailing the evolution of disability services in Finland. Chapter 2 delves into the methodology of ethnography in studying PIMD, addressing recruitment challenges and ethical considerations. Chapter 3 examines societal perceptions of competence among individuals with PIMD, exploring the impact of care practices on their identities. Chapter 4 explores the social lives of individuals with PIMD, contrasting policy ideals with their lived experiences in group home settings. Chapter 5 investigates the concept of age-appropriate lives for this population, highlighting challenges in navigating care systems and societal perceptions. Chapter 6 addresses the taboo of sexuality and PIMD, advocating for a nuanced understanding and support for sexual expression. Chapter 7 questions parallels drawn between individuals with PIMD and animals, advocating for compassionate care practices over dehumanizing comparisons. Finally, Chapter 8 summarizes key insights and calls for a shift in societal perceptions and inclusive practices to better support individuals with PIMD.

The richness and diversity of social life are crucial components of a fulfilling existence. This book, summarizing previous research findings and observational records from projects, reveals that studies on individuals with Profound Intellectual and Multiple Disabilities (PIMD) highlight challenges in social engagement and inclusion. Communication and interaction are recognized as vital for establishing social connections and achieving participation and inclusion. However, research on how to promote social engagement and inclusion for PIMD individuals remains relatively limited. Furthermore, while deinstitutionalization of intellectual disability services is a significant policy objective, achieving inclusion and participation for PIMD individuals within the community remains challenging. Existing services often lack adequate resources and vision to support the social interaction and inclusion of PIMD individuals. There is a prevalent tendency to underestimate the social capabilities of PIMD individuals, which may lead to undervaluing their potential. Personalized services and support are deemed essential for fostering their participation and inclusion. Hence, further research is needed to explore the most effective ways to promote social engagement and inclusion for PIMD individuals, helping them develop new preferences and enjoy new experiences, thus facilitating their personal development and growth.

In the sixth chapter of this book, the author delves into the question of whether individuals with Profound Intellectual and Multiple Disabilities (PIMD) possess sexual rights. How do they express their sexual needs? Who has the authority to determine the consent of their sexual behaviors, and by what standards? How are these needs to be met? These are among the series of questions left unanswered, which have led to occurrences of sexual abuse within the disabled community due to the absence of clear guidelines or explanations of what constitutes consensual sexual behavior.

Moreover, there are gender disparities in the expression of sexual orientation. Previous research and practical observations have shown a lack of records of female sexual behavior and data on how it is manifested. This suggests that males often exhibit more pronounced sexual orientations, thus likely having more opportunities to express their sexual preferences.

It is crucial to establish a coherent set of standards for sexual behavior to help discern when a behavior is genuinely consensual and when it constitutes sexual abuse. While there are currently no uniform specific standards in place, there is a growing interest in research related to sexuality among such populations.

For instance, a study conducted on 1032 Malaysian high school students found that good knowledge about sexual and reproductive health may protect them from harm (Rahman et al., 2015). Mackin et al. (2016) found that some degree of sexual education is necessary and important, introducing sexual information based on preferences, promoting healthy relationship recognition, providing self-protection measures, and reducing adverse consequences of sexual behavior to varying degrees.

However, providing sexual education also faces challenges: How should sexual education be provided to PIMD individuals? How can teaching plans be systematically formulated? How should teaching be organized? These questions remain largely unresolved (Wu & Zeng, 2020). Research utilizing the PRISMA-ScR guidelines and predefined selection criteria found obstacles to sexual education for disabled children and young people, including societal perceptions of disabled individuals as asexual and in need of protection, as well as incomplete and non-standardized sexual education due to lack of support for educators; educators tend to shift the responsibility for sexual education onto others, and the diversity in disabilities, cultures, and religions makes it difficult to determine a general approach; priorities related to the general health and well-being of disabled children may make sexual education less of a priority (Michielsen & Brockschmidt, 2021).

It is evident that whether in sexual education or in the actual process of sexual behavior, these are currently insurmountable issues that must be addressed for PIMD individuals. While this population does indeed require protection, they should also be provided with appropriate support and assistance during the nascent stages of their individual sexual awareness, rather than restricting their legitimate demands solely due to their cognitive limitations.

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Information for authors

Basic information about the JEP

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

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

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

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