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# CONTENTS

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- 3 – *Anna Hryniewicka*  
Maria Grzegorzewska – Creator of special education in Poland

## SCIENTIFIC STUDIES

- 10 – *Ewa Domagała-Zyśk*  
Adapting English as a Foreign Language classes to the needs of students with hearing impairments in early elementary education
- 20 – *Marzenna Zaorska*  
Categories of severe illness and disability in the *New Testament* – Perception of the essence and dimensions of interpretation
- 33 – *Kaja Opasińska, Jarosław Rola*  
Emotional intelligence structure and level in deaf adolescents
- 46 – *Dariusz Kołodziej*  
Self-perception and social adaptation in people with mild intellectual disabilities
- 59 – *Shiri Pearlman-Avniot, Nofar Eshed-Lavi*  
Changing attitudes of non-religious and religious students towards homosexuality:  
Lecture as a mean of intervention

Transl. Joanna Siemieniuk

## MARIA GRZEGORZEWSKA – CREATOR OF SPECIAL EDUCATION IN POLAND



*The last photo in my office  
on Spiska Street (...) Maria, 10.XI.59.*

**E**ach jubilee, especially if it concerns such an important institution as the university, creates a unique opportunity to assess the achievements achieved so far and to set new goals and objectives. In the case of the Academy of Special Education, which during the 95 years of its existence gained an unquestionable position among world universities educating special educators, both the achievements and the outlook for development may be optimistic. Its basis is certainly the current direction of the university's development; its organization enabling the education of several thousand young people; a rich array of undergraduate, graduate and postgraduate programs constantly expanded with new and unique specialty in the country; the right to confer doctoral and postdoctoral degrees in the humanities in the field of pedagogy; highly qualified scientific staff; extensive contacts of university employees with numerous foreign universities and their active participation in the implementation of research programs in the field of pedagogy, special education, psychology, sociology and social work.

Although these successes have been made by many academic teachers, they certainly would not be so spectacular in the case of separating from the theoretical and practical heritage of Maria Grzegorzewska, who went down in the history of science primarily as an outstanding creator of the original concept of teacher education and the Polish school of special education and initiator, founder and long-time director of the oldest Polish pedagogical university, originally named the State Institute of Special Education. Her great merit was to understand the importance of educational care for a disabled child, disseminate her teaching, initiate the development of special education, introduce special forms of aid for schools with various types of developmental deficits and create psychological foundations for revalidation and upbringing aimed at the comprehensive development of the personality of people intellectually disabled, deaf, blind, chronically ill and socially maladjusted. At this point, it is worth emphasizing the multi-directionality of Grzegorzewska's interests, which, as can be seen from the analysis of her rich literary output, included many issues falling within the scope of not only special pedagogy, but also the borderline of several branches of psychology and the ever-wider problem of disability, thanks to which she gained a high international position as a special educator and was included in the group of the most prominent women in the psychology of the twentieth century (see Hryniewicka, 2015). This ennoblement is justified by Ryszard Wroczyński, who writes that the characteristic feature of Grzegorzewska's scientific work was "an excellent methodological basis, a wealth of empirical facts on which she based her conclusions and scientific generalizations with a clear tendency towards the problems of their practical applications". Professor Grzegorzewska combined scientific knowledge with practical action in solving difficult problems of educational behaviour in situations of intellectual and physical handicap, she was both a great scholar and an outstanding teacher, and her creativity in both fields, science and practice, theory and educational activity was able to combine in perfect harmony" (Wroczyński, 1967, p. 227).

Her activity included various interrelated and complementary forms of activity. In addition to didactic classes, conducted not only at the State Institute of Special Education (1922–1967), but also at the State Teacher Institute (1930–1935) and at the Department of Special Education at the Faculty of Education at the University of Warsaw (1958–1960); academic work and activity in many scientific associations; social work in the Special Education Section at the Main Board of the Polish Teachers' Union, a separate chapter was her editorial activity. She developed it in the quarterly *Special School* (1924–1967); in the first Polish psychological journal, the *Polish Archives of Psychology*, published since 1938 under the name *Educational Psychology* (1930–1934); as well as in the *Pedagogical Movement*, *Pedagogical Archive*, *School Work* and in the *District Conference Bulletin*.

Even such a cursory summary of Grzegorzewska's most important achievements shows that everything she did, what she created, had distinctive features of her rich individuality subordinated to the service of a disabled person. She also wanted to give this leading idea of her own life to future teachers and educators. A beautiful example of how to motivate them to work for people with disabilities was her speech at the end of the academic year 1965/1966, which is still valid due to its message. Here is its content:

“The source from which the joy of our work flows is – apart from understanding its meaning, besides knowledge and skills – mainly the kindness to people and care for the fate of each individual. There is a sense of need to bring fraternal help and faith in its effectiveness. And the never-ending fire of enthusiasm, which increasingly ignites the understanding of the great value of introducing into the social life of a handicapped man who, without our help, cannot enter it. That is to say: this work gives great happiness by making other people happy by developing new ways of knowing in it, by straightening out perversions, by stimulating the development of what has been inhibited, by awakening what is human in man. [...] I wish you that these paths, which you will lead children and youth, were clear to you, well-known, constantly perfected and led by you. The sense of this and the results of work will bring you joy, joy of a well-performed social service. For this to happen, your levers must be in action: faith in the sense of this work; constructive love of a man and his profession; knowledge and skill. Let us remember that there are enemies of this work who are waiting for us in times of our weakness. These enemies are: conceit, passivity, routine that destroy the charm of our work. Not passivity, but a research-seeking attitude; not repeating the usual templates, but a creative search for new paths; not saying «and I already know everything», but continuous education will bring us good results. Whoever will not go this way in this work, it will be difficult for him and without the sun of joy. Farewell to you colleagues, I think cordially about you and about your future. Remember, the strength of the spirit and the sense of strength in this work give us confidence in its social weight and the awareness that we are not alone, that we are a large group” (Grzegorzewska, 1967, p. 201).

In a similar vein, there was also a speech at the opening of the 1966/67 academic year – Maria Grzegorzewska's last in life. Its motto: “There is no cripple – there is a man” fully reflects the deeply humanitarian dimension of the pedagogical system she created. Seeking to explain why this system was so attractive for subsequent generations of colleagues and students of Grzegorzewska, it is worth referring to the opinions of people directly related to it, emphasizing the great power of its impact on people. Such a person from 1947 was, among others, Janina Doroszevska, in whose opinion one “of the most significant, obvious sources of this strength was that she, her entire life, every moment of this life was an image – as if it were actualization – of what she proclaimed as right,

good, due [...]. For her always – in matters important and less important, and even seemingly trivial – the most important, decisive was the need of someone, never own, – the need of everyone who found himself, even at random, if only by entering the door of her office – with her worries, shortcomings and misfortunes, for which she – which was characteristic of her – always felt somehow responsible. Even accidental contact with a man always caused her immediate reaction of kindness, expressed by a smile or encouragement – if someone was encouraged, a moment of attention focused on the matters of this man, attention if it was missing from people, or – when needed – help in some form given to him, or even salvation, if the need for help sensed. Especially if she saw in the range of her life a man who, because of some disability, illness, old age or life situation or bad psychological or material conditions, felt on the margins of normal life and normal society. She was constantly focused on every twitch of the needs of these people and did not let them disappear before her eyes, if she could” (Doroszewska, 1967, pp. 210–211).

Completing this opinion, Jerzy Zawieyski, who was impressed by Maria Grzegorzewska, wrote during the occupation a novel containing reflections on the phenomenon of human personality, drew attention to her great ability to “wake up others” and invoke “to serve the social well-being” (Zawieyski, 1989, p. 15). According to him, she was an excellent organizer, able to overcome various difficulties and win people for cooperation. She also had “her own original views on the field of education, culture and what we would today call the existential situation of man. The team of her views was not expressed in intellectual concepts. The source existed in her, in her moral and social attitude, in her internal convictions, which together constituted the strength of her personality. It may be that this force caused ferment or anxiety in people. Some followed her, as devotees and devotees, others experienced reluctance despite admiration for her courage and uncompromising attitude” (ibid., p. 15). Grzegorzewska’s influence on people was not limited only to a large group of listeners, collaborators and teachers, for whom she was a “figure, symbol, leader and guide”, but also concerned people from other backgrounds: philosophers, psychologists, doctors, artists, political activists, scholars, peasants and youth who are not socially maladjusted or delayed in development (ibid., p. 14). Following Zawieyski, one can call this influence” a fascination, because Grzegorzewska never wanted to “mold people”, to win over or to change and resemble each other”, rather to stimulate reflection on themselves and to reckon with her own moral and social attitude (ibid., p. 27). Recalling his first meeting with Grzegorzewska, which took place on a train travelling from Krakow to Warsaw, Zawieyski confessed that he was very interested in the older and strange lady in glasses, looking intently and penetratingly at him throughout the journey. “Was it a conversation? Exchange of thoughts? Confrontation of views? Nothing similar. In a delicate and subtle way, Grzegorzewska raised questions and

at the same time freed the willingness and need of confessions, overcoming the reluctance to talk about herself. She aroused confidence, for instance by the type of listening and this particular internal communication, which later, as I could see, belonged to the qualities and secrets of her personality” (ibid., p. 22).

This mystery was also attempted to be deciphered by another faithful friend of Grzegorzewska – Natalia Han-Ilgiewicz, who had the opportunity to see her “as a young enthusiast and as a fighter for the cause”, as an activist of the fighting underground during the occupation, as the creator of a unique scientific institution and finally as a seriously ill human saying with emphasis that “one must grasp something strongly to live” (Han-Ilgiewicz, 1967, p. 246). On this basis, she claimed that despite the constant difficulties, Grzegorzewska could do so much and totally involve all her associates, it was related to the passion that marked her action. “This passion occurred both in creation and in protest [...]. Passion was characterized by her recognition of the world. Her ability to admire, to look forward, both as well as to perceive barely accessible details when it comes to man” (ibid., pp. 246–247). In addition, she was a “master of friendship”. “Every contact with her, each conversation opened new horizons for her interlocutor and she reiterated faith that after all there is a way out of weakness, that at every step of our everyday day we can participate in a wonderful adventure enriched with the possibility of serving another human being. [...]. An example of her life, her behaviour towards people, a forgiving, kindness always willingness to come to a man with help, during the occupation. Her courage and sacrifice, faithfulness to the ideals and loyalty to man, her simplicity and unprecedented modesty, are the features that made her close and available” (ibid., p. 248).

The quoted statements do not fully reflect who Grzegorzewska was and what value she created. To understand this, one must be aware that she belonged to a generation of Polish scholars whose youth fell on the period of great political and social transformations at the turn of the 19th and 20th centuries. Like many of her peers she had to undergo a difficult road leading to education, learning, social service, and the stage of this path was completing Paulina Hewelke’s private school, obtaining a teaching diploma entitling her to giving private lessons, unfinished studies at the Jagiellonian University, studies at the International Pedological Institute in Brussels continued after the end of war at the Sorbonne in Paris and finalized with the defence of the dissertation in the field of aesthetic education. Equally difficult was her way of working, which she entered after visiting a psychiatric hospital in Bicêtre near Paris, with the strong conviction that “equalizing handicapped and unadjusted became the imperative of her life” (quoted in: Doroszewska, 1972, p. 18). She gave up her career in science in Western Europe, returned to the country and started to organize special schools in reborn Poland and prepare teachers to work in these schools. She did this for 45 years, fighting in the interwar period with great negligence in education caused by the invaders, exposing her own life because of partici-

pation in secret teaching organized independently and under the patronage of the government delegation, conducting a study during the Second World War preparing specialists of teacher education institutions to be created after the recovery of Independence; and rebuilding the Institute of Special Education after the war damages and taking care of its position and maintaining the position of its director during the Stalinist dictatorship.

In the present times, in which there are less and less people who have known Maria Grzegorzewska personally, some anxiety may arise from questions that appeared immediately after her death: "will her work continue? Who will take it? Who will prolong its duration? Is her death, which she was afraid of, also going to affect what she created?" (Zawieyski, 1989, p. 31). Answering these questions is very difficult, as is speaking about her, because – as Zawieyski claimed – "the life of human works runs differently than human life. Sometimes they die earlier than their creators. But it happens that they regain a new life after years, revived by the needs of later generations. Some of human works become a revelation for those generations, or mulching, feeding the creativity of others. If they go down in history, they remain in memory as someone's trace in history, enriching the tradition of human memory and the culture of the nation" (ibid.). Although their further fate is surrounded by a mystery that will be revealed over time, let us hope that everything that Grzegorzewska postulated in the scientific, ideological and educational field, including her unwavering faith in man, in its greatness and goodness, also in the future will inspire those who want to bend over to her life and activity.

\* \* \*

Due to the limited scope of these considerations, which does not allow for an exhaustive presentation of all aspects of the organizational, didactic and scientific activity of Grzegorzewska, people interested in deepening their knowledge in this area are invited to read the articles by A. Hryniewicka, published in magazines published by APS, and to the monograph prepared by her, entitled *Maria Grzegorzewska in the history of Polish science – on the 50th anniversary of her death*, in which unknown facts from the life of this outstanding, creative and extremely deserving Polish scholar were presented, extensive and complex tasks with which she had to face in various periods of her activity and the most important, crucial for the development of European psychology, achievements and views that despite the passage of time have lost nothing of their timeliness and can continue to chart the path of development of contemporary psychology and special education.



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## ADAPTING ENGLISH AS A FOREIGN LANGUAGE CLASSES TO THE NEEDS OF STUDENTS WITH HEARING IMPAIRMENTS IN EARLY ELEMENTARY EDUCATION

Increasingly, deaf and hard-of-hearing students are attending mainstream and integrated schools. It is necessary to provide a number of adaptations, sometimes modifications, of the teacher's instructional methods and forms for their education to be effective. The purpose of this article is to discuss the issue of adapting English as a Foreign Language classes in early elementary education to the needs of students with hearing impairments. Effective education in this area requires syllabuses, textbooks, and teaching resources that are developed in accordance with the principles of universal design for learning and then necessary adaptations and modifications that are planned on an individual basis following children's needs and abilities. The author suggests the principles of universal design for learning according to which foreign language instruction for students with hearing impairments should be planned. Due to the internal diversity of this group of students, not only methodological procedures should be individualized but also instructional forms and methods used during English classes as well as the methods of presenting instructional materials by the teacher or other students. In order to optimize the reception and transmission of content, appropriate external conditions that are adapted to individual students' perceptual and performance abilities need to be provided. Also, the diversity of ways in which students with hearing impairments present their knowledge and thus actively participate in classes is pointed out. Suggesting different adaptations, the author emphasizes the need to take care that instructional materials maintain their full substantive value.

**Keywords:** deaf, hard-of-hearing, foreign language instruction, universal design in learning

### Introduction

Educational inclusion of deaf and hard of hearing students is a fact in Poland. Data show that over 80% of hearing impaired children are currently taught in mainstream schools. For those students they should be an environment that supports cognitive development and the acquisition of

the highest quality knowledge, but also a place for developing and maintaining peer relationships and, in general, relations with the hearing society. According to the education regulations, every child has the right to learn in the primary school nearest to their place of residence (district school), which allows them to maintain bonds that connect the child with his neighbours, colleagues from the playground, district or parish.

