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EDITORIAL

Dear readers,

We present you the new issue of the e-Pedagogium journal in the English language. This issue is plentiful in topics and brings viewpoints enriching the specialist knowledge in the field of education. Four foreign authors introduce knowledge which is published for the first time in some cases (J. Kossewska) and the specialist public will keep in touch with it carefully. The studies of our colleagues from China are an inspirational basis for comparison and further study of the described problems. The Czech authors do not remain on the sidelines and they provide an opportunity for comparison for foreign specialists with the English versions of their papers.

The reviews included can inform of new publications in our country.

We wish the new issue a lot of readers.

Prof. PhDr. PaedDr. Miloň Potměšil, Ph.D.



ARTICLES



MUSIC PRINCIPLES AS HELP FOR THE STRUCTURAL MODEL OF A SCHOOL LESSON

Jana Konvalinková

Annotation

The powers of thought, emotion, and will are seminal elements of human personality. Purposeful work with these elements in the teaching process is conducive to deeper understanding and absorption of the curricular subject matter, as well as influencing long-term memory, and stimulating creativity. Let's therefore draw up an imaginary structural model of a school lesson built upon these very principles.

Key words

Music, school lesson, structural model of a school lesson, Waldorf pedagogy.

I took the basic elements of the Waldorf Method as the starting point of my paper on creativity in the approach of a primary education teacher.

As I am now going to draw on the principles established by the Waldorf Method in education, I believe it will be useful to start by a brief outline of the history of this alternative movement in schooling.

The first Waldorf school was established in 1919. Its foundation should be viewed from the perspective of the broader economic and political context, of Central Europe devastated in the aftermath of the First World War and marked by the collapse of the former state entities on whose territories a lot had to start anew from the scratch. This also applied to schools that stood vis-à-vis the inevitable decision on whether to carry on implementing time-tested thought patterns, or rather to try and set up new systems that would be tuned to the exigencies of the time. This was a time of an immense boom of innovative teaching methods: one should recall here the work of Marie Montessori in Italy, as well as the fact, in the same year as the Waldorf school came into existence, Helen Parkhurst formed an experimental school in Dalton (the method being since then referred to as the Dalton Plan), and there were others, including Peter Petersen's Jena Plan, or the French

country teacher, Célestin Frenet (1896–1966), spiritual father of the Freinet teaching method.

The Austrian industrialist, Emil Molt, owner of the Waldorf Astoria cigarette factory, asked Rudolf Steiner to set up a school structured in accord with the new makeup of society at large, which would cater to the offspring of the company's staff, managers and blue-collar work force alike. The system was to comply with Molt's urgent call for the introduction of an education system that would bridge the gap between the classes instead of deepening it. Basing himself on his own spiritual studies, Rudolf Steiner invented a teaching method which set before itself the goal of bringing up a harmonious and all-round human being whose will, intellectual powers and emotions would be equally balanced and would thus become an asset for society as a whole. In his endeavor, he drew on his own concept of the development of the human individual on a time scale divided into stages of seven years each. The first stage involves primarily physical development (walking, hand skills, aspiration to imitate); the second seven-year period activates the inner processes involving reshaping and development of inclinations, habits, conscience, character, memory, and temperament; the third stage is a time of mental and emotional maturing, which corresponds to the emotional probing and ripening of adolescence; and the last stage relevant to the educational process draws on the powers of the human Self relating to adulthood. Like Marie Montessori, Rudolf Steiner was well aware of the need to approach students with the use of teaching matter adequate for each particular stage of development, believing that if these educational opportunities were either neglected or ignored, it would have negative impact on the individual's development as well as on his or her readiness and willingness to learn. Later on in life, it would also afflict their positive self-confidence, mental flexibility, and creativity. For her part, Marie Montessori defined these stages of development as the period of sensitivity, assuming that if the teacher imparted to his students information centered around themes typical for this sensitive period, the latter were eager to work and made good progress with relative ease. For a child to develop this sensitivity in the proper healthy manner, it was up to the tutor or teacher to exert due influence on the child's will, and intellectual and emotional capacities.

Rudolf Steiner's method of teaching was based on elements pertinent to the domain of music, on which he modeled the standard pattern of a school

lesson. To him, the teacher's conscious work with these elements was instrumental in strengthening the students' will and their capacity to absorb ideas in the form of new teaching matter, with a view ultimately to engaging personal experience leading to fulfillment in the emotional dimension. Under this system, the prime musical elements likely to address the child on a comprehensive scale, are RHYTHM, MELODY, and HARMONY. Rhythm, as the vehicle of will, awakens activity, dynamism and attention; melody corresponds to thinking, the capacity to absorb, create and connect. Finally, harmony projects emotional experience, the world of imagination and images of the mind. That which awakens in the sphere of the will, is enriched by the thought, and settles down through experience. This trilateral approach to teaching results in its comprehensiveness, all-roundedness, and the unre-served involvement of all aspects of the human personality in the process. In the Waldorf school, these principles govern the structure of the teaching lesson. Its first five to fifteen minutes is devoted to the rhythmic part, offering room for revision, memory exercise, and a process of variation involving specific themes of study. The following 20–30 minutes is taken up by the learning, or melodic stage; and the final ten minutes, or the harmonic stage, is reserved for experience, emotional absorption, imagination.

Let's now try and take this pattern of a school lesson as a source of inspiration for the teaching of specific subjects, to demonstrate the ways whereby a creative teacher working under any educational system can make use of this phenomenon.