However, to ensure that the learning of deaf and hard of hearing children in public schools is effective, a number of adjustments (accommodations) and modifications are necessary. Accommodation is understood as changes in teaching methods and techniques. Therefore, they concern changes in the way of teaching a child, but not the content of teaching. An example is the use of subtitled films in the lesson. Thanks to them, a child with hearing impairments has access to the same film and the same content as the hearing child, but in a specific way, eliminating the barriers resulting from his dysfunction. In the case of adjustments, we do not reduce the requirements for the child – they are the same as for children without dysfunction, while the form of transmission is different. The second form of support in the education of children with hearing impairments are modifications, which consist in making changes in the content of teaching, which usually consists in limiting the use of optional content. Each student may need a different range of modifications, but the scope of teaching content in any situation cannot be smaller than assumed by the core curriculum.

The aim of the article is to indicate the possibility of the participation of deaf and hard of hearing students in foreign language lessons in early school education in integrated and mainstream schools (also see Domagała-Zyśk, Karpińska-Szaj, 2011; Domagała-Zyśk, 2014). The basis for effective education in this area is the preparation of teaching programs, textbooks and didactic casing in accordance with the principles of universal design, and then planning the necessary adjustments and modifications individually to the needs and capabilities of children. Such activities are necessary to enable deaf or hard of hearing pupils to effectively learn a foreign language in integrated and inclusive classes and schools.

## **Universal design in inclusion education of students with hearing impairments**

Inclusion of students with hearing impairments is beneficial for both hearing impaired and well-hearing children. This is for many reasons, and above all because in a classroom in which a child with special educational needs learns, the teacher uses a much broader repertoire of teaching strategies – not only a talk or oral/auditory presentation of new content, but often also e.g. PowerPoint presentation, materials presented on the interactive whiteboard or illustrations/

flash cards. They are used not only by deaf children, but also those who learn more easily through visual modality. Children learning in inclusion classes also have more frequent contact with specialists – speech therapists or pedagogical therapists – and this allows early observation of learning difficulties not only in children with a judgment or opinion about the need for psychological and pedagogical support, but also in other children in the classroom.

Inclusion classes usually have different rules of behaviour, e.g. students with ADHD have the right to take short breaks during lessons, but other students who feel badly on a given day may also take them. All children learn that their behaviour may be different, but it should never be a reason to laugh, e.g. a colleague with a broken arm also has the right to feel good in the classroom, although he gets tired faster and is unable to complete all tasks. Mutual close familiarity reduces children's fear of otherness, allows them to be more open in relationships, and removes the imprint of being "inferior" or "strange" from children with disabilities.

Currently in Poland it is necessary to change the thinking about the inclusion of students with special educational needs. Reporting a pupil with an SEN to school cannot be a surprising thing for teachers or directors and forcing ad hoc decisions regarding adjustments and modifications. Each school and every teacher should be ready to include the student in the didactic process, prepared in advance in accordance with the principles of Universal Learning Design. The universal design model in teaching (Universal Learning Design – ULD or Universal Design for Learning – UDL) is a model of education in which, based on the results of psychological, pedagogical and neurobiological research, it is proposed to develop a flexible learning environment, corresponding to special educational needs of different groups of students (Rose et al., 2006). The teaching organization should, therefore, assume the use of diverse teaching resources, material presentation by the student, as well as various pedagogical and technological resources supporting the motivation and involvement of students. The ULD model operates within the framework of inclusive education and is consistent with the bio-psycho-social disability approach model. It enables joint learning of people with diverse needs, not only related to disability, but also with language difficulties (migrants, refugees), and people in various random situations (e.g. a longer student's trip during the school year resulting in school absenteeism).

The development of universal design has also caused changes in the design of the learning and teaching process of people with various difficulties. As in the design of space or other services, seven basic principles of universal design are in force, which means that education at every level should be (see Domagała-Zyśk, 2015):

- available in an attractive form for each student, regardless of their difficulties;
- flexible in form, adapted to the student's preferences and abilities;

- intuitive, also available to people with limited language competences;
- available perceptually, also for people with difficulties in the field of vision or hearing;
- teaching materials should be easy to use, not require complicated cognitive or manipulative skills;
- the use of education should not require excessive physical effort;
- conducted in the space arranged in accordance with the needs of students.

Even when adopting a model of universal learning design, in some situations it is necessary to adapt the methods and forms of work so as to enable pupils with SEN to achieve the assumed learning objectives and facilitate their comprehensive development.

## **Methodological implications of the diversity of the population of students with hearing impairments**

The group of students with hearing impairments is internally diverse, because the degree of hearing impairment and other factors of a family, environmental, rehabilitation, educational and therapeutic nature determine the degree of children's mastery of the mother tongue in speech and writing, and what is related to this – affect the ability to master a foreign language. In contemporary classifications, there are four categories of people with hearing impairments: deaf, hard of hearing, hearing impaired and functionally hearing (Krakowiak, 2016). In pedagogical practice, however, we meet with two groups of students: the hearing-impaired and the deaf.

Students with partial loss of hearing ability – hard of hearing, hearing impaired and functionally hearing – have difficulty in perceiving sounds, including the sounds of speech, but they use mainly national language in communication. They communicate using speech combined with lip reading and other assistive techniques (such as the use of writing, phono-gestures). Some of them can use audio recordings. Thus, they can not only read and write in a foreign language, but also speak and listen (in terms of individual factors determined for each student).

When working with this group, one should keep in mind the following general methodological guidelines:

- In mainstream schools, foreign language teaching may take place in groups with hearing students, but in some situations it is necessary to organize specialized classes in small groups or individual classes only for students with hearing impairments.
- This group of students uses hearing aids and cochlear implants as well as other assistive devices, e.g. FM systems or inductive loop systems. The teach-

er should know the basic principles of the functioning of these devices and make sure that the student has the camera/implant switched on, whether the microphone and other devices are working.

- These students should be encouraged to learn also to speak and understand foreign language. Every person with hearing impairment has a different range of possibilities to listen to and use foreign language speech. If the student's level of difficulty is serious, it is advisable to release him from the tasks of listening and speaking in a foreign language.
- It is important to keep the rules of proper communication – a person with hearing impairments should see the faces of speakers, during the classes it is necessary to ensure that participants take the floor in turns, they should speak naturally but clearly and if necessary they should repeat what they said.
- The correctness of pronunciation, accent and intonation should not be taken into account in the assessment of oral statements.

Deaf students (D/deaf) have great difficulty in picking up speech, their basic way of communication is sign language (Polish Sign Language – PSL, Language and Sign Language System – LSLS or other types of sign language). Due to the specificity of sign language, which is a visual language, students may have specific difficulties in using the national language (especially in terms of knowledge of vocabulary and building statements while observing the rules of grammar). Learning an audio language with incomplete mastery of the national language is an additional difficulty for them. Because they do not use speech in the national language, they do not learn to speak and listen in a foreign language. In didactics, mainly the image and the written word are used, and the form of linguistic expression are usually only written expressions.

When working with this group, one should keep in mind the following general methodological guidelines:

- The primary task of the teacher is to provide the teaching content in such a way that it is available to students. This does not mean giving up some of the tasks, but it means exchanging exercises based on listening to statements in which there are illustrations, subtitles, texts, films and presentations with subtitles.
- It is important to include sign language in didactics as a communication tool.
- It is also possible to include elements of British Sign Language or American Sign Language (e.g. movies, personal recordings) in the didactics of learning the diverse culture of English-speaking countries.
- The scope of using speech should be adapted to the capabilities and needs of students. Some of them want to learn how to say simple phrases (e.g. polite phrases), others do not, what should be respected. The correctness of pronunciation and intonation should not be evaluated.

## Adjusting the forms and methods of work in english lessons

As mentioned above, adjustments are changes that primarily concern the way the teaching content is presented and the student's presentation of knowledge, skills and competences. In planning the teaching process, it is also necessary to take into account adaptation of external conditions, especially when the school/class does not generally meet the conditions of universal design, and the factor of duration of individual elements of the course.

### *Adaptation of the teaching materials presentation methods by the teacher/other students*

The difficulty for students with hearing impairments is to hear and understand the material presented in the form of recordings or oral statements of the teacher/other pupils. A methodological mistake often made in such a situation is the resignation from individual exercises, which leads to a significant impoverishment of the material presented to the student. The linguistic material in the recordings and statements often covers new content, useful at further stages of teaching material implementation, or serves to consolidate the material and show new contexts of the use of a foreign language. Recordings and speeches often present linguistic material in communication and dialogue situations contain phrases and expressions necessary for everyday communication. Therefore:

1. It is necessary to adapt the language material presented in the form of recordings and statements. Before the lesson of a foreign language, the child should receive a prepared handout, containing the structure of the lesson with an indication of which exercises they perform with the class (e.g. colouring, filling letters, signing illustrations), and which are adjusted, e.g. the class listens to the lecture, and the student performs a based exercise on a visual material presenting the same content.
2. Important information should be repeated several times.
3. For the presentation of vocabulary from recordings and statements – which at the early schooling stage is of a basic character, containing mainly nouns, verbs and adjectives – one can use illustrations/flash cards, original PowerPoint presentations, presentations available on the Internet (short videos, materials from websites for children, online games, materials available on language publishing websites).
4. Children learning to read can read new words written on large cartons, in accordance with the global reading methodology.
5. Reading children can read the contents of the tape script, which, however, should be printed in a large font.
6. Instead of traditional audio recordings, you can search materials containing video recordings with clearly visible faces of interlocutors, and these record-

- ings should also have subtitles.
7. If the child reads the speech from the mouth, it should be possible for them to receive after the lesson notes taken by someone else (another student, support teacher).
  8. If the child uses sign language, it is advisable to use Polish or British/American sign language and English subtitles.
  9. If the teacher uses visual elements, gives the student time to read them and then describes them/passes the content of the task; a student with hearing impairment is not able to simultaneously view visual material and read the teacher's speech from the mouth.
  10. Students' statements from different parts of the classroom may not be well understood by the student with hearing impairments, but the teacher – standing at the front of the classroom – can repeat them or summarize them.
  11. If the teacher's/student's statement has not been understood by the student with hearing impairments, it can be repeated using more easily readable synonyms on the lips.
  12. The homework should be written on the board / in a special notebook used to communicate between the teacher and his parents. It is a good idea to prepare a sticker for the notebook early, or to communicate with parents via an electronic journal/email (see Domagała-Zyśk, 2013a, b; Karpińska-Szaj, 2013).

### *Presentation of knowledge and skills by the student*

The basic form of presentation of knowledge and skills by students with hearing impairments in foreign language classes are written statements, but whenever possible, one should not give up attempts to speak in a foreign language. From the very beginning, attention should be paid to pronunciation. Not focusing only on these exercises, however, you should expect the most correct pronunciation. The habits acquired in the first years of learning the language perpetuate and in the later period it is difficult to change them. Valuable in this respect can be cooperation with a speech therapist/surdopedagogue, who will indicate what pronunciation exercises are possible for the child to perform and what not.

The most important types of adjustments in the presentation of knowledge and competences from a foreign language by a student with hearing impairments are:

1. If it is possible, a student who speaks in his native language should have the conditions created for learning to speak in a foreign language.
2. If the student does not speak the national language, the presentation may be done in a different way, e.g. in the form of a poster / drawing with subtitles in a foreign language – these may be words, simple sentences, and longer speeches.



3. When a student wants to speak, but his pronunciation is largely distorted and makes it impossible to understand, he can present knowledge verbally, combining it with visual support, e.g. a record of individual words, preparation of a statement that other students read.
4. The student can also present his knowledge (e.g. translation of the read text) using Polish or British/American sign language and English subtitles.
5. In order to train communication skills, one can use the chat / speech form in electronic form.

### *External conditions*

The ULD principles are such that buildings and public spaces will be designed so that they can serve everyone without adaptation and modifications. It is not always possible, but in Poland you can make changes to a large extent, e.g.:

1. If an inductive loop is installed in the classroom or a student uses the FM system, the teacher should turn on the loop, check if it works, and then use the microphone attached to the clothing;
2. A microphone for an FM system or an inductive loop should also be used by students when working in groups (a small group can use one microphone set centrally on the table).
3. The class should work in a soundproofed room, with e.g. carpeting, carpet; One should also take care to reduce unnecessary noise – the room should be located in a quiet part of the school, not in front of the canteen or next to the gymnasium, and chairs and tables should be provided with felt / plastic protectors to reduce noise when moving them.
4. Benches in the classroom should be arranged in such a way that the pupils can see each other's faces (in a circle, in the horseshoe).
5. The number of students in the classroom should be smaller.
6. A support teacher should be employed in the classroom.
7. Students should be quiet, should know that noise disturbs their colleague.
8. During the discussion / joint work, the children have to know that only one person can speak.
9. There are no visual distractions in the classroom (for example, too colourful walls, school newsletters placed at the front of the class).
10. The teacher and other students speak in such a way that their face is visible to the student with hearing impairments.
11. The teacher and students speak clearly but without exaggerated articulation.
12. It can be suggested that hearing pupils alternate the role of „helpers“ of a student with hearing impairments, e.g. by helping him to follow the course of the lesson; this will allow students to get to know each other better, and the deaf pupil will more fully join the lesson.

13. For most students, it is easier to listen to the lyrics read by the teacher – they can then watch his/her face and read from the mouth, the teacher can read at a slower pace than on the record, reinforce the message with non-verbal elements (head movement, hand gesture, mimicry).
14. The student should sit in a quiet part of the room in order to see the teacher well, but also be able to turn to other students who speak.

### *Time*

A student with hearing impairments has more time to complete the task both during work on the lesson and during tests. When they get tired, they have the option of using mid-lesson breaks – reading speech from the mouth, using a hearing aid in a noisy classroom increases the level of fatigue of the child significantly.

As mentioned, adjustments do not interfere with the scope of the material, they only concern the form of conducting classes. When hearing impairments are accompanied by other difficulties, such as reduced intellectual performance or specific learning disabilities, it is also necessary to apply modifications to the curriculum. These modifications may include: not using optional content during classes, reducing the number of tasks performed during lessons or homework, the possibility of preparing shorter texts (in view of the linguistic difficulties of people with hearing impairments), reducing the number/length of tasks in tests and checking, permits for preparing homework and other work in alternative formats, e.g. using art works or using sign language.

### **Ending**

Students with hearing impairments are more likely than other students to lower the level of motivation to learn, depressive behaviour, aversion to school and, as a result, low educational aspirations. Therefore, there is a need to notice early symptoms of difficulties and provide students with psychological and pedagogical support if necessary. The next task, however, is also to take appropriately adapted didactic activities in the scope of individual subjects and lessons.

English can prove to be one of the most difficult subjects for deaf and hard of hearing pupils because it touches the very essence of hearing dysfunction – difficulties in language acquisition. Surdoglottodidactics research has been conducted intensively in recent years (Domagała-Zyśk, 2016; Domagała-Zyśk, Kontra, 2016), but intensive direct application of academic knowledge to teaching practice is also necessary. That is the purpose of this article. It does not discuss all possible forms and methods of adaptation, as they will be slightly dif-

ferent for each student with hearing impairment. Therefore, there is a need for continuous and creative work of surdologottodidactic teachers in contact with a specific child with hearing impairments in order to develop their own set of effective teaching strategies and tools to adapt the teaching content to the special educational needs of each student with hearing impairments.

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## CATEGORIES OF A SEVERE ILLNESS AND DISABILITY IN THE NEW TESTAMENT – PERCEPTION OF THE ESSENCE AND DIMENSIONS OF INTERPRETATION

The issues of disability and illness affecting people in their worldly life since the dawn of time awake a varied interest – from negation to acceptance – among societies in various historical periods. The question of disability and illness is present in primitive peoples' beliefs and mythologies, and in various religious trends – both those that disappeared and those that still exist. This article analyzes disability and severe illness in the message permeating the thoughts, teachings, and divinity of the New Testament books.

**Keywords:** disability, illness, Christianity, New Testament, Gospel, miracles of Jesus Christ

### Introduction

The phenomenon of disability and serious somatic diseases has existed since the beginning of human history, and has always attracted the attention and interest of healthy and psychophysically able members of society. Essentially, this was a dualistic observation that lay on the continuum from understanding and acceptance, to rejection, marking opportunities, identifying opportunities in the perspective of low usefulness to society due to generating specific forces and aids and giving little in return to strategies for civilization development. Negative attitudes towards the sick, with disability, their place and role in a society recognized as normal prevailed.

If the negative attitudes were (and are) relatively clear, unambiguous and clear about the emotional and behavioural colour of the components constructing relations between the able-bodied and disabled (e.g. marginalization, exclusion from active social life, minimization of rights, often depriving the right to life), the attitudes considered positive did not have (and do not have until now) such readability and unambiguity. They are extremely diverse, correspond with

a specific type of disability and correlating personal and social consequences of demonstrated functional problems.

Focusing on the problems of sick and disabled people is found in the activities of well-known doctors (Imhotep, Hippocrates, Asklepiades, Claudius Galenus, Avicenna, Paracelsus, Robert Koch, Ronald Ross, Pierre Paul Broca, Carl Hugo, Wilhelm Ernst Wernicke and others) (Dzierżanowski, 1983; Łyskanowski, 1979), thinkers (Socrates, Aristotle, Democritus, Saint Francis, Denis Diderot, John Locke, Karol Wojtyła), writers, poets (William Shakespeare, Hans Christian Andersen, Wilhelm Karl Grimm and Jacob Ludwig Grimm, Ignacy Krasicki, Lew Tołstoj, Konstanty Ildefons Gałczyński, Irena Kwintowa), painters (Antoni Brodawski, El Greco, Matthias Grünewald, Jan Matejko), in film art (*Matthew's Life, The Elephant Man, Rain Man, My Left Foot, Of Mice and Men, Forrest Gump, Sam, Tais-toi!, Lars and the Real Girl, Yo, tambien, Children of a Lesser God*) (Stawicka, 2013).

With the consequences of disability, struggled outstanding people whom we owe the scientific, technical and social progress, including: Democrit (philosopher, traveller, scientist), Homer (poet), Asklepiades (doctor), Galius Druzus (lawyer), Didymus of Alexandria (teacher), Francisco de Goya (painter), Ludwig van Beethoven (composer), Helena Keller (writer and social activist), Albert Einstein (physicist), Louis Braille (inventor of the alphabet for the blind), Ray Charles (singer and composer), Eduard Degas (painter), John Milton (poet), Claude Monet (painter), Horatio Nelson (British admiral), Franklin Delano Roosevelt (president of the United States) (Sękowska, 1981, <http://pedagogikaspecjalna.tripod.com>).

The issues of serious illness and disability are present in various religions, both those that no longer exist and those that are currently professed. Disability affected many mythical gods and minor deities (Sahaj, 2003). For example, in the beliefs of ancient Greeks and Romans, we find the figure of Hephaestus, the god of fire, blacksmiths and goldsmiths. He was the son of Zeus and Hera, the protector of craftsmen (in Roman mythology his counterpart is Volcano). Hephaestus was lame because he was thrown by Zeus from Olympus to the island of Lemnos when he interceded for the mother hanging on the mountain. Then he broke his leg. The sea goddess Tethys took care of him. After nine years, he brought Hephaestus Dionysus to Olympus – the god of wine. The wife of Hephaestus was Aphrodite – the goddess of love, beauty, flowers, desire and fertility (Kosidowski, 2013).

In the myth of Prometheus – one of the titans whom Zeus tied to the rocks of the Caucasus for helping people (another version gives the thread of attachment to the pile) – every day at sunrise the vulture came (in another version, the eagle Ethon) and fooled Prometheus liver that grew back the rest of the day and night (Garbart, 2013). Visually disabled was Amor/Eros – Roman/Greek god of love, Horus – one-eyed and blind during the new moon, the Egyptian god of heaven, guardian of the Egyptian monarchy (the reigning Pharaoh identified with him and took his name) worshiped in the form of a falcon or man with the head of

a falcon topped with a sun shield and as a child with a finger in the mouth. Also one-eyed Odin – the highest of the Nordic gods, the god of war, warriors, wisdom, poetry, magic, who sacrificed his one eye for wisdom (<https://pl.wikipedia.org>).

Visual disability also affected prophets and biblical characters:

- the biblical hero – Samson – the third of the Judges of ancient Israel described in the Old Testament Book of Judges (13–16), though not mentioned in the Koran; he was a Nazarene endowed with superhuman strength, which he used to fight Israel's enemies – the Philistines, doing acts impossible for ordinary people: he killed a lion with his bare hands, defeated the enemy's army with a jaw-bolt, with the strength of his own muscles demolished the building, was captured by the Philistines who blinded him, kidnapped to Gaza, forced to work with mills, he soon died (<https://pl.wikipedia.org>).
- Tiresias (Tyresiah) – in the Greek mythology, the fortune-teller, a prophet affiliated by Zeus. He saw two laced snakes during mating. He hit them with a stick and was turned into a woman. The gods also punished him with blindness, although there are different versions on this subject: for betraying the divine secrets to people, for the surprising Athena naked in the bath – blinded by the goddess, for opposing the sentence of Hera. Hera and Zeus argued about who is more likely to succumb to the temptations of love: a man or a woman. So they called the judge Tiresias because he was a woman for part of his life.

Tiresias had the same opinion as Zeus, which is why Hera made him blind. Zeus, in turn, made him immortal and granted the gift of predicting the future. During the War of the seven against Thebes he told the Thebans that the condition for their victory was the death of the son of Kreon, Megareus. He was able to explain the reason for the disasters plaguing Thebes under King Oedipus, predict the future, understand the past and the language of birds. However, he could not, due to blindness, foretell from the flight of birds, which was common in Greece (Garbart, 2013).

- Saint Paul – an apostle, a Jew from Tarsus, a Christian saint known as the Apostle of the Nations, a martyr; author of the 13 letters included in the New Testament. St. Paul was temporarily blinded as a result of the vision, however, after a few days he regained his eyesight (<https://pl.wikipedia.org>).

In the Judaic and Christian writings, we also find messages on the identification of the state, the situation of illness and disability, their nature, types, consequences, and the possibility of helping people affected by illness and disability. At the same time, the activity of Church representatives for the education and upbringing of people with disabilities is known. It was on their initiative, both in the world and in Poland, that the first institutions educating the disabled were launched. The first school for people with hearing impairments was founded

in Paris in 1770 by Charles Michael de L'Épée, for people with impaired vision – Valentin Haüy – also in Paris, in 1784. In Poland, one of the first schools for the deaf (Institute of the Deaf in Warsaw) was created on the initiative of priest. Jakub Falkowski in 1817 (Szczepankowski, 1999). In the years 1821–1824, priest Falkowski made his first attempts to educate the blind, although the founder of the first school for the blind in 1842 (at the Institute of the Deaf in Warsaw) was Fr. Józefat Szczygielski. It is worth mentioning here the Society for the Care of the Blind, initiated by mother Elżbieta (Róża Czacka) – 1910–1911, which already at that time was a shelter for blind women with the teaching of basketry, basketry and knitting, a school for blind boys, a nursery for small blind children, shelter for the blind elderly, patronage over blind families. In the years 1923–1926, the Society's enterprises were moved to Laski (Sękowska, 1981).

On the basis of the discourse carried out so far, one can ask how in the New Testament, in the Gospels of Saints: Matthew, Mark, Luke and John, descriptions of the sick and disabled people, their problems, the opportunity to show them adequate to the needs and situation of life help are presented on the part of God, the Son of God, Jesus Christ and people in symbolic form, figuratively (e.g. symbolism of leprosy, possession, blindness, miraculous healing, resurrection from the dead), allowing for ambiguous interpretation, and fundamentally from a human point of view. The Son of God Jesus Christ never healed for any personal purpose. In many scenes of the New Testament he forbids the healed to talk about himself and what he has done for them. He never wanted to see him and call him a “medicine-man”, a “miracle worker” but the son of God and the Saviour whose earthly mission is death on the cross in the name of human salvation and resurrection as the Son of God.

Analysing the issue of visions of disability in the New Testament relatively broadly, they can be grouped into several ambiguous and at the same time cohesive categories, i.e. as: 1) the symbol of God's Mercy over the imperfection of human existence, human inclination to sin, weakness of the spirit and body and the fragility of human life; 2) possible proof of a miracle of health recovery; 3) possible proof of a miracle of healing from a chronic and/or incurable disease; 4) possible proof for a miracle of resurrection/resurrection of the deceased from the dead; 5) evidence of the role of faith and hope to regain health and fitness; 6) evidence for the existence of God and eternal life.

### **Disability as a symbol of divine mercy over imperfection of human being, human inclination to sin, weakness of spirit and body and fragility of human life**

The aspect of perceiving illness and disability as a symbol of the imperfection of human existence, human inclination to sin, the weakness of the spirit

and body and the frailty of human life can be found in many parables of the New Testament, e.g. in the parable of *Healing the leper – Gospel of Saint Matthew* (Holy Scripture ... 2012, p. 1318): “[...] And behold, a [Jesus] extended his hand, touched it and said: «I want to be cleansed». And he was immediately cleared of leprosy. Jesus said to him, «Be careful, do not tell anyone about this, but go, show yourself to the priest and make the sacrifice that Moses prescribed, for a testimony to them».” Also in the *Gospel of Saint Mark. – Healing the leper* (ibid., p. 1351) and in the *Gospel of Saint Luke* (ibid., p. 1382).

Similarly, the two parables – *the Gospel of Saint Matthew* (ibid., p. 1319): “And when he came to the other side of the land of the Gadareans, two possessed men came out from their tombs, so dangerous that no one could go that way. They began to shout: «What do you want from us, [Jesus], Son of God? Have you come here before us to torment us?» And a large herd of pigs grazed near them. The evil spirits began to ask Him: «If you throw us out, send us into this flock of pigs». He said to them, «Go!» So they went out and entered the pigs. And all at once the whole herd moved along the precipitous slope to the lake and died in the waters. The shepherds fled and came to the city, and they uttered everything, as well as an incident with the possessed. Then the whole city came out to meet Jesus; and when they saw him, they asked him to leave their limits [...]”

*Gospel of Saint Mark* (ibid., p. 1355) and the *Gospel of Saint Luke* (ibid., p. 1387) gives the parable of the healing of the possessed: “They came to the other side of the lake to the land of the Garazenans. When he got out of the boat, a man possessed by an unclean spirit came out to him from the tombs. He lived in tombs and nobody could tie him with a chain anymore. [...] Since he saw Jesus from a distance, he ran up, worshiped him and cried out in a low voice: «What do you want from me, Jesus, Son of God the supreme? I adjure you for God, do not torment me!» He said to him, «Get out the unclean spirit of this man». [...] And a great herd of pigs grazed there on the mountain. So [the evil spirits] asked Him: send us in swine, that we may enter into it». And he let them. [...] When he got into the boat, he asked him possessed so that he could stay with him. But he refused, only said to him: «Go home to your own and tell them everything that the Lord has done to you and how he took pity on you» [...].

*Gospel of Saint Mark* (ibid., p. 1351), as well as the *Gospel of Saint Luke* (ibid., p. 1381) presents the parable of Healing a possessed person: “A man possessed by an unclean spirit was in their synagogue. He began to cry out: «What do you want from us, Jesus Nazarene? You came to lose us. I know who you are: God’s Holy One». But Jesus commanded him sternly: «Silence and leave him» [...].

*Gospel of Saint Matthew* (ibid., p. 1320) in the parable *Healing the possessed and the sick* gives: “[...] here he was brought to him possessed by mute. After casting out the evil spirit, the mute regained his speech, and the crowds were full



of admiration: «Never has anything like this ever appeared in Israel!» But the Pharisees said, «He casts out demons by the power of their leader» [...].

The Parable *In Peter's House. Numerous healings from the Gospel of Saint Matthew* (ibid., p. 1319; as well as the *Gospel of Saint Mark – In Peter's house*, ibid., p. 1351; *St. Luke's Gospel – In Peter's house*, ibid., p. 1381): “And when Jesus came to Peter's house, he saw his mother-in-law lying in a fever. He took her hand and the fever left her. Then she came and served Him. With the arrival of the evening, many possessed were brought to Him. He, by word, cast out [evil] spirits and healed all the sick. This is how the word of the prophet Isaiah came true: «He took our weaknesses and heeded the disease.»”

And the parable *Healing on the Sabbath*: “[...] he entered their synagogue. And [there was] a man who had a withered hand. They asked Him to be able to accuse Him: «Is it lawful to heal on the Sabbath?» But he said to them, «Who of you, one sheep, and this man will fall down on the Sabbath, will not take hold of it and will not take it out? How much more important is man than sheep! So it is good to do good on the Sabbath». Then he said to that man: «Hold out your hand!» He stretched out, and she became as healthy as the other again [...].” *Gospel of St. Matthew*, ibid., p. 1324; *Gospel of Saint Mark*, ibid., pp. 1352–1353; *Gospel of Saint Luke – Healing on the Sabbath*, ibid., p. 1383).

The Parable *Faith of a Canaanite woman*: “[...] And here is the Canaanite woman [...] she cried: «Lord, Son of David, have mercy on me! My daughter is badly harassed by an evil spirit». But he did not say a word to her. His disciples came up to him and begged him: «Send her away, for she is shouting for us». But he replied: «I am sent only to the sheep that have been lost out of the house of Israel». And she came, fell at his feet, and begged: «Help me, Lady». [...] Then Jesus told her: «Woman, great is your faith; let it happen to you as you desire!» From that moment her daughter was healthy” (*Gospel of St. Matthew*, ibid., p. 1329).

In the *Gospel of Saint Matthew* (ibid., p. 1313), in *Part preparing for Jesus' activity*, in *Further activities of Jesus* it is written: “And Jesus went about all Galilee, teaching in their synagogues, preaching the gospel of the kingdom and healing all diseases and all weakness among the people. And the news of him spread throughout Syria. Therefore, all those who suffered were harassed to him, who were harassed by various diseases and ailments: possessed, epileptics and paralytics. He healed them [...]”