Czech language teaching. In the rhythmic part, the teacher will pick the form of rondo. In music, this is a compositional genre based on the continuous repetition of Part A, with the successive interposition of parts B, C, D and so on, which bring into play the element of variation. In the case of Czech language, it may be for instance the continually recurrent motif of the syllables *HY, CHY, KY, RY, DY, TY, NY* representing Part A of the rondo form, and words formed individually by students, as the interposed variables: e. g., *rychlost* (B), *hydrant* (C), *tykev* (D), yielding a game pattern such as A B A C A D, where Part A involves the whole class, whereas the other parts are assigned to soloists, or individual students. Whenever the teacher works with a group, Part A is invariably common for all students, with the group defining their own input in accord with a specific set subject. Students may accompany each occurrence of the main theme by various manifesta-

tions, such as a movement, a hand-clap, a tap, a marching step, etc. What is essential in the process is the constant presence of rhythmic pulsation as an auxiliary element in the transition from common activities to solo and group performance. The teacher should never forget to offer students time for reflection. The rondo form can thus be applied for instance to exercises involving words sharing a common initial letter, or words sharing a particular morphological feature; or elsewhere, it may serve as a vehicle for the training of variation on the lexicological level overlapping to the semantic, offering a wide scope of variational options. Similarly, the rondo form can likewise be used in a “question and answer” game, where the question will be common for the whole class, while the answer will be provided by an individual student or a group. Both the teacher and students are free to suggest one of an endless repertoire of questions or themes (such as, “Which irregular verbs do you know?” or “Invent an interjection, a verb, a noun,” etc.). More elaborate patterns include a rhythmic relay, where Part A occurs at the start and is then followed up in continual sequence by Parts B, C, D, E, then the recurrence of the common Part A, succeeded by Parts F, G, H, I, with the students passing on an imaginary relay post. Another variant is the forming of a “snake,” with Part A occurring only at the start and then at the end, the individual answers and suggestions following each other in continual sequence. Thus every student gets a chance to be heard, while at the same time respecting the team as a whole, being part of it.

The format of variations on a theme encourages active involvement, promptness, the capacity to work with words, concepts and themes, flexibility, and the awareness of being part of a whole; its sense of rhythmic order implies the individual’s free choice of opinion. It exemplifies the principle of team work governed by clearly defined rules. The rhythmic aspect may also involve such variants as the rhythming of limericks and nursery rhymes, common recitation of a text, declamation of the alphabet, or teachers and students inventing their own rhymes. Teachers in Waldorf schools often make short rhymes, and students are involved in group recitation of very short stories. Teacher and class may thus recite a text, and clap their hands, jump up or squat down at each occurrence of, say, a verb. Identical approach can be applied to other parts of speech as well: a noun is signaled by a step forward, an adjective by a step back, a verb by a more dynamic movement, like a skip, and so on. Moreover, devices such as glockenspiel can be used for greater variety and to enhance the element of playfulness. The teacher utters

simple sentences, with the class divided into three groups, each representing a definite part of speech manifested by a specific tone: a noun = C1, an adjective = E1, a verb = G1; “Auntie’s dancing a fine jig” (C-G-E-C).

In its turn, the melodic part offers room for the reception of new information. Following the active start of the lesson which involved all students, the class concentrates on more intensive work. A first-form student, who was in the opening part engaged in inventing words starting with “T”, reciting rhymes containing these words, painting imaginary letters in the air, tiptoeing to a rhythm, and shooting an arm up staccato-like in an attempt at “hitting the sun” with a particular letter, can now, in the second part, fully concentrate on writing.

The harmonic part may bring up a story, like the one about Little Tony building a tunnel with dry grass, his dad helped him out, while aunt and little Theresa picked cherries, and a long line of poplars pointed up to the sky. The children listen to what they will next time paint, and then act out as a drama sketch; they can sing a song or listen to a piece of music whose staccato motif resembles a short, cheerful “T”.

Mathematics. Movement and rhythm are the best track to the world of numbers. The way a child learns to count sets the groundwork for his patterns of thought in adulthood. It is here that foundations are already being laid for a grown-up individual’s concept of the world, whether it will be atomistic, or synoptic. A better understanding of numbers and their meanings can be achieved most notably with the help of various rhythmic actions and elements of “playing” one’s own body, as an instrument. Let’s take a few examples:

- children form a circle, counting from one to twenty, clapping their hands on every even number
- students walk in circle, counting, stamping their foot on every third number (alternatively, they may snap their fingers, hunch down, skip, etc.)
- children line up and follow the teacher marching forward, counting one, two, three, four (one step – one number), then walk back, this time counting four, three, two, one; at the next stage, they carry on, again in the progressive order, starting from number five (five, six, seven, eight; and back, eight, seven, six, five); then restart from nine, thirteen, and finally, seventeen
- students form a circle, taking turns in calling out numbers from one to twenty; the one who calls one claps, number two slaps his belly, number three slaps his thighs, number four stamps (five = hand clap, six = belly

- slap, seven = thigh slap, eight = stamp, etc.); the process is repeated several times over, so all children take their turns at the various elements; counting in reverse order may ensue
- the teacher plays a simple tune on the recorder; after a while he/she will cease playing, and students are asked to count the notes that have been lost.

In exercises involving numbers, a wide range of aids can be used other than the student's body. Preferably, these are made of natural materials, such as different kinds of nuts, berries, marbles, small packets filled with miscellaneous stuff, etc.

The teaching of multiplication is particularly interesting, since naturally enough, neither there should the process be focused on imparting a purely mechanical skill, but should once again involve an appropriate type of exercises. Under the teacher's supervision, students themselves can invent such exercises, which is a hugely popular approach. Thus for instance:

- students walk along a square-shaped perimeter, counting, calling out loud every multiple of the number four, then moving on along the adjoining side of the square (one, two, three, four = one side; five, six, seven, eight = next side; nine, ten, eleven, twelve = next side; the counting goes on up to number 40)
- children form a circle, taking turns in counting from one to sixty; the task will be for each student whose turn will be a multiple of six, will hunch down; multiple values and types of the students' movements are altered according to need
- the whole class move in circle, counting aloud; on each number, they make a small skip, on multiples of four they stamp their feet; the process is then repeated in reverse (both the counting and the movements)

Exercises may be carried out in groups of two, three or larger, either with all groups being assigned the same task, or with each group inventing their own exercise which they will subsequently teach to the rest.

The lesson's melodic part will then bring the actual arithmetic training, acquisition of new mathematical skills, or solution of problems which are thematically related to the general elementary curriculum, to the characteristics of the current season of the year, festivals and holidays, etc.