In the *Gospel of Saint John* (ibid., p. 1421), in turn, the parable *Healing lame at the pool* is presented: “Then there was a Jewish holiday and Jesus went to Jerusalem. In Jerusalem, at the Sheep [Gate], there is a pond [...]. Lots of sick people lay in it: the blind, the lame paralyzed. There was a man there who had suffered from his illness for thirty-eight years. When Jesus saw him lying and he knew that he was waiting for a long time, he said to him, «Do you want to recover?» The sick man answered him, «Lord, I have no man to bring me into the pool

when the water moves. At the time when I am coming, another goes in front of me». Jesus said to him, «Stand, take your litter and walk!» Immediately the man recovered, took his litter and walked. [...] Then Jesus found him in the temple and said to him, «Behold, you have healed. You do not sin anymore so that something worse will not happen to you». And that's why the Jews persecuted Jesus that he did such things on the Sabbath" [...].

In the parable presented in the *Gospel of Saint Mark* – Numerous healings (ibid., p. 1351) and the *Gospel of Saint Luke* – An influx of crowds (ibid., p. 1383) wrote: "... they brought all sick and possessed people to Him. [...] He healed many affected by various diseases and threw away many evil spirits, but he did not let evil spirits speak because they knew him."

## Disability as a possible proof of a miracle of health recovery

The image and vision of disability in the perspective of a possible miracle of recovery through faith, hope and will of God and the effect of a real, profound, sincere request to God that this may happen, are present in the parables of the New Testament.

The parable *Healed over Jericho*: "When they came out of Jericho, a great crowd accompanied Him. And behold, the two blind who sat by the road, hearing that Jesus was passing, began to cry out, «Lord, have mercy on us, Son of David!» The crowd would keep them from falling silent; but he was even louder shouting: «Lord, have mercy on us, Son of David!» They answered him, «Lord, that our eyes may open». Jesus, taken down with mercy, touched their eyes, and immediately looked through and followed him» (*Matthew*, ibid., p. 1335).

The parable of *Jesus in the temple*: «[...] In the temple, the blind and the lame came up to him, and he healed them» [...]. (ibid., pp. 1336)."

A parable from the *Gospel of Saint Mark* – *Healing the blind*: "[...] They brought him blind and asked him to touch him. He took the blind man by the hand and led him out of the village. He moistened his eyes with saliva, put his hands on him and asked: «Do you see anything?» And when he [he] saw it, he said: «I see people, for when they walk, I see [them] like trees». Then he put his hands on his eyes again. And he looked over completely and was healed; he saw everything clearly and clearly now [...]." (ibid., pp. 1359–1360).

Parable *Healing of the Deaf* (*Gospel of St. Mark*, ibid., p. 1359; also the *Gospel of St. Matthew* – *Healing of the possessed and the sick*, ibid., p. 1320): "[...] They brought him to the deaf and asked him to put his hand on him. He took him aside, away from the crowd, put his fingers in his ears and touched his tongue with saliva; and looking up at the sky, he sighed and said to him, «*Effatha*», that is: Open yourself! His ears were opened immediately, the ties of the tongue dissolved and he could speak correctly [...]."

## Disability as a possible proof of a miracle of healing from a chronic and/or incurable disease

On the pages of the New Testament, there is a contextual, but at the same time simple and understandable message about the nature of chronic and/or terminal disease and the possibility of miraculous healing and the belief that it can also happen. For God has the power, because of the unlimited power over the world and man and his divine will, to do so.

The signalled perception has its own exemplification in several parables, such as the *Healing of the possessed and the sick* (*Gospel of St. Matthew*, *ibid.*, p. 1320): “[...] Yes Jesus celebrated all cities and villages. He taught in the synagogues there, preached the gospel of the kingdom and healed all illnesses and all weaknesses. And when he saw the multitudes, he was sorry for them, because they were harassed and abandoned like sheep without a shepherd [...]”

In the parable of *Healing in Gennesaret*, (*Gospel of St. Matthew*, *ibid.*, p. 1328; and also in the *Gospel of St. Mark – Healing in the land of Gennesaret*, *ibid.*, pp. 1357–1358): “When they crossed, they came to the land of Gennesaret. The locals, having got to know Him, sent all over the area, and brought all sick people to Him, asking that they would at least fringe His garment and touch; and all who touched him have been healed.”

Also in the parable: *Healings at the lake*: “[...] and came to the Sea of Galilee. He went upstairs and sat there. And great crowds came to Him, they had with them lame, defective, blind, dumb and many others, and they laid them at His feet, and He healed them. The crowds were amazed to see that they were silent, the disabled are healthy, the lame walk, the blind see” (*Matthew*, *ibid.*, p. 1329).

The parable of *Jairo's daughter and woman suffering from haemorrhage* (*Gospel of St. Matthew*, *ibid.*, p. 1320 and the *Gospel of Saint Mark – Jairo's daughter*, *ibid.*, p. 1356, *Gospel of Saint Luke – Woman suffering from haemorrhage*, *ibid.*, p. 1388): “[...] Suddenly, a woman who had been suffering from haemorrhage for twelve years came over and touched the fringe of his cloak. She was telling herself: If I touched my coat and I would be healthy. Jesus turned and saw her, said: «Trust, daughter! Your faith saved you». And from that moment on, the woman was healthy.”

*Gospel of Saint Luke* (*ibid.*, p. 1397) recalls the parable *New Healing on the Sabbath*: “When Jesus came to the house of a certain leader of the Pharisees, to eat a meal on the Sabbath, they followed Him. And behold, a sick man came to him for a watery ascent. [...] He touched him, healed and dismissed him [...]”

And the *Gospel of Saint John* (*ibid.*, p. 1421) gives the parable *Healing the son of a courtier*: “Then he came again to Cana of Galilee. [...] And there was a royal official in Capernaum whose son was sick. Upon hearing that Jesus had come from Judea to Galilee, he went to him with a request that he come and heal his son, for he was already dying. Jesus said to him, «If you do not see signs and

miracles, you will not believe». A royal official said to him, «Lord, come before my child dies». Jesus said to him, «Go, your son is alive». He believed in the words Jesus said to him and he went. And when he was still on his way, the servants met him, saying that his son was alive. [...] So he knew his father that it was at that hour when Jesus said to him: «Your son is alive». And he believed himself and his whole family [...].”

## Disability and serious, deadly disease as a possible proof of the miracle of resurrection/resurrection of the dead

In the *New Testament*, disability, a serious and lethal disease are a possible proof that God has the power to resurrect the dead, restore their earthly life. There are several proofs of this. Among others in the parable: *Jairo's daughter and a woman suffering from haemorrhage* (*Gospel of St. Matthew*, *ibid.*, p. 1320, as well as the *Gospel of Saint Mark*, *ibid.*, pp. 1355–1356, *Gospel of Saint Luke – Woman suffering from haemorrhage*, *ibid.*, p. 1388): “[...] behold, the head of the [synagogue] came to him and, paying homage to him, he asked: «Lord, my daughter has just died, but come and put your hand on her and she will live». Jesus rose and followed him along with his disciples. [...] When Jesus came to the master's house and saw the flutists and the tumultuous crowd, he said: «Stand back, because the girl is not dead, but sleeping». And they ridiculed Him. But as the crowd was removed, he came in and took her hand and the girl stood up.”

In the *Gospel of Saint. Luke* (*ibid.*, p. 1388) we find a slightly different parable on this subject (*Jairo's daughter*): “When he was still speaking, someone from the synagogue's house came and said: «Your daughter is dead, do not bother the Teacher anymore!» But Jesus, hearing this, said: «Do not be afraid! Believe only, and she will be saved». When he came to the house [...] he said: «Do not weep, because she has not died, but sleeps». And they mocked Him, knowing that she had died. He, taking her hand, said loudly: «girl, get up!». Her spirit returned and she immediately got up. He also recommended that it be given to eat [...].”

In the parable of the *Gospel of Saint John – Resurrection of Lazarus* (*ibid.*, p. 1431): “There was a sick man, Lazarus from Bethany. [...] Lazarus was ill. The sisters sent a message to Jesus: «Lord, here is the one you love». Jesus, hearing this, said: «This sickness is not for death, but for the glory of God, that through him the Son of God may be glorified». [...] When he heard about his illness, he stayed where he stayed for two days. Only then did he say to his disciples: «Let us go to Judea again». [...] Then he said to them: «Lazarus, our friend, has fallen asleep, but I am going to wake him up» [...].” «Lazarus has died, but I rejoice that I have not been there because of you, that you may believe. But let's go to him». [...] When Jesus arrived there, he found Lazarus for four days in a grave. [...] So when Martha [note cars. – Lazarus' sister] found out that Jesus is coming,

she went to meet him. [...] she said to Jesus, «Lord, if you were here, my brother would not have died. But now I know that God will give you everything, whatever you ask God». Jesus said to her, «Your brother will be resurrected». Martha replied: «I know that there will be a resurrection at the time of the resurrection on the last day». Jesus said to her, «I am the resurrection and life. Whoever believes in me, even if he dies, will live. Everyone who lives and believes in me will not die forever. Do you believe this?» She replied to him: «Yes, Lord! I firmly believe that You are the Christ, the Son of God, who was to come into the world». [...] Jesus, again showing deep emotion, came to the grave. [...] Jesus said: «Take away the stone!» [...] he cried with a loud voice: «Lazarus, go outside!». And the dead departed, having their hands and feet bound in bands, and his face was wrapped in a shawl. Jesus said to them, «Solve him and let him walk».”

## Disability and serious illness as evidence of the role of faith and hope to regain health and fitness

Evidence for the perception of illness and disability in terms of faith and unlimited hope of regaining health and fitness was given, in addition to many already reported, in the parable of the *Centurion from Capernaum*: “When [Jesus] entered Capernaum, the centurion approached him and asked him, saying, «Lord, my servant is paralyzed at home and suffers very much». Jesus said to him, «I will come and heal him». But the centurion replied, «Lord, I am not worthy that you would come under my roof, but only say a word, and my servant will regain health» [...]. When Jesus heard this, he was surprised and said to those who followed him: «Verily, I say to you, I have not found so much faith in him in Israel». [...] To the centurion, Jesus said: «Go, let it be done to you, as you believed». And at that hour his servant regained his health” (*Gospel of St. Matthew*, *ibid.*, p. 1318).

In the parable *Healing of two blind people – the Gospel of Saint. Matthew* (*ibid.*, p. 1320): “[...] two blind men went up to him, and they cried out loud: «Have mercy on us, Son of David!» When he entered the house, the blind came to him, and Jesus asked them: «Do you believe that I can do this?» They answered him, «Yes, Lord!» Then he touched their eyes, saying: «According to your faith be it unto you». And their eyes were opened [...]”

Parables from the *Gospel of Saint Matthew* (*ibid.*, p. 1363) (and the *Gospel of Saint Luke – Blind of Jericho*, *ibid.*, p. 1403; *Gospel of Saint John – Healing the Blind from birth*, *ibid.*, pp. 1428–1429) *Blind of Jericho*: So they came to Jericho. As they entered Jericho with the students and a large crowd, a blind beggar, Bartimaeus, son of Timisoara, sat by the roadside. And hearing that it was Jesus of Nazareth, he began to cry out, “Jesus, Son of David, have mercy on me!” Many

had been urging him to be silent. But he cried even more loudly: «Son of David, have mercy on me!» Jesus paused and said, «Call him». And they called the blind [...]. And Jesus said to him, «What do you want me to do to you?» He told the blind man: «Rabbi, let me see through». Jesus said to him, «Go, your faith has healed you». He immediately saw and followed the path.”

As far as this parable is concerned (and others related to eye damage), it is undoubtedly to emphasize that the words of Jesus Christ emphatically and directly deny the universal, unthinking view that visual disability is the result of punishment for their own sins, parents or more distant ancestors. The problem of “blindness”, after all, identifies with the state of the human mind, the purity and beauty of the human soul, the value of the presented attitude and manifested behaviour towards the other person (neighbour) and himself. For it is possible to be blind and see, as well as the visionaries and not to see the truth about the sense of human life and its human and divine dimension.

In the parable *Healing epileptics* (*Gospel of St. Matthew*, *ibid.*, p. 1331, and also the *Gospel of Saint Mark – Healing epileptics*, *ibid.*, p. 1361; *Gospel of St. Luke*, *ibid.*, p. 1390): “[...] he came to him, a certain man, falling on his knees before Him, begged: «Lord, have mercy on my son! He is an epileptic and suffers very much; because it often falls into the fire, and often into water. I brought him to your disciples, but they could not heal him». Jesus replied, «Unbelievers and perverse tribes! How long should I be with you; How long should I bear you? Bring Me to him here!» Jesus commanded him severely, and an evil spirit left him. From that time, the boy regained his health [...]”

A parable from the *Gospel of Saint Luke – Grateful Samaritan* (*ibid.*, p. 1401): “Going to Jerusalem, he crossed the borderland of Samaria and Galilee. When they entered a certain village, 10 lepers met Him. They stopped at a distance and shouted loudly: «Jesus, Master, have mercy on us!» At this sight he said to them: «Go, show yourself to the priests!» And when they were walking, they were cleansed. Then one of them, seeing that he was healed, came back, praising God with a loud voice, and fell on His face and thanked Him. And he was a Samaritan [...]”

## Disability as a proof of the existence of God and eternal life

The category of disability in the New Testament is also identified as overwhelming, appealing to the hearts and souls of men and human reason and faith, proof for the existence of God and eternal life after passing through the earthly path of human existence. We find the symbolism of this category in many parables.

In the parable of the *Gospel of Saint Luke* (*ibid.*, p. 1396): “He taught once on a Sabbath in one of the synagogues. And there was a woman who had a spirit of infirmity for seventeen years: she was bent and could not straighten herself in any way. When Jesus saw her, he called her and said to her: «Woman, you are

free from your weakness». He put his hands on her and immediately straightened up and praised God [...].”

Parables: *The healing of the paralytic* (*Gospel of St. Matthew*, *ibid.*, p. 1319 and the *Gospel of Saint Mark*, *ibid.*, pp. 1351–1352): “[...] And here they brought him a paralytic lying on the bed. Jesus, seeing their faith, said to the paralytic, «Trust your son! Your sins are forgiven». Some of the scribes thought of it: He blasphemes. And Jesus, knowing their thoughts, said: «Why do evil thoughts bother in your hearts?» For what is easier to say: Your sins are forgiven or you say: Get up and walk! That you may know that the Son of Man has the power of forgiving sins on earth – he said to the paralytic: «Get up, take your bed and go to your home!» He got up and went home. And the crowds were afraid of this sight, and they adored God, who gave such power to people.”

The miracle of healing the paralytic is also described in the *Gospel of Saint Luke* in the parable *Healing the paralytic* (*ibid.*, p. 1383): “One day when he was teaching, there sat the Pharisees and scholars in the law who came from all the villages of Galilee, Judea and Jerusalem. And the Lord’s power was in him, so that he could heal. Suddenly, men carrying a paralyzed man on the bed tried to bring him and put him before him. Unable to move him in any way because of the crowd, they entered the flat roof and dropped him down with the bed in the middle, before Jesus. He, seeing their faith, said: «Man, your sins are forgiven. [...] he said to the paralyzed: I tell you, get up, take your bed and go home!». And he immediately rose up before them, took the bed on which he lay, and went to his house, glorifying God [...].”