The harmonic part will survey the world of numbers from the perspective of stories and images: One is Earth; one is Sun; one is Mother, which may entail a solo instrument performance, or alternatively, a duo, trio or quartet with stories involving the corresponding numbers.

The rondo form, rhythmic relays, the game of echo, rhyme rhythming, or games with words, concepts and themes, are all helpful in the teaching of foreign languages, elementary teaching or local history and geography. In all of these subjects, though, the time reserved for the actual teaching of new subject matter should be followed by adequate space offered to acting, singing, listening, drawing, body movement, and miming.

Any activity combining the elements of will, thought and feeling implies the awareness and concept of wholeness, contributing to the individual's harmonious development, and consolidating newly acquired knowledge. It will likewise embrace the attributes of playfulness, personal experience, and discovery.

“The development of the faculty of thinking receives a good deal of attention in the process of education. In the aftermath of the debacle of the last decades, new ways are now being sought leading to the development of moral powers. And yet, all of this is worthless if these powers do not go hand in hand with a healthy, fully developed emotional life of the human individual. The teacher must never bring the teaching process to a halt at the peak of suspense. He/she has to carry the suspense (attention) to its extreme, and then to prepare the ground for relief. If he/she fails to do so, the children will burst out of the classroom and bring the whole school down. Indeed, the teacher must compose his/her lesson so as to turn it into a kind of a little symphony, or a sonata, complete with an introduction, a middle part, and a finale.” (Bernard CJ Lievegoed, *Phases of Childhood/Vývojové fáze dítěte*, Baltazar, Prague 1992). The prospects of a new study opened up within this context represent a major challenge with a view to drawing up a methodology, theoretical cornerstones and musical listening material that would duly reflect this phenomenon. Last but not least, they invite us teachers to spark off an impulse for a truly creative work with students, leading up to a situation where the latter would draw on the newly acquired principles while engaging in their own creative work, tuned to their specific needs in the field, in their classrooms.

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THE ROLE OF FAMILY IN DEAF CHILDREN'S THEORY OF MIND DEVELOPMENT

Joanna Kossewska

Abstract

The present review aims to provide a comprehensive discussion of the relationship between family and Deaf children's theory of mind (ToM) development. The discussion will present the differences between the Deaf and hearing family communication contexts. The paper will also point out the role of maternal sign language ability specifically in Deaf children of hearing parents and the training perspective.

Key words

Family, Deaf child, theory of mind, communication contexts, maternal sign language ability, training, perspective, communication competence, interactions, cognitive perspectives.

The Deaf children family relationship in the context of rehabilitation

The modern approach to the rehabilitation of disabled children has changed with regard to the role of family in the rehabilitation process. (Dykcik, 2001). The change particularly concerns the first years of life and means that when receiving the diagnosis parents become active participants of all interventions and activities supporting their child's development. Family is therefore the most appropriate environment both for the natural development of a child and for the rehabilitation process, especially for the early intervention aimed at preparing the child for participation in later activities conducted by various educational and rehabilitative institutions. (Twardowski, 2003). An important factor influencing the effectiveness of family involvement in the rehabilitation process is family resources, i. e. structural and dynamic properties of the family system, which limit the family's susceptibility to hurt and support its mechanisms of handling stressful situations. Family resources may have a very concrete, material form, or an ethical/spiritual form; they may also be psychological properties of particular family members or of the whole family system (Plopa, 2004).

Assuming that family is the most appropriate environment for the development and rehabilitation of children with impaired hearing, especially in early childhood, it seems essential to consider its influence on the development of children's theory of mind. A particularly important question is the influence of family resources, or psychological properties of individual family members, on the process of theory of mind development.

Communication skills that enable family members to communicate with a Deaf child can be considered such an essential family resource. Is the process dependent on the means of communication within the family, or on the significant others'/the child's communication competence? Finding the answers to the above questions may help improve the process of supporting the theory of mind development in Deaf children.

Theory of mind - its role and development

Theory of mind is the competence beneath the basis of the ability to predict and explain the behavior of other people; both significant others as well as strangers. It is deep-seated mental competence which helps the process of explanation of other people's behavior and is based on understanding mental states, such as beliefs, desires and intentions of those people. Individuals understand the behavior of others in terms of their beliefs about the world. The term "*Theory of Mind*" was coined by David Premack and Guy Woodruff (1978) who tested a chimpanzee's ability to predict a person's behavior by means of mental state attribution.

A theory of mind is defined as the ability to infer other people's mental states (thoughts, beliefs, desires, intentions, etc) and the ability to use this information to interpret the meaning of their communication, make sense of their behavior and predict what they will do next. Theory of mind development begins almost at birth because a human newborn is sensitive to social stimuli. Theory of mind seems to develop in complexity through the early childhood years.

Baron-Cohen (1995) suggests that most children begin to develop a theory of mind when they can recognize primitive mental states like "desire". This ability emerges around nine months of age and manifests in skills like joint attention (Baron-Cohen, 1995; Tomasello, Knuger, & Rather, 1993). Children of approximately eighteen months of age learn to follow another's gaze in order to see what they are looking at, as well as to comment on what they see

in the environment. By the time when toddlers starts to talk they talk about the actions in the terms of mental states. At the age of 18–30 months children refer to a range of mental states such as emotions, desires, beliefs, thoughts, dreams, pretence (Bretherton, Beeghly, 1982). By two years of age, children begin to understand a full range of mental state words, such as, think, know, want, desire, believe, remember, forget, pretend, etc. By age four, children are aware that others hold views that differ from their own, at which point they are considered to have a full-blown theory of mind (Baron-Cohen, 1995).

Results from a study by Wellman and Estes (1986) indicate that by age three children have the capacity to deal with the nature and function of the mind. Overall, most of recent studies have suggested that children as young as 3 to 4 years of age, and certainly by 5 to 6 years of age, have capacities to conceptualize themselves and others as entities that think, believe, doubt, wonder, and pretend.