A parable summary of the thoughts that shape the relationship between disability and God and God’s Mercy is a parable of the *Message of John the Baptist*, indicating the divine essence of Jesus Christ. In the *Gospel of Saint Matthew* (*Scripture...*, 1982, pp. 45–46) is given as follows: “Meanwhile, John, when he heard in prison about the deeds of Christ, he sent his disciples asking: «Are you the one to come, or else we are to expect?». Jesus said to them, «Go and tell John what you hear and what you are looking at: blind eyes recover, lame go, lepers get clean, deaf hear, the dead rise, the poor proclaim the Gospel. Blessed is he who does not doubt me».”

## Ending

The purpose of this article is not to undermine the intentions contained on the pages of the *New Testament*, not to indicate a standard, marked by stereotypes, let alone an unscientific, ludic, defined by supernatural forces, nature, cosmos, metaphysics and the nature of approach to the problem of serious illness and disability. Also an exemplification of traditional terminology, the state of knowledge about various diseases and disabilities over two thousand years

ago. Likewise, mythologization, mystification or atheisation of disability and serious diseases affecting people. The real purpose is to show that the analysed dilemma has multiple recollections, huge contextual depth, serves to explain God's omnipotence, unimaginable mercy, unlimited possibilities of God's will. In addition, the focus on the importance of faith, hope and purposefulness of human life, the suggestion that the discussed issue is illustrated in a way that is empathic, helpful, in the spirit of humanistic respect for the fragility of human nature and the right to be imperfect. At the same time as a form and a clear manifestation of understanding for human limitations, retardation. It is given in the dimension of God's unlimited tolerance and forgiveness, which should be a feature of every human being. For example in the *Gospel of Saint Matthew* from the (2012), published by the Catholic Church, 164 (100%) parables were presented, including 16 (9.76%) basically related to the issues of disability and serious somatic diseases. In contrast, in the *Bible* published in the Evangelical variant (*Bible*, 1983) 141 (100%) parables, of which 15 (10.6%) relate directly to the subject. One can therefore conclude about the situation's relevance and the divine and human contexts of categories of illness and disability.

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## EMOTIONAL INTELLIGENCE STRUCTURE AND LEVEL IN DEAF ADOLESCENTS

Emotional intelligence enables people to recognize their own emotions and those of others and to use them in everyday life as valuable information that determines success in social interactions. Inaccurate recognition of emotions or inability to control them can have a significant impact on interpersonal relationships and the ability to cope with difficult life situations. Hearing impairments result in various consequences – both in emotional and social functioning.

The article presents the findings of a research study on emotional intelligence and recognition of facial expressions in deaf adolescents. The data were collected with the use of two tools: the self-report INTE Questionnaire and the Emotional Intelligence Scale – Faces (SIE-T). Study participants were 80 secondary school students, including 40 hearing adolescents and 40 deaf adolescents using sign language. A quantitative method, Student's t-test for independent samples, was used to analyze the significance of the findings.

The research study showed that the deaf people had lower scores than the hearing people both in the level of emotional intelligence and in the level of individual skills that constitute its structure, such as: recognizing emotions, using emotions to guide thinking and action, and recognizing facial expressions. Furthermore, deaf adolescents from deaf families where sign language was the main communication means achieved higher scores in the ability to recognize facial expressions as compared to deaf adolescents from hearing families.

The study suggests the need for broader emotional education and more intensive support for the development of socioemotional skills in deaf adolescents.

**Keywords:** deaf, emotional intelligence, facial expressions

### Introduction

**T**he recognition of emotions and the ability to regulate them and appropriate use in life enable us to meet basic needs as well as to realize the developmental potential of the individual in accordance with social

norms while maintaining positive relationships with other people (Schaffer, 2006; Sameroff, Lewis, Miller, 2000). Adequate recognition of other people's emotions influences a more accurate insight into oneself and a better understanding of one's emotions. Emotional competence, or the coexisting components of expression of emotions, knowledge about emotions and the ability to monitor and modify emotions, are the basis for success in social contacts (Denham, Zinsser, Bailey, 2011). Both biological conditions and the social and educational environment influence the development of emotional intelligence. The sense of hearing significantly contributes to the reading of emotions on the basis of prosodic elements of oral expression. It could be concluded, therefore, that the lack or limited language competences and undeveloped logical-verbal memory influence the difficulties in recognizing, controlling and using emotions. Is it so then? Does the limitation in auditory perception affect the level of emotional intelligence? How do deaf people cope with the reading of facial expressions? These are important questions that the responses can help to pay attention to the development of socio-emotional competences of deaf children, as this is an important area of functioning, constituting the basis for the harmonious functioning of the individual.

## Emotional intelligence

Emotional intelligence has been defined and described relatively recently, because in the early 1990s Jack Mayer, Peter Salovey and David R. Caruso created a model of emotional intelligence (Salovey, Sluyter, 1999), in which they defined it as a set of human mental abilities, mainly the ability to recognize and understand emotions of oneself and other people, as well as the ability to use emotions in thinking and acting. It is a model that shows emotional intelligence in a practical approach.

According to these authors, emotional intelligence includes the skills of proper emotion perception, accurate emotion assessment, proper expression of emotions, access to feelings and the ability to release them in situations when they can support the process of thinking, understanding emotions and emotional knowledge, conscious regulation of emotions to support emotional and intellectual development (Salovey, Sluyter, 1999).

These abilities can be grouped into four dimensions, and in each of them it is possible to indicate successively the stages of emotional maturity existing in the development process. All these dimensions create a global level of emotional intelligence. It can be assumed that this development process is faster in people with higher emotional intelligence, and that these people will reach a higher stage of this development.

The first of these dimensions includes basic skills related to recognizing, distinguishing and expressing emotions. Perceiving emotions consists in per-

ceiving an emotional signal, focusing attention and interpretation on it, or deciphering this stimulus. Emotional signals are hidden in the facial expressions, postures and movements of the body, tone of voice, art and products of culture. People with emotional intelligence, in addition to correctly recognizing emotions, also derive information from them that determine their future judgments and behaviours.

The second dimension concerns the assimilation of emotions in the course of cognitive processes. It focuses on how emotions can be used to effectively solve problems, make decisions and think creatively. For better understanding of emotions, they are generated, felt, analysed, tested and manipulated. Mayer and Salovey (*ibid.*) called it the “emotional theatre of the mind” in which every human being is equipped. Making the right decisions and choosing alternatives in life depend to a large extent on how precisely and realistically this mechanism works in our mind. This dimension also draws attention to the types of mood and the impact of its changes on reasoning, problem solving and the adoption of different perspectives and different points of view in a given situation.

The third dimension of emotional intelligence is the cognitive processing of emotions, that is, conscious attention to the emotions of others and their understanding. Significant abilities related to this dimension are verbal naming of emotions, knowledge of relationships between emotions, understanding of complex emotional states, anticipating emerging and changing emotions, and understanding the emotional significance of people’s situations and behaviours.

The last highest component of emotional intelligence is the conscious regulation of emotions, that is, effective modification of own and others emotions. Skills related to this dimension are conscious engagement or distancing to emotions and their meaning, openness to positive and negative emotional experiences, as well as their monitoring and adjustment in order to achieve the desired effect of a given person. All abilities included in this component of emotional intelligence serve the development of emotional, intellectual and personal understanding (*ibid.*).

In addition to the capacity model, it is worth looking at models of mixed emotional intelligence, propagated mainly by Daniel Goleman and Reuven Bar-Ona. Goleman (1997, p. 67) defines emotional intelligence as “the ability to motivate and persevere in achieving goals despite failures, the ability to control the drives and postpone their satisfaction, regulate the mood and refuse to worry about the ability to think, get into the moods of others people and optimistic looking into the future” (Table).

Goleman (1999) believes that the skills that make up emotional intelligence can be shaped throughout life. Bar-On defines emotional intelligence as “a series of non-cognitive abilities, competences and skills that allow an individual to

effectively deal with environmental requirements and pressures” (after: Knopp, 2010, p. 20). The main element of this theory is self-awareness and the ability to constructively express one’s own thoughts and feelings.

Table

Areas of emotional intelligence in Goleman’s concept (1997, p. 67)

<b>Understanding emotions</b>
Recognition of emotions; managing one’s emotions from time to time
<b>Managing emotions</b>
Manipulating emotions so that they are right; the ability to calm oneself; the ability to get rid of growing anxiety, gloominess or irritation
<b>Motivating yourself</b>
Using emotions to achieve the goal; postponing gratuities and limiting impulsiveness; readiness to undergo changeable moods
<b>Recognition of other people’s emotions</b>
Empathic awareness; the ability to tune in to what others want or need
<b>Maintaining interpersonal relationships</b>
Ability to manage the emotions of other people; the ease of interaction with others

In addition, emotional intelligence is expressed in recognizing the feelings and needs of other people, creating and maintaining satisfying interpersonal relationships and the ability to realistically and flexibly deal with different situations of social, personal and professional life, decision making and problem solving (Jaworska, Matczak, 2001).

One of the basic cognitive processes included in emotional intelligence is the ability to recognize emotions, the most important element of which is the ability to perceive emotions defined by Stanley Greenspan as “the ability of emotional empathy” (after: Matczak, Piekarska, Studniarek, 2005, p. 10). Bar-On (1997) writes about two types of perception of emotion: the ability to perceive own emotions and the ability to perceive the emotions of other people. The first of these he classified into the group of intrapersonal abilities and placed in the emotional component self-consciousness. He qualified the second one to the group of interpersonal skills, and more specifically to empathy.

Emotional intelligence is not an innate ability, but together with other mental properties, it develops throughout the life of the individual. A high level of emotional intelligence affects the proper functioning and broadly understood satisfaction and success in life. The effects of its improper development can

pose problems for both the individual and his environment. It is suspected that the development of emotional intelligence is influenced by both biological conditions and the socio-educational environment (Jaworska, Matczak, 2001). It is believed that the key period for the development of emotional intelligence is childhood, which is why it is advisable to apply, from the earliest years of the individual's life, all influences that shape the skills included in the IE. Deficits that arise during childhood can have a major impact on emotional and social functioning in adult life (Śmieja, Orzechowski, 2008).

Adequate recognition of the emotions of others influences a more accurate insight and a better understanding of one's own emotions. The basis for the proper recognition of emotions of others is knowledge about emotions, which is based on higher abilities, such as understanding and analysing emotions. The interaction of the ability to perceive emotions with other emotional skills is the basis for effective coping in life, which depends on well-shaped emotional competences (Jaworska, Matczak, 2001).

Information about other people's emotions is derived from such sources as: verbal content, tone of voice, body posture, facial expressions, gestures and products of human activity. Due to the specificity of the communication method of deaf people (sign language) the most important becomes the ability to recognize the emotions of others based on facial expressions, which is a source of rich knowledge about the internal states of the other person. With the help of an appropriate facial expression, people communicate with each other very effectively, both consciously and unconsciously. Many studies have shown that mimicry is a richer source of information about emotions than other ways of communication (Matczak, Piekarska & Studniarek, 2005). In the case of verbal messages that are inconsistent with facial expressions, the recipients of the message attach greater importance to information conveyed through facial expressions than verbal communication. The mimic message is also universal, as confirmed by studies by Paul Ekman (for: *ibid.*), which showed that basic emotions, such as joy, sadness, fear, surprise, contempt, anger and disgust, are transmitted using the "language of the face" and understood by all people, regardless of race and culture.

The adequacy of recognizing emotions based on facial expressions depends primarily on the situational context. It is easier to read emotions from facial expressions, if emotions typical for a given external situation are known. Accurate reading of emotions is also easier in a situation where the observed person is not foreign and expresses emotionally typical situations in a given situation with the help of facial expressions. In addition, the accuracy of recognizing mimic expression also increases when one belongs to the same national or ethnic group, which indicates the existence of certain „emotional dialects" specific to particular cultures. The results of the research also indicate that women are better at reading emotions from facial expressions. However, the accuracy of recognizing facial expressions depends primarily on individual differences and social experiences (*ibid.*).

## The emotional development of the deaf

Hearing informs us about the emotional loads that other people's statements carry. People with hearing impairment, however, are not able to read the emotions accompanying the interlocutor's statements based on modulation and intonation of his voice. Therefore, the compensatory function in this area is that of vision, which helps in perceiving and recognizing emotions. Hearing impaired people recognize the emotions of others based on their facial expressions and gestures. Surrounded by people hearing people with a hearing disorder using sign language often have no way to relieve their affective experiences through discussion and verbal expression of emotions. This may contribute in further consequences to increased impulsiveness and poor inhibition of emotional reactions (Krakowiak, Dziurda-Multan, 2006).

Basic emotions are correctly recognized by hearing impaired children, as we are informed by the research by Włodzimierz Pietrzak (1982), while when recognizing complex emotions, these children face more difficulties. The author also believes that the difficulties in recognizing emotions that may accompany people with hearing impairment are associated not only with the developmental properties of speech and logical thinking, but also may result from insufficient emotional education in the teaching and upbringing process. Inadequacy in recognizing emotions and low emotional knowledge can significantly affect interpersonal relationships and the ability to cope with difficult life situations.

The emotional sphere of a deaf child is strongly influenced by parents and their educational practices, as well as whether the deaf child lives while receiving school education in a dormitory or in a family home. Children and teenagers who are deaf, who live in a dormitory, often experience less emotional conflicts and experience less frustration and stress than their peers with hearing impairment who come to school from their family homes. The reason for this is the satisfied need of belonging to a group, one of the basic and very important in this period of life. Children living in the dormitory are in constant, intense contact with their deaf peers, which makes them feel accepted and no need to become similar to the surrounding environment (*ibid.*).

The social functioning of deaf children is also influenced by the presence of other deaf people in the child's family. Rudolf Pintner (after: Kaiser-Grodecka, 1987), after analysing his research and observations, stated that deaf children from deaf families often have better emotional and social adaptation than deaf children from hearing families. This dependence is to a large extent related to sign language, which in a deaf family is naturally used in the communication of parents with children and is for the child the first language he has mastered. In this situation, the child does not have the sense of isolation, because his communication with the environment is not limited, he does not encounter barriers, and he feels the acceptance from his closest people, which satisfies his need for security.

## Assumptions of own research

The aim of the research was to determine the level of emotional intelligence in deaf people using sign language and compare it with the level of emotional intelligence of the hearing youth. The aim was also to verify the assumption that among people with hearing impairment, those who are deaf, and also whether or not there are differences in the skills of using the hearing by the hearing and the deaf, function better emotionally. The aim of the research was also to check the level of the ability to recognize emotions based on the reading of facial expression in both hearing and deaf people, with the division into the presence or absence of hearing impairment in the family.

80 people aged from 17 to 19 participated in the study. The study group consisted of 40 people with severe hearing impairment (over 90 dB), students of high schools for the deaf, residing in boarding schools, using sign language as the main communication method and being in the intellectual standard. The selection of this group was made on the basis of the analysis of judgments about the need for special education. Half of the examined deaf pupils (20 people) have deaf parents and the other half hearing ones. 20 women and 20 men were examined, including 10 women from hearing families and 10 from deaf ones, 10 men from hearing families and 10 men from deaf families. The control group consisted of 40 hearing students in the intellectual standard from a mainstream secondary school. Among them there were 20 men and 20 women.