By the age of 4 years the child's theory of mind is well developed and they are able to pass false belief task (Wimmer, Perner, 1983). First-order false belief tasks (e.g., "Sally thinks it's x, when really it's y") or second-order false belief tests (e.g., "Sally thinks Mary thinks x, but both Sally and Mary are wrong") are the main ways in which researchers assess a person's theory of mind. The main findings are that 4-year-olds pass first order false belief task, whilst 6year-olds pass second order false belief tasks (Perner & Wimmer, 1985; Sullivan, Zaitchik & Tager-Flusberg, 1994; Wimmer & Perner, 1983). Passing these tests should really be considered as relatively early points in the acquisition of a theory of mind, and there is a lot of development of "mindreading" beyond 4–6 years old.

The next step of theory of mind development could be tested by three more "advanced" tests (Baron-Cohen, Jolliffe, Mortimore & Robertson, 1997; Baron-Cohen, Wheelwright & Jolliffe, 1997; Happe, 1994). Happe's task, for example, involves the detection of sarcasm, bluff, irony, and double-bluff. These are not well understood until 8 years old. At the 9–11 year old level socially normal individuals have the ability to recognize when someone has committed a faux pas. A faux pas is defined as an action when a speaker says something without considering if it is something that the listener might not want to hear or know, and which typically has negative consequences that the speaker never intended. (Baron-Cohen et al, 1999).

Family background and theory of mind development

The theory of mind development is influenced by exposure to conversation about mental states (Jenkins & Astington, 1996; Perner, Ruffman, & Leekman, 1994). Candida Peterson and Michael Siegal (1997) believe that essential factors are: the amount of conversational situations in which a child can participate with a fluent communicator, as well as the child's language development. Some research showed that there is a relationship between verbal ability and ToM in normally developing children (Jenkins & Astington, 1996, Bialecka-Pikul, 2002). However, communication difficulties may prevent some children from being able to successfully converse with others. DeVilliers and deVilliers (2000) have emphasized that performance on false belief tasks depends on understanding complex language and that individual differences may reflect differences in language ability. Several studies have found that children with better language skills perform better on false belief tasks (Astington, Jenkins, 1999). The idea that the accurate use of linguistic terms describing mental states, such as "think", "know" and "remember" requires them to be understood. If a child does not understand what these words mean, then they are likely to fail false belief tasks.

It is known that families differ from one another in the extent to which parents are "mind-minded" (Meins & Fernyhough, 1999). Perhaps highly mind-minded parents, who ascribe beliefs and other cognitive states to their offspring from an early age, may interact with their children in ways that foster rapid ToM growth. At the same time, mind-minded parents might also plan large, closely spaced families so as to give each of their offspring the benefit of social interaction with like-minded siblings.

More knowledgeable conversational partners consciously or unconsciously control children's exposure to mental state language. Particular kinds of mother talk assume more importance at different points in time. The most significant other is the mother who usually takes care of the child as well as talks to him/her using mental terms describing stories, poetry and reality.

Maternal talk about others' thoughts and knowledge becomes very important and starts quite early. It was found that the language used to talk about children's desires with 15-month-olds was related to their later understanding of mental states (Taumoepeau, Ruffman; 2006). Recent research by Taumoepeau, Ruffman (2008) shown the maternal talk about mental states has specific patterns and that the incremental exposure to mental

state talk may help children's later mental state understanding. Mother talk about others' thoughts and knowledge becomes increasingly important later in the same children's development. Mothers' structuring of input reduces the burden of learning for children in that the input they receive is tailored to their current level of understanding. Mothers begin with desires that have a salient manifestation in emotional expression and actions and have great relevance for the child. Mothers usually focus on the child first and describe their desires, which will help children connect their own, very relevant, internal experiences to mental states. Then they focus on more abstract mental concepts—thoughts and knowledge—as they relate to other people.

Early theory of mind development increases within the accepting contact with a significant other. Attachment is an emotional bond to another person. According to Bowlby's theory, the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. These bonds were described as attachment understood as a lasting psychological connectedness between human beings (Bowlby, 1969). Attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival. The best outcome of early social development is secure attachment which means that children exhibit distress when separated from caregivers and are happy when their caregiver returns. But they feel secure and able to depend on their adult caregivers. When the adult leaves, the child may be upset but he or she feels assured that the parent or caregiver will return. Such adaptive capacities are the outcome of a secure attachment. Mental state understanding is therefore related to attachment security (Fonagy et al., 1997).

Language ability and emotional understanding within family might be also influenced with parental occupational class and the level of mother's education and those factors may also be good predictors of theory of mind development (Cutting and Dunn, 1999).

Some researchers have pointed out that family background may also account for some differences. Several studies have shown that children who are exposed to high levels of social interaction with siblings and caregivers perform better on false belief tasks than do children who are not exposed to such social interactions (Dunn, 1991; Perner, Ruffman, & Leekam, 1994). It was found that children with older brothers or sisters succeed in theory of mind tasks earlier than only children or those with a younger sibling (Ruff-

man et al., 1998). Older siblings provide opportunities through play and discussion for younger children to learn about the mental states of others. The evidence from studies in both the United States and Britain show that young children in these countries grow up in a world in which there is much conversation within families about the feelings and behavior of others and about their motives, intentions, and the permissibility of their actions (Dunn, 1991). Similarly, other research findings suggest that a home environment with more interactions may provide more opportunities for learning about thought-behavior relations (Perner, Ruffman, & Leekam, 1994). In the experimental study done in Australia examining the development of a theory of mind in children aged 3 to 5 years it was found that children who had a sibling outperformed only-children. However, the presence of a very young infant, or of siblings who were teenagers or young adults, exerted no benefit. However, younger child siblings and twins were just as helpful as older child siblings. In numerous families there are many social influences in which the opportunity to play, converse, and disagree in distinctively childish ways with brothers and sisters provides unique insights into the workings of the human mind as well as to communicate about mental states (Peterson, 2000). The longitudinal study where a package of standard ToM tasks was designed twice at time 1 and at time 2 to children who were an average of 14 months older. It found significant associations between children's advanced performance on standard ToM tests and their access at home to larger numbers of child-aged siblings with whom to play and converse. The access to interaction with child-aged siblings at home does have special value for advancing the understanding of false belief (McAlister, Peterson, 2007).

Theory of mind in Deaf

The first study in the field of theory of mind in the Deaf by Peterson and Siegal (1995) revealed that 65 % of profoundly Deaf Australian children aged 8–13 using Auslan (Australian sign language) to communicate failed the false belief test. They reported that only 35 % of them passed a version of the classic “Sally-Anne” task. Peterson and Siegal (1995) found that the majority of a group of Deaf children aged 8 to 13 years with hearing parents did not pass a false-belief test that most hearing children passed around 4 or 5 years of age. The level of performance shown by Deaf children did not differ significantly from that reported for autistic children of a comparable

(nonverbal) mental age. These results were replicated in a later comparison of Deaf and autistic children across a wider age range using a wider range of tests (Peterson & Siegal, 1997, 1999, 2000).

More recent research indicates that Deaf children are not impaired in theory of mind development but just delayed in this process. It is not a developmental impairment as in autism (Peterson & Siegal, 1999). However, that delay is quite serious compared to hearing children - in some cases Deaf children do not reliably understand false belief until early adolescence. Deaf children of hearing parents have been consistently found to do poorly on false-belief tasks, when compared to Deaf children of Deaf parents (Courtin & Melot, 1998; Peterson & Siegal, 1995; de Villiers & de Villiers, 2000; Schick, de Villiers, de Villiers, & Hoffmeister, 2007). Deaf children aged 5-12 years solve tests focused on theories of mind better than 3-year-olds but not as well as 4-year-olds. This delay is quite serious because the research did not find Deaf children of hearing parents to consistently display accurate understanding of false belief until after the age of 15 years (Russell et al., 1998), although the background mechanism itself is not damaged and the problem is not related to hearing impairment per se but rather to some aspects of the language context.

The role of language has often been perceived as fundamental to theory of mind development in hearing children, which was described previously (Astington & Jenkins, 1999; de Villiers, 2000; de Villiers & de Villiers, Bilecka-Pikul, 2002), thus it should also be important to the Deaf.

It is obvious that the Deaf children group is not homogeneous because more than 90% of Deaf children have hearing parents, while less than 10% of hearing parents with Deaf children are fluent signers. Many hearing parents with Deaf children cannot converse easily with their Deaf child about a variety of topics (Marschark, 1993).

One area where communication is difficult includes conversations about mental states. For many hearing parents, they are working on their own signing abilities while learning to converse with their Deaf child. As a result of **limited exposure to language**, Deaf children will be delayed in gaining conversational access to information about the thoughts and feelings of others, which may interrupt or delay ToM development (Moeller & Schick, 2006). It seems that many Deaf children will be delayed in gaining conversational access to information about the intangible thoughts and feelings of others. According to Peterson and Siegal (1995, 2000), the primary cause of a delayed

development of ToM is the lack of access to conversations. Strong evidence for such a general conclusion was found in research comparing false beliefs in Deaf children who are native signers of a sign language (usually the second generation of Deaf children who have been raised by signing Deaf parents) and late signers - Deaf children of hearing parents (often learning sign language only once at school).

Studies composed of different tasks show interesting, however differential results due to the fact that in many studies late signers are older than the compared hearing children, when they typically pass false belief tasks. So it is difficult to determine how native signers compare with hearing peers in terms of development of false belief understanding if different age groups are taken into account. Peterson and Siegal (2000) summarised the results of 11 separate investigations from different cultures and educational systems involving profoundly Deaf children and false belief tests and found consistent support for the finding that late signers are seriously delayed in acquiring theory of mind, whereas the delay amongst native signers was not so marked. The value of the child's social and emotional development depends on visual and tactile communication techniques of interacting developing naturally between a Deaf child and a Deaf parent.

Peterson and Siegal's (1995) findings are consistent with the proposition that ToM development is dependent upon **appropriate social experience**; this is called the "**early conversational hypothesis**". Most of the children in their study were raised in homes with no proficient signing family members. Therefore, research suggests that the children's opportunities for learning about mental states through conversation and other types of interaction were limited. Another line of research has found that Deaf children from Deaf households develop false-belief concepts at the same age as children of normal hearing (Peterson & Siegal, 2000; Schick et al., 2007). In fact, Deaf native signers have been found to converse as frequently about mental states and past and future occurrences with their Deaf children as hearing parents do with their hearing children (Meadow, Greenberg, Erting, & Carmichael, 1981). Furthermore, hearing children who are consistently exposed to sophisticated talk with adults and older children, both at home and in the extended community, demonstrate more advanced false-belief understanding (Lewis, Freeman, Kyriakidou, Maridaki-Kassotaki, & Berridge, 1996). As more research has connected ToM development and the "early language hypothesis", there has been recognition and utilization of verbal ability measures in studies

of ToM development in hearing children. Research has progressed to include administering verbal ability measures in studies of Deaf children's ToM development. A growing recognition of the relationship between children's ToM and social dialogue has also produced research directly examining hearing mothers' mental state talk with their hearing children. This is often gauged by talking about the past or sharing in a task (Welch-Ross, 1997; Ruffman, Slade, & Crowe, 2002).

Peterson et al. (2005) have shown that only a third of the late-signers aged 5.5–13.2 years could pass a false belief task, whereas 60 % of Deaf adolescents from **hearing families** could not understand another person's false beliefs. It ought to be emphasized, however, that the findings of different scientists from the studies comparing different age groups are divergent, depending on age, and depict smaller developmental delays in ToM development. According to the study by Moeller and Schick (2006), Deaf children pass false belief tasks at younger ages (6- and 7-year-olds: 63 % passed; 8- and 9-year-olds: 75 %) and native signers perform significantly better on ToM tasks than their late signers peers. The only study so far to compare native signers with their hearing peers at the same age was conducted by Courtin (2000), who studied ToM skills in a both native and late signers. It was discovered that the 5-and half-years-old native signers outperformed the 7-year-old late signers, regardless of whether the latter were learning sign language or spoken French. And what is more significant, native signers were significantly better on the false belief tasks than a control group of hearing peers. This results show an enhanced performance in Deaf children learning sign language because most sign languages (if not all) have grammatical structures to indicate the space, therefore, taking one's own or somebody else's perspective within the visual space is a basic element of the sign language grammar. Because of visual aspects of sign language, Deaf children learning sign language may be particularly advantaged when taking perspective of others as well as learning concepts about mental states.