The research problem was to identify possible differences in the level of emotional intelligence and its structure, including the level of ability to recognize emotions of others and one's own emotions, and the ability to recognize emotions based on mimic expression in deaf people (the study group) and hearing (control group).

Due to the fact that the hearing impairment does not allow to read emotions on the basis of prosodic elements of oral expression, and the lack or slight linguistic competence and undeveloped logical-verbal memory affect the difficulties in recognizing, controlling and using emotions, it was assumed that:

**Hypothesis 1.** Deaf youth demonstrate a lower level of emotional intelligence than hearing youth.

Taking into account the assumptions that deaf people have lower self-awareness and emotional knowledge than hearing people, it was assumed that:

**Hypothesis 2.** Deaf people have less ability to recognize the emotions of other people.

**Hypothesis 3.** Deaf people have less ability to use their emotions to support thinking and acting from hearing ones.

Considering that mimicry is the main element of sign language grammar, which is used by deaf people, and at the same time constitutes a competence

included in emotional intelligence, and that people brought up in an environment that mainly uses sign language have richer mimic expression and greater experience in recognizing it and evaluation, it was assumed that:

**Hypothesis 4.** Deaf people achieve better results in recognizing emotions based on observation of mimic expression than hearing.

**Hypothesis 5.** Deaf people from deaf families achieve higher results in recognizing emotions based on observation of mimic expression than deaf people who have hearing parents.

Two research tools were used in the research. The first of these was the INTE Emotional Intelligence Questionnaire in the Polish adaptation by Anna Ciechanowicz, Aleksandra Jaworowska and Anna Matczak, containing 33 statements to which one should respond on a scale of 1–5 (I strongly disagree – I strongly agree). Based on the results obtained in the measurement of this questionnaire, one can determine the level of the ability to recognize emotions and the level of the ability to use emotions to support the process of thinking and acting. The second research tool was the Scale of Emotional Intelligence – Faces – SEI-F by Anna Matczak, Joanna Piekarska and Elżbieta Studniarek, containing 18 photographs of women and men expressing positive emotional states (8, including 4 presented by a woman and 4 by a man) and negative (10, including 5 presented by a woman and 5 by a man).

The study was conducted under appropriate conditions: good lighting, no distractors, a comfortable workplace. After thorough presentation of the instructions by the investigator, each test subject performed both tests. For a better understanding of the statements from the INTE Questionnaire, in the group of adolescents deafened before each subsequent statement, a sign language interpreter transmitted a given statement to the subject under the sign language. Sign language interpreting has been done to better understand deaf people's claims in this questionnaire. Prior to completing tasks with the Faces – SEI-F Scale, the translator checked understanding of all the names of emotions appearing on the answer sheet to this scale.

The independent variables in the study included: age of the respondents, sex, degree of hearing impairment, way of communication with the environment (not related to the control group), occurrence of hearing impairment in parents (not related to the control group) with appropriate indicators:

- age: 17–19 years,
- sex: woman – man,
- degree of hearing loss: deep (over 90 dB according to the International Audiophonology classification); norm for the control group (up to 20 dB according to BIAP classification),
- way of communicating with the environment: sign language,
- occurrence of hearing impairment in parents: hearing parents – deaf parents.



Dependent variables are:

- level of emotional intelligence,
- level of understanding facial expressions of emotions,
- the level of the ability to use emotions in supporting thinking and acting, the level of ability to recognize the emotions of others.

Indicators for dependent variables:

- level of emotional intelligence:
  - the result obtained in the study by the INTE Emotional Intelligence Questionnaire,
- level of understanding facial expressions of emotions:
  - the result obtained in the Emotional Intelligence Scale – Faces of SEI-F,
- level of the ability to use emotions:
  - the result obtained in the study by the INTE questionnaire for items 2, 3, 7, 10, 12, 13, 14, 17, 20, 23, 31,
- level of the ability to recognize the emotions of others:
  - the result obtained in the study by the INTE questionnaire for items 5, 15, 18, 22, 25, 29, 32, 33.

## Results

Deaf students in the INTE questionnaire obtained weaker results ( $M = 108.775$ ) from hearing students ( $M = 127.200$ ). The difference between groups also occurred in the level of the ability to recognize emotions and the ability to use emotions to support thinking and acting. Hearing youth obtained higher scores indicating the level of these abilities than deaf people. In terms of the ability to recognize emotions, deaf people obtained the average of results ( $M = 24.425$ ), which is 5.7 lower than the average obtained by hearing persons ( $M = 30,150$ ). In terms of the ability to use emotions in supporting thinking and action, deaf people obtained an average of results ( $M = 36.925$ ) by 6.7 lower than those who heard ( $M = 43.650$ ).

The analysis by Student's t-test for independent trials showed that the presence of hearing impairment is related to the level of emotional intelligence,  $t(78) = 5.678$ ;  $p < 0.001$ . The level of emotional intelligence in hearing people is significantly higher than the level of emotional intelligence of deaf people. The size of the effect ( $d$  Cohen = 1.26) indicates a strong relationship between the presence of hearing defects and the level of emotional intelligence. The level of the ability to recognize emotions in hearing people is significantly higher than the level of the ability to recognize emotions in deaf people. The magnitude of the effect ( $d$  Cohen = 1.19727) indicates a strong relationship between the presence of hearing impairment and the level of the ability to recognize emotions.

The level of the ability to use emotions to support thinking and acting is also associated with hearing loss,  $t(78) = 5.051$ ;  $p < 0.001$ . The level of the ability to use emotions to support thinking and acting in hearing people is statistically significantly higher than the level of the ability to use emotions in the deaf. The size of the effect ( $d$  Cohen = 1.143826) indicates a strong relationship between the presence of hearing defects and the level of ability to use emotions to support the process of thinking and acting.

Differences in the mean between hearing and hearing-impaired in both abilities and overall measured emotional intelligence were statistically significant. Thus, hypotheses assuming a lower level of emotional intelligence in deaf youth and lower abilities in recognizing emotions and using own emotions in supporting thinking processes and acting in deaf youth than in hearing people were confirmed.

From the comparison of the results of deaf people with hearing and deaf parents, it can be seen that deaf people from hearing families achieved an average score in INTE ( $M = 112.850$ ) higher than deaf people having deaf families ( $M = 104.700$ ). The difference between averages was 8.15, however, the Student's  $t$ -test for independent samples showed that the difference is statistically insignificant,  $t(38) = 1.95$ ;  $p > 0.05$ .

The results of the deaf people in the SEI-F scale were lower than the results obtained by hearing-impaired youth, which did not confirm the original assumption that deaf people will achieve better results in recognizing emotions based on observation of mimic expression than hearing. The difference between the average hearing results ( $M = 78.90$ ) and hearing impaired ( $M = 76.1.200$ ) was not statistically significant, so one cannot infer significant differences in the level of the ability to recognize facial expressions in deaf and hearing adolescents.

It turned out that the average results of deaf people with hearing-impaired parents ( $M = 79, 100$ ) were significantly higher than the average results of deaf youths with hearing parents ( $M = 73.400$ ).

The Student's  $t$ -test for independent samples showed that this difference is statistically significant,  $t(38) = 2,123$ ;  $p < 0.05$ , while the magnitude of the effect (coefficient  $d$  Cohen) exerted by the independent variable, which is the occurrence of hearing defects in the family, on the dependent variable, which is the level of the ability to recognize mimic expression, is 0.6887921 and indicates an average intensified relationship between variables.

## Discussion of results

The results obtained in the INTE Questionnaire allow to verify the first three hypotheses.

In hypothesis 1, it was assumed that deaf people demonstrate a lower level of emotional intelligence than hearing youth.

This hypothesis has been confirmed in our research. The average of results obtained by deaf youth was 108.775 and was by 18.425 lower than the average obtained by hearing youth,  $M=127.200$ . This difference is statistically significant, so we can say that this hypothesis is true.

In hypotheses 2 and 3 concerning the structure of emotional intelligence, it was assumed that the deaf people have less ability to recognize the emotions of other people and that deaf people have less ability to use their emotions in supporting thinking and acting from the hearing.

Both in the case of the ability to recognize emotions and the ability to use emotions to support thinking and action, hearing persons obtained higher results than deaf people. In the area of the ability to recognize emotions, deaf people obtained an average of 5.725 lower than the average obtained by the hearing, and in terms of the ability to use emotions in supporting thinking and acting by 6.725 lower than hearing people. The difference in means between hearing and deaf scores for both abilities is statistically significant. We can therefore say that these hypotheses have been confirmed.

In hypotheses 4 and 5 regarding the level of the ability to recognize mimic expression, it was assumed that deaf people achieve better results in recognizing emotions based on observation of mimic expression than hearing ones, and that deaf people from deaf families achieve higher results in recognizing emotions based on observation of mimic expression than deaf who have hearing parents.

The results of deaf people in the SEI-F scale are lower than those of hearing people. Therefore, hypothesis 4 cannot be accepted. The difference between the average results of hearing and deaf people is not statistically significant, so one cannot infer differences in the level of the ability to recognize facial expressions in deaf and hearing adolescents.

The 5th hypothesis has been confirmed because the average of deaf people with hearing-impaired parents is significantly higher than the average of the results of deaf people with hearing parents.

The presented research was aimed at determining the level and structure of emotional intelligence in deaf youth. Analysis of the results showed that both in the level of emotional intelligence and the level of individual abilities, such as recognizing emotions, using emotions to support thinking and acting, and recognizing facial expressions, deaf people achieve lower results than hearing people. Additionally, valuable information is the fact that deaf people from the deaf families, in which the sign language is the basic language, obtained better results in the ability to recognize facial expression from deaf people from hearing families.

The obtained results indicate the need to support the emotional functioning of young people with hearing impairments. It has been shown that deaf people are characterized by a lower level of emotional intelligence and are worse off than their hearing peers in recognizing the emotions of other people and using

their own emotions in the process of thinking and acting. The reason for this may be the aforementioned lack of sufficient emotional education in the teaching and upbringing process. The sense of hearing significantly contributes to the reading of emotions on the basis of prosodic elements of oral expression, so the lack or small language competences and undeveloped logical-verbal memory affect the difficulties in recognizing, controlling and using emotions, which may explain the results obtained. Therefore, there is a need to develop a national language and to enrich linguistic competences from the early years of life, which would allow in the long term to achieve a more comprehensive emotional and social development.

The study also reveals the relationship between a better reading of emotional expression from facial expressions and growing in a deaf family, in which sign language is the basic way of communication, which is a visual-spatial language, based also on facial expressions. This indicates the important role of facial expressions and sign language in the process of shaping emotional competence in deaf children, especially those who come from deaf families and stay with their deaf peers in the dormitory.

Knowledge about the varied, often very low level of emotional awareness of deaf children is very important for their parents, surdopedagogues and other specialists who work with deaf children. It is necessary to provide these children with extensive emotional knowledge and to shape the ability to recognize, name, and adequately express and use emotions. One must remember about the significant, compensatory role of sight in the perception of emotions.

Most activities at every stage of development and in all types of educational institutions focus on language development and communication. This is an undeniable priority, but one should remember about the equally important development of social and emotional competences, which complements and supports the development of language functions. Social intelligence and understanding other people's states of mind allow us to participate fully in social life. The development of emotional intelligence is therefore very important, because low emotional abilities may translate into a low level of social competence, problems in maintaining and entering into interpersonal contacts, as well as lower self-awareness, self-control and difficulties in making decisions and solving problems. This is a very important area of functioning, which is the basis of a harmonious life.

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## SELF-PERCEPTION AND SOCIAL ADAPTATION IN PEOPLE WITH MILD INTELLECTUAL DISABILITIES

Self-perception is a particularly important determinant of human existence in a broad sense. A multifaceted self-image, its positive perception and acceptance have a significant impact on individual psychosocial comfort, optimal development, and functioning and quality of life improvement.

This paper specifically stresses the need for people with mild intellectual disabilities to develop social skills in a broad sense that influence quality of life and that are determined by a positively perceived self-image and the social adaptation level.

The partial findings of the author's research study presented in the paper point to numerous spheres of the participants' personalities and their adaptation behaviors that constitute an important developmental potential of people with mild intellectual disabilities. The self-perception and social adaptation of people with mild intellectual disabilities is treated as a unique aim of objective scientific inquiry in the article. The issues presented from such a point of view can be considered as valid, justified and aiming to optimize the quality of life of people with intellectual disabilities. The paper includes a theoretical discussion and empirical analyses. The theoretical part details the essence of intellectual disability, social adaptation, and self-perception in people with intellectual disabilities. The empirical part provides the methodology of the author's research study, the findings, and analysis. As a whole, the paper provides a basis for pragmatic conclusions and recommendations.

**Keywords:** intellectual disability, adaptation, self-perception

### The essence of intellectual disability

The term "intellectual disability" is a rather new concept, introduced in 2007 by the American Society for Intellectual Disability and Developmental Disorders. Earlier in the scientific world, the term "mental retardation" functioned most often (Borowska-Beszta, 2012).

Intellectual disability is defined by the American Society for Intellectual Disability and Development Disorders as a significant limitation in intellectual functioning and adaptive behaviour, it is also an expression of conceptual, so-

cial and practical social skills. This disability appears before the age of 18. For the presented definition, the following basic assumptions are made:

- the limitation in current functioning should be taken into account in relation to the conditions of environmental culture and age;
- functional assessment also includes cultural and linguistic diversity as well as differences in communication, sensory perception, motor and behavioral skills;
- individuals with disabilities beyond the limits have strengths and assets;
- an important goal of describing restrictions is the ability to adapt the broadly understood and necessary support of people with intellectual disabilities;
- proper personalized help improves the functioning of an individual with intellectual disability (Kulesza, 2004; Chimicz, 2015).

According to the DSM-IV classification (1994), there are four levels of mental retardation: mild - from 50-55 to about 70 IQ, moderate – from 35–40 to 50–55 IQ, significant – from 20–25 to 35–40 IQ and deep – below 20 or 25 IQ (Kirenko, Parchomiuk, 2006).

At present, there is a tendency to move away from the individual model of disability, emphasizing the personal problem of man, towards the social model of disability. Taking into account the individual and subjective approach to people with disabilities, it is emphasized that disability does not arise as a result of personal restrictions but as a result of inadequate attitudes and attitudes of the environment (Chimicz, 2015).

## Social adaptation of people with intellectual disabilities

Adaptation is a harmonious relationship between the individual and its surroundings, especially social, while satisfying psychological and physiological needs. In the definition, it is important to emphasize the relationship that exists between man and the environment (Kozak, 1986).

According to Janusz Kirenka (1991, p. 19), the adaptation, understood among other things in the social aspect, is “the state of dynamic balance between the internal human requirements and the requirements of the social environment, achieved as a result of the multilevel and multifaceted process of adaptation, psychologization and socialization. The manifestation of this state is the degree of maturity and integration of individual traits and spheres of the human personality, which allows him to perform satisfactorily and sensibly in the surrounding reality”.

In scientific studies, the concept of adaptation is usually identified with the term adaptation. The phenomenon of adaptation is determined in various ways, depending on the theoretical approach and the understanding of the adaptation itself, which can be a component part and the final stage of adaptation (Kirenko, Wiatrowska, 2015).