As in the previous studies, Schick et al. 2007 found that the development in the field of understanding false beliefs and knowledge about mental states was delayed in the case of Deaf children of hearing parents, irrespective of a dominant language of an educational system (schools with spoken English or ALS). In contrast, native signers performed with no significant difference to the hearing children on any of the ToM tasks, either verbal or low verbal. This means that Deaf children with hearing parents are not delayed in ToM because of their Deafness per se. Early access to an equivalent language in

another medium, namely ASL, is just as effective for communicating ToM, as demonstrated by native signers' performance. This study showed that early exposure to sign language is an important factor of ToM development but, in contrast to a finding by Courtin (2000), does not show that native signers are advantaged in their ToM development compared with their hearing peers, providing there was no evidence that sign language was facilitative over spoken language.

Hearing families that experience difficulty in communication with Deaf children about everyday routines also suffer extreme difficulty talking about thoughts, beliefs and intentions. As a result, language-delayed Deaf children miss out on references to abstract, unseen entities such as mental states, and have fewer raw materials to develop ToM concepts. Deaf children do not have any special problems with social interaction other than that imposed by delayed language skills, unlike children with autism, who have also been shown to be significantly delayed in ToM development (Peterson & Siegal, 2000).

Deaf children of hearing parents usually grow up in an environment poor in stimulations, with low impact of engagement, and they are often treated as objects of speech therapy, which is connected with the more authoritarian way of communication that seems to focus on the parent's own wishes rather than the subject of personal dialogue in which the child's feelings and needs are respected. In such situations, Deaf children of hearing parents are usually deprived of any possibilities as well as a motivation to explain their own needs and make their own, independent decisions. What is more, they are often forced to communicate verbally with others. Such a contact and an early communication experience result in Deaf children's tendency to use repetitions and arguments that do not provide new information to their conversation partners and in their decreased ability to take the perspective of others.

In contrast to such a developmental pattern, Deaf children of Deaf parents who use a sign language as native (native signers) will not be at all delayed in ToM. Deaf children born to signing Deaf parents can develop natural and fluent communication skills as well as ToM (Marschark, et al., 2000; Gray & Hosie, 1996). Native signers performed the same as hearing controls at ages 4, 5, and 6 years on both verbal and low verbal ToM tasks (Courtin, 2000; Peterson & Siegel, 1997, 1999; Woolfe et al., 2002). Prelingually Deaf children, being born unable to hear but growing up in an environment rich with episodes of engagement, may be free of communication difficulties.

Communication competence of Deaf children's mothers in the context of his/her ToM development

Several studies have found that relatively few hearing parents achieve sufficient proficiency in manual communication to converse fluently with their Deaf children about imaginary or unobservable objects as well as abstract concepts (Harris, 1992; Marschark, 1993).

Most Deaf children of hearing parents do not have access to sign language, because the social environment emphasizes oral communication which enables the child to communicate with other people by lip-reading using hearing remains supported by appropriate technical devices. Even if hearing parents can use sign language, their communication competence is poorly developed and communication limitations may have negative consequences for the understanding of the social world by Deaf children.

On the basis of retrospective statements of hearing parents of Deaf children Lundy (2002) concluded that only a small number of hearing parents can sign and that practically there is no difference in the level of theory of mind development between Deaf children of hearing parents who can sign and those who cannot sign. It suggests that the means of communication in families of Deaf children of hearing parents (just oral communication or including sign language) may not have any influence on the frequency of communication situations that engage thinking about others' thinking. The presence of a fluently signing partner or intensive training in natural sign language for hearing parents is therefore necessary.

Moeller (2002) has found that Deaf *mother's* signed use of mental state expressions (desires and cognitions) in describing events to their signing Deaf children is predictive of the children's ToM reasoning, independent of the children's own language skills. It means that a Deaf mother spontaneously stimulates theory of mind development of her Deaf child, even though his or her language competence is not highly developed. When engaging in conversations about mental states, a mother's signing skill impacts the frequency and diversity of these discussions.

Intensive and professional training in sign language for hearing mothers of Deaf children is a particularly significant factor influencing the development of the children's communication competence, which is in turn an important predictor of the development of language competence and theory of mind in Deaf children of pre-school age. Such conclusions can be drawn from recently

published research conducted by Mary P. Moeller and Brenda Schick. The authors empirically proved the thesis proposed by Oliver Sacks (1998) that mother's actions have extreme consequences for the child's development, and that a complex and developed dialogue between mother and child determines whether the child's development will be appropriate. However attachment style is not determined by level of communication, language development, or maternal stress (Lederberg, 1993). Mother-child interaction during the first year or two depends more on the mother's ability to meet the child's needs than on the child's characteristics (i. e., the Deafness). Mother is sensitive to all nonverbal child's communicates which are important clues for the fulfillment of his/her basic needs. Mothers are equipped in intuitive parenting ability and intuitively tend to modify and adjust their behaviors to their Deaf child's cues, and by so doing, they facilitate communication and meet the child's needs better (Koester, Papousek, and Smith-Gray 2000). It might be a good predictor for the early symbiotic mother-child relationship as well as safe attachment.

The above quoted authors (Moeller, Schick, 2006) looked for correlations between theory of mind in Deaf children and the linguistic involvement of a hearing mother in the process of communication with a child. They analyzed free and directed messages of the mothers in the double system (oral and signing) expressed during play as well as describing pictures and cartoons. The researchers assessed the frequency with which the mothers used descriptions (both verbal and signing) referring to mental and extra-mental states, as well as the grammatical complexity of spontaneous statements of the children (nouns, verbs, questions and negations, sentence structures).