The adaptation treated as a process, the element of which is adapting the life-long unit experiencing permanent constraints, consists of a team of experiences, reactions related to disability acceptance, positive self-esteem, maintaining psychosocial stability, striving to achieve life goals, right attitude to yourself and others, and optimal quality of life in relation to many areas of functioning (Byra, 2012).

According to Kirenka and Monika Parchomiuk (2006) the acquisition of skills falling within the scope of adaptation is a continuous process spread over time, depending on the individual's psycho-physical properties and the factors of the educational environment. People with intellectual disabilities exhibit a significant deficit in the area of social adaptation, but in this respect they show a relatively large development potential. Its activation and strengthening depends on the quality of education and rehabilitation. Hence there is the right need to analyse this area of functioning, taking into account the environment that meets educational and rehabilitation goals.

## **Self-perception by people with intellectual disabilities**

The possibility of achieving life optimization, including the ability to fulfil social roles, for example the one of an employee, parent or spouse, is related to perceiving oneself as an autonomous person, and at the same time integrated with natural ties of roles with a social group. The result of such a process is a positive self-image (ibid.)

Perceiving oneself is understood as being aware of oneself in the form of judgments about oneself. The term "perception of yourself" is considered in many aspects, because it can refer to different areas of perception: sensory – related to direct perception, imaginary – relying on self-observation in memory and abstract – related to updating information (Kirenko, 2007).

It is worth mentioning the elements that make up the image of oneself. According to Janusz Reykowski, these are: appearance and physical attributes, skills and abilities, attitudes and needs, position among other people, individual requirements for the environment (after: Majewski, 2002).

Therefore, the image of one's own person is multifactorial, depending on the age and the level of human development. One can generally speak of two groups of such conditions: about anatomic-physiological factors called static, and psychosocial factors referred to as dynamic (Kirenko, Parchomiuk, 2006).

Questions arise as to whether the judgments about others and about yourself are accurate. To what extent is the knowledge about other people and about yourself compatible with reality? What are the criteria for apt judgments about social reality? When it is not worth looking for correct and accurate answers, and when such struggles lead to the development of personality (Brycz, 2004).



As a result of the conducted research, Kirenko and Parchomiuk (2006) state that people with intellectual disabilities in the real and ideal image of themselves attribute little significance to leadership traits and the need for domination. Probably this is a consequence of personal experiences that can be associated with such traits characterizing people with intellectual deficit, shown in the literature of the subject, as greater suggestiveness and susceptibility to the influence of others.

## Research method

The research concept of this study focuses on the noticeable need to show the perception of people with lighter intellectual disabilities in relation to the level and nature of their social adaptation. Such problems are a specific aim of objective research that is current, necessary and justified.

Due to the adopted goal and the research problem, the following specific research questions were identified:

1. How do people with mild intellectual disabilities perceive themselves?
2. What is the level of social adaptation of people with mild intellectual disabilities?
3. What is the relationship between perception and social adjustment of people with mild intellectual disabilities?

The diagnostic survey method was used to organize research and research procedure. In its scope, such research techniques as the Scale of Perception of Oneself and Other People and the Psychosocial Adaptation Questionnaire were used.

The scale of perception of yourself and other people (SSSiIL) in the study of J. Kochański and Kirenka allows you to determine the way in which people with mild intellectual disabilities perceive themselves and other people in real and ideal dimensions. For the purposes of this study, the first two subscales were used on this scale, i.e. real perception of self (RS – real self) – “What I am” and ideal perception of self (IS – ideal self) – “What I would like to be” (ibid.)

The Questionnaire for Psychosocial Adaptation (PACI) by F. Schontz and S. Finek forms groups of claims of the so-called Triad. The examined person chooses the most, according to her, accurate description of each of the triads. The research of a given person is carried out in parallel with the research of the guardian (Kirenko, 1998; Lew-Starowicz, Kirenko, 2001).

The research was carried out in special educational and educational centres from the Lublin province: SOSW in Bystrzyca, SOSW in Załucz, SOSW No. 1 in Lublin and SOSW in Olbiciń. The studies were attended by junior high school and vocational school students. They included 54 people (19 girls and 35 boys) who were diagnosed with intellectual disability to a mild degree. Teachers, who

were in direct contact with the pupils, also had significant participation and involvement in the research.

## Results of own research

### *Self-perception by people with intellectual disabilities to a mild degree – real dimension*

The obtained results in this part of the research and their analysis made it possible to grasp the issue of real self-perception of people with intellectual disabilities.

The achievable range of results within the SSSiIL scale category data defining the feature and at the same time indicative of its severity, is within the range of 3 points minimum and 12 points maximum.

On the basis of the procedure (Brzeziński, 1984) on the determination of ranges of high, low and medium results, dividing results by 25% of the extreme highest and lowest, and the remaining 50% of results at the medium level, it was assumed: range of low results 3.00–5.25 points, range of average results 5.26–9.75 points, range of high results 9.76–12.00 points. The scope of the overall result has been appropriately divided, which includes the sum of the SSSiIL scale category data: the range of low results 12.00–21.00 points, the range of average results 21.01–36.00 points, the range of high results 36.01–68.00 points.

The results of real self-perception of people with a milder intellectual disability in terms of given categories of SSSiIL scale are presented in Table 1.

**Table 1**

The results of real self-perception by the respondents

Categories	M	SD
RS Drive	8,29	2,203
RS Emotionality	8,68	1,425
RS Acting	8,01	2,252
RS Domination	7,79	1,509
RS Sum	32,77	7,389

M – arithmetic mean, SD – standard deviation

Taking into account the results presented in Table 1, it is noted that the total sum and values covering the given categories of the SSSiIL scale are within the ranges of average results. Therefore, it can be generally concluded that respondents relatively

positively see themselves in all aspects of the personality on the scale.

In a more detailed analysis, some tendencies of the respondents to a higher self-assessment appear. They concern emotionality with the highest point value. The respondents see themselves as people confident in their abilities, bold, cheerful, happy, dealing with negative emotions, which are rarely reacted to with anger. They assess their psychophysical properties almost equally high, the point value of which is in the drive category, which demonstrates physical resistance and endurance. In this area, the respondents saw themselves as often occupied, rarely tired, able to quickly regenerate and regain their strength. It seems that these properties affect the activity of the subjects to some extent, although in the category of action self-assessment is more moderate. The subjects perform the actions rather accurately and slowly, they are quite persistent in what they do. In social everyday life they prefer to give up and give leadership to others, they are restrained in this matter, avoid domination and confrontation.

### *Self-perception by people with intellectual disabilities to a mild degree – ideal dimension*

Table 2 contains the results, which as a result of the analysis will serve to characterize the ideal self-perception by people with milder intellectual disabilities.

**Table 2**

The results of ideal self-perception by the respondents

Categories	M	SD
IS Drive	9,29	1,655
IS Emotionality	10,27	1,653
IS Acting	9,42	1,765
IS Domination	8,96	1,541
IS Sum	37,94	6,614

M – arithmetic mean, SD – standard deviation

The sum of average values obtained qualifies the global result at a high level, which speaks for the willingness of the respondents to perceive their own person very positively. The greatest value of the global result is emotionality, which as a category also found itself at the level of high results. Lower mean, although in the average results in the upper range and similar to each other, refer to the category of operation and drive. The domination sphere was also at the level of average results, however, the difference in average values with a downward trend in relation to the previous categories is noticeable.

The respondents have a clear desire to perceive themselves in the best possible light. Positive level of self-esteem is most affected by the emotionality of the respondents who build their ideal image in this category through great courage, cheerful mood and minimizing anger. They strive for the ideal also through more persistent, faster and more exacting activities, which is manifested in the category of action. They think that they are getting tired very slowly and are able to regain their strength very quickly in order to be active at all times. These features speak for the relatively optimal physical and mental capabilities contained in the drive category. To a lesser extent, there is the respondents' willingness to emphasize their position in the group by dominating and leading others.

### *Self-perception by people with intellectual disabilities to a mild degree in ideal and real dimensions – comparative analysis*

In this part of the analysis, efforts were made to include the self-assessment of the respondents. The Student's t-test method was used. A comparison of general and average results, covering particular categories of the SSSiIL scale, made it possible to capture the differences between the real and ideal self and defining the self-esteem.

The discrepancy between real and perfect perception of self is treated as an indicator of the level of self-esteem. The greater the discrepancy between "real" and "ideal" self, the lower the self-esteem. The smaller the discrepancy, the higher the self-esteem (Kirenko, Parchomiuk, 2006).

**Table 3**

Comparison of general and specific results in the field of "real" self and "ideal" self of respondents

Categories	M	SD	Difference	t <sup>o</sup>	p
RS Drive	8,29	2,203			
IS Drive	9,29	1,655	-1,00	-2,666	0,008
RS Emocjonality	8,68	1,425			
IS Emocjonality	10,27	1,653	-1,59	-5,362	0,000
RS Acting	8,01	2,252			
IS Acting	9,42	1,765	-1,41	-3,613	0,000
RS Domination	7,79	1,509			
IS Domination	8,96	1,541	-1,17	-3,974	0,000
RS Sum	32,77	7,389			
IS Sum	37,94	6,614	-5,17	-11,400	0,000

M – arithmetic mean, SD – standard deviation, Difference – between arithmetic means, t<sup>o</sup> – t-Student test result, p – level of statistical significance

It is clearly visible that the general results of the real self and the ideal self are in different dimensions. The value of the real self lies in the range of average results, the ideal self – in the range of high results. There is a statistically significant difference in relation to them (Table 3). In connection with the obtained results, it can be assumed that the surveyed people have not yet shaped the overall self-assessment to a fully satisfactory level.

The respondents would rather see their own person much more positively than they actually perceive it. The discrepancies of the means in the general and detailed aspects prove that the ideal vision of oneself is far from the actual state. This is particularly visible in the category of emotionality, whose results fall within the scope of the average dimension for the real self and the high dimension for the ideal self. Also in this category there is the biggest difference in results and at the same time the discrepancy between the real and the ideal image. Thus, due to the position occupied in the dimensions of the real self and the ideal self and the greatest discrepancy between them, one can speak about the reduced or unformed self-esteem of the respondents in the category of emotionality and features that make up it. A similar situation also occurs in the action category. Although the results of this category in relation to the real and ideal image occupy the average level, the difference and the discrepancy between them is significant.

It turns out that despite the relatively positive self-image in the category of emotionality and action, it is not fully satisfactory for the respondents. The smaller discrepancy in real and ideal self-perception occurs in the categories of drive and domination. Therefore, one can infer a moderate level of self-esteem of the respondents in terms of the features that make up the drive and domination categories.

### *Social adaptation of people with mild intellectual disabilities*

In accordance with the procedure of determining the ranges of high, low and medium results, 25% of the highest and the lowest margins were adopted, and the remaining 50% of the results at the medium level (Brzeziński, 1984).

In the course of the comparative analysis, there is a large convergence of the marks obtained from the self-review of people with intellectual disability and the evaluation of educators, which testifies to objective research results. They fall within the scope of average results and are presented as follows for the given categories: Motivation – respondents 64.81% and 56.01% describing educators; Social adaptation – respondents 69.45% and 62.50% describing educators; Personal adaptation – respondents 61.11% and 58.33% of describing educators.

The motivation scale includes such psychosocial dimensions as: cooperativeness, understanding of the disease, level of activity, assessment of own abilities. The respondents reported their activity at an average level, however, at the up-

per limit of the results, i.e. 74.07%. In the same way, the educators referred to the activity of the respondents. Only 11 (20.37%) of the respondents claim that they avoid any effort, and only in 6 (11.11%) cases the educators claim the same. 36 (66.67%) of the respondents identify themselves with their disability and their understanding, similar data (32 people, 59.26%) to the real understanding of the disability status by the charges were obtained from the educators. Regarding the perception of their disability, 35 respondents (64.81%) reasonably participate in the therapy, cooperation in it is underlined by the educators in 29 (53.70%) of their pupils. In a relatively large percentage (25.93%), 14 respondents with disability are opposed to therapy, according to educators, 16 (29.63%) pupils are not cooperating in it. In real terms, 29 (53.70%) people with disabilities assess their abilities and in 20 (37.04%) pupils this approach is noticed by educators. In the same percentage, they determine the pupils as people who think they can do everything, 19 (35.19%) of the respondents think so about themselves.

In the results of the Social adaptation category, the highest percentages and the most consistent values are in subcategories related to the acceptance of respondents by their families, which is emphasized by 41 (75.93%) people, and their educators confirm this in 42 (77.78%) cases. Apparently, 33 (61.11%) of the respondents find the right feelings towards their family, more often these relations are reported by the educators, as in 39 (72.22%) of the respondents. 37 (68.52%) of the respondents claim that in the family they are treated equally with other members, 22 (40.74%) educators support this kind of family relations – 39 (72.22%) of the respondents, and therefore the vast majority, believe that they maintain mature social relations, in 32 (59.26%) cases this is confirmed by the caregivers.

In terms of the Personal Adaptation category, subcategories include: acceptance of disability, emotionality, intellectual organization, reaction to frustration. The most consistent results of both groups and the most positively conditioning the scale of personal adaptation concern emotionality and acceptance of disability. Appropriate emotional reactions are noticed by 39 (72.22%) people with disabilities and 40 (74.07%) educators see them in their pupils. The respondents consider to a large extent that they live in a way that their disability allows. This is what 39 (72.22%) of the respondents claim and almost 38% (70.37%) of the educators express the same opinion about them. Almost complete agreement in the results of both groups appears in the statements confirming the acceptance of failures, such a claim was identified by 26 (48.15%) of respondents, this was also described by their 27 (50.00%) carers.

### *Self-perception and social adaptation of people with mild intellectual disabilities*

The obtained results allow to conclude that the examined persons with milder intellectual disability see themselves relatively positively in many spheres

of personality. The dominant features are, above all, such intense features as: emotionality manifested, *inter alia*, in a cheerful mood and lack of negative emotions, and drive and action including psychophysical properties, being active and practical activity. On average, on the background of the scale and the lowest of the remaining features, the dominance was assessed, in the light of which the respondents perceive themselves in a moderate position. There is also a clear tendency towards higher results in the ideal "self" category, which may be evidence of labile, unformed or low self-esteem. The examined persons exhibit the average level of adaptive behaviour falling within the categories such as: motivation, social adaptation and personal adaptation. However, values in some categories and traits that indicate adaptive behaviours are within the upper limits of the results and are close to the high level.

In the indirect comparison of the results of the research, one can notice the categorical similarity of a feature of similar intensity in the self-perception of the respondents with their adaptive behaviours – those features that were highly rated in the image of oneself are reflected in categorically similar adaptive behaviours. There are visible highly evaluated physical properties and practical activities in the image of one's own, reflecting in almost high activity on social adaptation. Similar connections can be noticed between the emotionality clearly intensified in the image of one's own person and the proper family and social relationships as well as emotional reactions in adaptive behaviour. Areas of personality, which were less important in the image of one's own person, are also reflected in a categorically similar adaptive behaviour of lesser intensity.