The analysis revealed very interesting correlations between the signing proficiency of the mothers (more extensive vocabulary related to mental states) and the level of ToM development of Deaf children and their better general language development. Hearing mother's use of sign language to name significant mental states has a crucial influence on the development of ToM in Deaf children, irrespective of the fact if the mother herself is a native signer or not. Moeller and Schick (2006) found that mothers of hearing children produced mental state terms significantly more often in conversation with their children than the mothers of Deaf children. Specifically, mothers of Deaf children did not produce much variety in the types of mental terms used in conversation, and those scoring below 75 % on false-belief tasks used

significantly fewer instances of mental state terms. In addition, mothers' signing ability significantly correlated with their talk about mental states and their history of participation in ASL classes. Also, maternal mental state input scores contributed significantly to Deaf children's false-belief understanding. Thus, training hearing mothers of first generation Deaf children in basic sign language signs describing mental states seems to be of paramount importance. As the mother is one of the most important significant others in early childhood as well the best model of language development, she exerts a very important influence on the value of her child's social interaction and ToM development. Results (Moeller, Schrick, 2006) showed that maternal signing proficiency was correlated with the child's language, false belief, and mothers' talk about the mind. Frequency of mothers' mental state talk was significantly related to ToM, after controlling for the effects of language. The frequency of maternal mental state input was influenced by the level of maternal sign skill.

Although initiating an interaction and communication with a Deaf child often motivates a mother to learn sign language, she is in many cases unable to communicate mental states to her child. Moeller and Schick (2006) found that hearing mothers varied in their ability to use signs for mental state terms and that the mothers' ability and willingness to talk about the mind was correlated with their own child's ability to pass false belief tasks. Deaf children of hearing mothers who use sign language in communication about mental states demonstrated only slight ToM delays in comparison to other studies.

Although Moeller and Schick (2006) measured mothers' manual signing skill, there was no measurement of the mothers' nonverbal communication ability. Sign language involves a special awareness of nonverbal communication cues; one extremely important nonverbal cue is facial expression (Emmorey, 1993). Facial expression is important to the syntax (arrangement of words) and morphology (structure and form of words) of sign language, where movements of the eyes, eyebrows, and mouth often determine what is being signed. For example, furrowing the eyebrows during a manual sign indicates the intent of questioning or inquiry, and is typically accompanied with "who", "what", "where", "when", and "why" questions. Unlike emotional facial expressions, which can be used by the speaker when and how he/she chooses, ASL grammatical facial expressions have a clear beginning and end, and are specifically coordinated with parts of the manual sign (Reilly,

McIntire, & Bellugi, 1990). For many manual signs, the same manual expression is used, but different facial expressions accompanying the manual sign distinguish the meaning (McCullough & Emmorey, 1997). For example, during one manual sign, a natural facial expression indicates “for”, whereas a facial expression furrowing the eyebrows indicates the question “what for?” In this example, the manual sign is the same, but what differs is the accompanying facial expression.

Siblings of Deaf children, both Deaf and hearing, might also play an important role in theory of mind development. It was found that the quality of the sibling relationship predicted ToM reasoning over and above the age of the children and the effectiveness of conversation about the physical world (Woolfe, 2002). Siblings of Deaf children can provide a positive environment in which children are exposed to talk about mental states that alerts them to the possibility that beliefs may differ from reality. Participating with siblings in pretend plays, Deaf children engage in numerous communicative situations that require describing mental states and reality. Children also might have an opportunity to confront the reality and false beliefs of another person.

Research has confirmed a developmental regularity described by Białecka-Pikul: ToM development is more dependent on communication competence than on the child’s age. It has also indicated a significant influence of the family environment which participates in interactions with the child, especially of the signing mother and signing siblings. Mothers who signed more proficiently took part in professional training virtually from the moment they received the diagnosis and their higher social and economic status implied better understanding of the Deaf child’s needs.

Conclusions

The above discussed studies indicate the specifics of ToM development in Deaf children depending on the family context. The majority of the studies verified two alternative hypotheses explaining the delay in that development. The relevance of those hypotheses – limited exposure to language and early conversational hypothesis – is closely linked to the functioning of the significant other, that is, the hearing mother, in relation to the Deaf child. The variety of existing studies in this field provokes further research questions.

More and more often the significant other who undertakes intensive care of a small child is the father. It would be interesting to see in what way his

communication competence and intensity of interactions with the Deaf child influence ToM development.

Another group in close relation to Deaf children is the grandparents. Their behavior can also have important implications for ToM development and it would be worth researching.

It would be interesting from both cognitive and practical perspectives to replicate the studies conducted by Moeller and Schrick, 2006, in other countries. Is training in sign language equally effective in communities that use inflected languages?

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ANALYSIS OF THE CURRENT SITUATION IN CARE PROVIDED IN EARLY AGE AND SPEECH THERAPY INTERVENTION IN INDIVIDUALS WITH AUTISTIC SPECTRUM DISORDER

Alena Řihová

Annotation

This paper introduces the results of a research focused on the analysis of the current situation concerning the care provided in early age and speech therapy intervention in individuals with autistic spectrum disorder. The research was carried out between April and July 2010 in the Olomouc region and abroad (Slovak Republic – Bratislava). A questionnaire, the selected research method, was distributed to speech therapists, experts (specialists in education and in special education, psychologists, psychiatrists, paediatricians and neurologists) and parents of children with autistic spectrum disorder. The article provides an introduction to the studied problem, defines the research objectives, provides an analysis of the information received via the questionnaire and offers a conclusion.

Key words

Autistic spectrum disorders, early age, early care, speech therapy intervention.