The general dimensions of social adjustment and perceiving oneself for the real self of the respondents take the average level. There are some indirect connections in the characteristics of the areas of perception and social adaptation. They are visible as a result of the analysis of traits that are perceived by people with intellectual disabilities to a mild degree and adaptive behaviours. Some tendencies are observed, on the basis of which it can be assumed that the positive self-perception, demonstrated by the respondents, forming the personality structure determines the activity of these people, regulates relations with the environment and influences the way of functioning being reflected in appropriate adaptive behaviours.

## Discussion of results

Authentic self-image perceived by people with mild intellectual disabilities is at a moderate level. The respondents see themselves relatively positively in many areas of personality, especially in the sphere of emotions. People with milder intellectual disabilities believe that they are attractive, sociable and bold, and their world is cheerful and rich in experience. It can therefore be concluded

that the environment of educational centres favours many such experiences. In a climate of an institution, its community and mutual relations, people with intellectual disability have a better chance of success, its recognition and appreciation. This environment has a positive impact on the development of each individual, is characterized by acceptance, is a place of honest peer contacts, help and cooperation. Participation in school and boarding structures, in the broadly defined life of the facility, in the process of rehabilitation and revalidation provides a lot of positive experiences that strongly affect the personality of the pupils, giving a positive self-image and creating appropriate adaptive behaviours.

According to Janina Wyczesany (2005), the most important thing in the development of a child with intellectual disability is satisfying its psychological needs. Stimulation covers the motor, intellectual and social realms.

The area of physical fitness is one of the spheres of optimal functioning of people with mild intellectual disabilities. These are the characteristics and qualities of those who liberate and create many possibilities. People with a milder intellectual disability prefer to perceive themselves very positively.

The research carried out by Kirenka and Parchomiuk (2006) also shows that people with intellectual disabilities perceive themselves in a positive way, with a clear tendency towards higher grades in the sphere of action. They assess themselves as courageous, cheerful, unimpaired by emotions, with good physical and mental condition.

Social adaptation assessed by the retrospection of the respondents and the comparator group of carers reflects the average and credible level, which confirms the high consistency of results on both sides. People with moderate intellectual disabilities are characterized by an average level of adaptive behaviour in such areas as: motivation, social adaptation and personal adaptation. The vast majority of respondents in the field of adaptive behaviour are characterized by activity. There is also a tendency to high assessment of physical properties, being active and activity in perceiving oneself.

The research analyses made regarding the potential connection between self-perception and social adaptation of the respondents were indirect. In order to find out more about this problem, in-depth statistical analyses should be carried out.

People with milder intellectual disabilities under unfavourable conditions and in the absence of care are easily adversely affected, and in optimal educational conditions are able to master basic activities and adapt to the social environment (Łaba, 2011).

Most people with mild intellectual disabilities function as they are allowed by disability. To a moderate extent, these people are able to accept failures, and often blame others when they fail. It can be concluded that the respondents tend to disregard failures, failures and life problems, and the reasons for



their appearance are sought in external factors. This helps maintain a positive self-image and defence against unpleasant emotions, because the respondents attributed negligible importance to negative emotions. People with mild intellectual disabilities function adequately to the possibilities and have less need for leadership and dominance.

As a result of the research, Kirenko and Parchomiuk (2006) state that people with intellectual disabilities do not strive to strengthen their position in relations with others or to lead others.

## Conclusions

The analyses made provoke the statement that there is a connection between the perception of people with mild intellectual disabilities and their social adaptation. However, it is difficult to risk a statement about the global dependence between variables. We can, however, capture some implications in the analysis of individual dimensions of perceiving oneself by the examined persons and their adaptive behaviours.

The conclusions lead to pragmatic indications. It is a kind of implementation of the discussed issues, according to which in the rehabilitation and education of people with mild intellectual disabilities it is necessary to:

- strengthen and maintain existing and well-functioning psychophysical and personality spheres;
- direct education and rehabilitation to compensate for deficiencies that may hinder acting in complicated situations and in independent living;
- take care of the support and quality of the broadly understood living environment of people with intellectual disabilities, primarily in the psychosocial and material aspects;
- place emphasis on the area of practical, creative and professional activity;
- indicate opportunities and challenges that enable self-realization and efficient functioning in adult life;
- enrich the impact in the area of profiling an adequate self-image and adaptive behaviour.

The above mentioned indications are the result of theoretical considerations as well as the analysis and interpretation of the obtained research results. During the creation of this work, many questions and possibilities arose that should be used. Some suggestions have been made in the field of conducting research on a larger group and using more variables, further goals and concepts of scientific analyses that will realize the possibility of practical activity related to the improvement of functioning and quality of life of people with intellectual disabilities in a broader and more insightful way.

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## CHANGING ATTITUDES OF NON-RELIGIOUS AND RELIGIOUS STUDENTS TOWARDS HOMOSEXUALITY: LECTURE AS A MEAN OF INTERVENTION

This research compares two intervention methods implemented at a college in northern Israel, aimed at instilling positive attitudes towards LGBT people: (1) a lecture in which a lesbian woman recounted her personal story, and (2) a neutral academic lecture on homosexuality delivered by a department lecturer. The difference between pre- and post-intervention attitudes was significantly greater among the experimental group who heard the personal story, as compared with the control group who heard the lecture. Religious students' attitudes were significantly more negative pre- and post-intervention. Contrary to our hypothesis, the experimental intervention did not have a greater impact on attitudes of religious students as compared with non-religious students.

**Keywords:** LGBT, attitude change, homosexuality, students, brief intervention, religious, non-religious

### Introduction

**As** LGBT students become increasingly visible and salient on college campuses, educators and administrators face challenges in making these students feel secure and welcome, given evidence that they experience discrimination, exclusion, and violence due to their sexual orientation (Balsom, Rothblum, Beauchaine, 2005; Cowie, Myers, 2016; NUS, 2014). Moreover, there are perceived benefits in encouraging favorable attitudes regarding LGBT people among college students, especially those intending to work in fields such as education or therapy, for several reasons. One, they are likely to encounter LGBT students, clients, patients and colleagues in their work. Second, since educators and therapists are agents of influence regarding public opinion, reducing derogatory ideas about LGBT people

and homosexuality among these students may have a wide and long-lasting influence (Ben-Ari, 1998; Fish, 2008; LaSala, 2006; Perez, DeBord, Bieschke, 2008).

In recent years, there has been growing awareness of LGBT rights in Western countries, including Israel where the current study took place. Despite Israeli laws ensuring equal social rights (Harel, 2000; Kama, 2005) discrimination, stigmatization, and violence against LGBT people continues (Pizmony-Levy, Kama, Shilo, Lavee, 2008; Walzer, 2013). One significant predictor of negative attitudes towards homosexuality, considered in this article, is religiosity (Arndt & De Bruin, 2006; Olson, Cadge, Harrison, 2006). Other predictors of negative attitudes include male gender, increased age, less education, and more children; while knowledge about homosexuality and friendship with LGBT persons are predictors of positive attitudes (Brown & Henriquez, 2008; Çirakoğlu, 2006; Cotton-Huston, Waite, 2000; Shackelford, Besser, 2007). Thus, it is proposed that negative attitudes towards homosexuality may be reduced by creating encounters between heterosexuals and members of the LGBT community and broadening knowledge on this subject (Chonody et al., 2009; Herek, Capitano, 1996; Shilo, 2009). Workshops and panel discussions with members of the LGBT community have been found to be successful intervention methods (Blumenfeld, 1992; Burkholder, Dineen, 1996; Chng, Moore, 1991; Rye, Meaney, 2009).

The present research compares two brief intervention methods used at a college in Israel: a lecture delivered by a lesbian woman who related her personal story then answered participants' questions; and a neutral academic lecture given in a course offered in the students' department of study which delivered information on homosexuality and homosexual people. We hypothesized:

- 1) There will be greater improvement in attitudes towards LGBT people among students who heard the personal story (experimental group), compared with those who attended the academic lecture (control group).
- 2) In the experimental group, attitudes of non-religious students towards LGBT people will be more positive than those of their religious peers, prior to and after the intervention.
- 3) In the experimental group, there will be significant improvement in attitudes, with more significant improvement among religious students.

## Method

### *Participants*

Participants included 107 first-year bachelor's degree students in the Faculty of Social Sciences at a college in northern Israel. We chose two classes and randomly assigned one to the experimental group and the other to the control group. As shown in Table, demographic traits of the groups were similar. Five participants

who identified as lesbian or bisexual were not included in the statistical analyses, on the assumption that their attitudes would be positive to begin with. All self-defined religious students were considered together, regardless of level of religiosity.

### Instruments

We used a demographic questionnaire and an updated Hebrew version of the self-report Homosexuality Attitude Scale (HAS) (Kite & Deaux, 1986; Shilo, 2004), which includes an item regarding HIV carriers that did not appear in the original instrument. The questionnaire included 22 statements such as “I would not mind having homosexual friends”; “Homosexuality is a mental illness” and “If I were a parent I would not mind my son or daughter being gay.” Each statement is rated on a 5-point Likert scale from Strongly Agree to Strongly Disagree, so that scores for the total questionnaire range from 22 to 110. The translated questionnaire has excellent internal consistency ( $\alpha = 0.93$ ) (Shilo, 2004), and in the present research, it was  $\alpha = 0.91$  prior to the intervention, and  $\alpha = 0.92$  afterwards. Item 7 (“Lesbians and homosexuals don’t like members of the opposite sex”) was excluded as the reliability test showed that the Cronbach’s alpha reduced the reliability.

Table

Demographic Traits of Experimental and Control Groups

	Experimental Group (N = 43)			Control Group (N = 64)		
	N	%		N	%	
Gender						
male	2	4.65		12	17.19	
female	41	95.35		52	82.81	
Marital Status						
unmarried	35	81.40		51	79.69	
married	8	18.60		13	20.31	
Children						
yes	1	2.33		2	3.12	
no	42	97.67		62	96.88	
Religion						
Jewish	43	100		61	95.31	
Other	0	0		3	4.69	
Religiosity						
religious	9	20.93		15	23.44	
non-religious	34	79.07		49	76.56	
	<b>Range</b>	<b>M</b>	<b>SD</b>	<b>Range</b>	<b>M</b>	<b>SD</b>
Age	20–28	24.17	1.77	20–55	24.99	4.77

## Procedure

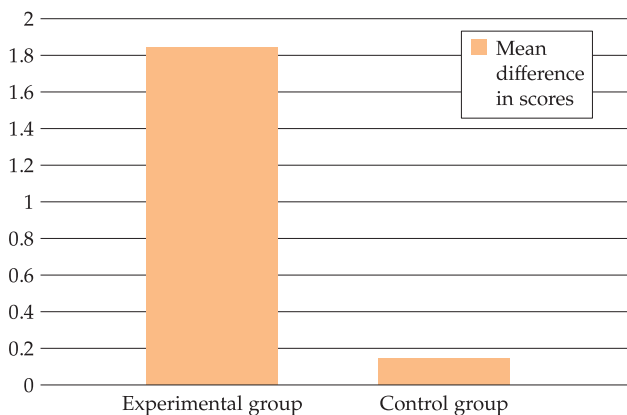
Respondents in the experimental and control groups completed the HAS before and after the respective interventions. The talk by the lesbian woman covered her life story including childhood, process of coming out, and marriage to a woman. She responded to questions from the audience. The control group attended an academic lecture on homosexuality, presented as part of a course in the department of study.

## Results

Participants' attitudes towards homosexuality were relatively positive even before the interventions, which may be due to the composition of the sample: primarily non-religious, female, social science students.

We calculated the difference between the pre- and post-intervention questionnaire scores on the HAS. A *t*-test for independent samples confirmed the first hypothesis: improvement in attitudes as reflected in change in HAS scores was greater in the experimental group than in the control group (see Figure 1).

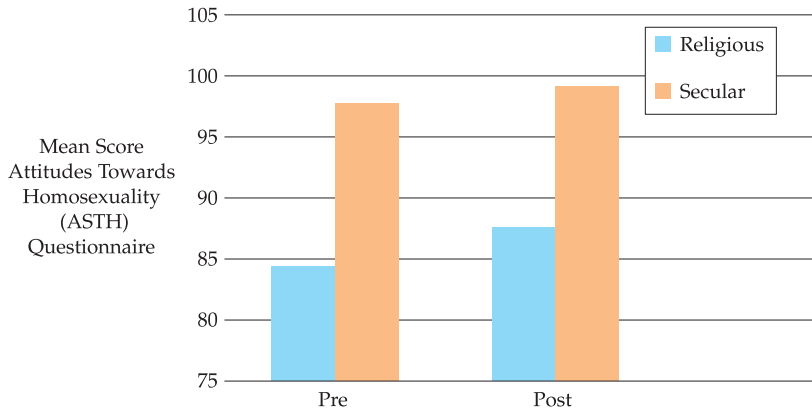
A Mann-Whitney test using group means confirmed the second hypothesis: non-religious respondents in the experimental group expressed more positive attitudes towards homosexuality before and after the lecture (see Figure 2).



**Figure 1.** Means of Research Groups: Differences in Scores on HAS Pre- and Post-Intervention

Comparison of differences in pre- and post-intervention scores of the non-religious and religious respondents using the Mann-Whitney test for independent samples refuted the third hypothesis: there was no significant difference between the degree of change in pre- and post-intervention scores among reli-

gious and non-religious students. Nevertheless, there was a significant change among both religious and non-religious students in their attitudes toward homosexuality. The difference between the pre- and post-intervention attitudes of the religious students was twice as great as that of the non-religious respondents. This suggests the possibility that despite the effect size, the small size of the sample worked against confirmation of the hypothesis.



**Figure 2.** Religious and Non-religious Respondents: Differences in Attitudes Towards Homosexuality Pre- and Post-Intervention

## Discussion

These findings are consistent with those of other recent research. Although we did not examine cognitive and emotional components separately, the results suggest that the interpersonal encounter promoted emotional identification, contributing to positive attitude change.

It is possible that the difference in degree of pre-post intervention change between religious and non-religious students did not reach the level of significance because of the small number of respondents in the religious group, and use of the nonparametric Mann-Whitney test.

Thus the results indicate that hearing a personal story from a member of the LGBT community constitutes an effective intervention for improving attitudes towards homosexuality. Since research in this field in Israel is still in its infancy, it is important to examine long-term effects, expand the target population to include adolescents and adults, and to explore suitable programs regarding the subject of LGBT persons for the general public, not only college students, who tend to be a liberal population.

Further, the finding that even after the lecture attitudes of religious people towards homosexuality were more negative than those of their non-religious peers may indicate that their initial attitudes could not be changed by a single

lecture. It may be necessary to implement longer-term intervention, comprised of several sessions, in order to achieve attitude change.

The present research was the first in Israel to examine the effectiveness of an intervention program aimed at changing attitudes towards homosexuality. Some limitations of the research should be taken into account. First, the small sample size precluded examination of relationships between attitudes towards homosexuality and background variables such as gender, and marital status. Second, the sample represented a limited sector of the Israeli population, reducing external validity and generalization of results. Additionally, the attitude change observed does not necessarily indicate change in behavior. Neither can long-term change be assumed, given the short time frame of the pre-post tests. Future research should examine the possibility of behavioral change from such intervention programs, persistence of change, and replicability of findings in a larger, more diverse population representative of Israeli society.

This manuscript is submitted in compliance with ethical standards.

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