Introduction

Autistic spectrum disorders (hereinafter also as “ASD”) are one of the most serious disorders of a child’s mental development (Kurt-Lasocka, 1994; Thorová, 2006; Weber, 1970). The development of a child suffering from ASD is aberrant from infancy as the child is intact and it is deeply disturbed. Jelínková (1999) mentions that this category includes serious developmental disorders originating in early childhood and characterized by a quantitative disorder of social interaction, communication and an inclination towards stereotype and ritual behaviour. Therefore, it concerns a pervasive developmental disorder (*Was ist autismus?*, 2009). “The word pervasive means penetrating all and means that the development of a child is deeply disturbed in many respects” (Čadilová, Jůn, Thorová, 2007, p. 12). Autistic spectrum

disorders primarily concern communication disorders. The disturbed communication ability is the principal symptom of the ADS clinical picture and belongs among the diagnostic triad mentioned above. The late development of speech is very often the primary reason of concern mentioned by parents (Gillberg in Thorová, 2006). Thorová (2006) discusses the fact that the communication ability deficit is to be found in reception, expression, in verbal and non-verbal communication and preverbal interaction skills. Peeters (1998) points out the fact that in about one half of the individuals with ASD verbal expression is absent and in 75 % there is meaningful echolalia. In the works of Chakrabarti and Fombonn (2001) the prevalence mentioned is 40.0 and in the works of Bertrand et al. it is 67.0/ 10,000 (in Hrdlička, 2004). Hrdlička (2010) draws the attention to the radically changing degree of this value to 90/10,000. Of course, we have to consider the possibility of positively false diagnoses. However, the necessity for numerous researches dedicated to this area remains a fact.

The research focuses on mapping the current situation in providing care in early care and speech therapy intervention in individuals with autistic spectrum disorder. It has been carried out in the Olomouc region and abroad (Slovak Republic). The lead researcher is Mgr. Alena Řihová. The research team includes doc. Mgr. Kateřina Vitásková, Ph.D., Mgr. Lucia Pastieriková and Mgr. Eva Urbanovská. A questionnaire is the selected research method compiled applying the principle of combining the closed (structured) and open (non-structured) items. Furthermore, contact and filtration items are utilized. With respect to the contents, items ask for facts or knowledge or feelings, opinions and incentives. The questionnaire respects important requirements such as clarity, comprehensibility, avoidance of suggestive items, definiteness and primary focus on essential information.

In order to provide comprehensive and as efficient care for ADS clients as possible, the involvement of a number of experts and their mutual communication is necessary. Therefore, we distributed the questionnaire to speech therapists, specialists in education and special education, psychiatrists, psychologists, paediatricians and neurologists.

Parents play an indispensable role in the interdisciplinary team taking care of a person with ADS. Their proper and early education and psychotherapeutic support may represent the critical factor affecting the efficiency of the therapeutic and educational process. Thus the questionnaires were also distributed to parents with children suffering from ADS.

Regarding the heterogeneity of respondents, three types of questionnaires were designed. First one for speech therapists, second one for experts (specialists in education and special education, psychologists, psychiatrists, paediatricians and neurologists) and a third one for parents with children suffering from ASD.

We set the following research objectives:

Main objectives:

1. Map out the current situation concerning care provided at an early age to individuals suffering from ASD;
2. Map out the current situation in speech therapy intervention in individuals suffering from ASD;
3. Compare the current situation concerning care provided at an early age to individuals with ASD in the Olomouc region and abroad (Slovak Republic);
4. Compare speech therapy intervention in individuals with ASD in the Olomouc region and abroad (Slovak Republic).

Partial objectives:

1. Learn about the awareness of experts on ASD issues;
2. Map out the quality of interdisciplinary care of clients with ASD;
3. Learn about the satisfaction of parents having children with ASD with awareness of ASD issues;
4. Learn about the satisfaction of parents having children with ASD with the provided expert assistance.

Questionnaire research in the Olomouc region

The questionnaire research in the Olomouc region addressed three target groups (speech therapists, experts – specialists in education and special education, psychologists, psychiatrists, paediatricians and neurologists, and parents of children with ASD). At first, we decided to distribute the questionnaires via electronic mail. However, due to a very low return rate – **9 questionnaires from speech therapists, 24 questionnaires from experts and 5 questionnaires from parents**, we switched to telephone and personal contact. The result was **19 returned questionnaires from speech therapists, 61 from experts and 17 from parents of children with ASD**.

When distributing the questionnaires we were often faced with a negative attitude or denial to the co-operation. Despite our subsequent offer to provide a handbook for parents to the respective experts, the responses were not positive.

Table 1: Number of distributed and returned questionnaires for speech therapists (CR)

Number of distributed questionnaires	Number of returned questionnaires	Return rate in %
41	19	46.34%

Table 2: Number of distributed and returned questionnaires for experts (CR)

Number of distributed questionnaires	Number of returned questionnaires	Return rate in %
162	61	37.66%

Table 3: Number of distributed and returned questionnaires for parents (CR)

Number of distributed questionnaires	Number of returned questionnaires	Return rate in %
28	17	60.71%

Analysis of the questionnaire research carried out with speech therapists (Olomouc region)

Out of the total number of distributed questionnaires (41), 19 were returned, that is 46.34%. The prevailing group of speech therapists who returned the questionnaire concerned therapists working in healthcare (11), and those in practice for more than 15 years (8 experts) and between 5 to 10 years (6 experts).

Two items in the questionnaires focused on learning about the basic knowledge regarding autistic spectrum disorders. As sufficient we considered the responses containing a definition somewhat similar to the following:

Autistic spectrum disorders are one of the most serious disorders of a child's mental development. It is a neurodevelopment disorder with a neurobiological basis. This category includes serious developmental disorders originating in early childhood and characterized by a quantitative disorder of social interaction, communication and inclination to stereotype and ritual behaviour. (Thotová, 2006; Hrdlička, 2004; Říčan, Krejčířová et al., 2006). The second item focused on enumeration of basic subcategories falling into this diagnostic category pursuant to *International Classification of Diseases 10 (2006)* Autistic spectrum disorders. As sufficient we regarded the description of at least 3 basic nosologic units – children's autism, atypical autism and the Asperger syndrome. The results were as follows: There were 10 responses with sufficient basic knowledge about ASD compared to 7 insufficient responses. Therefore, we see a slight prevalence of basic awareness over insufficient awareness. However, the results for the second item are worse. Insufficient knowledge of the basic categories (11) prevails over sufficient knowledge (6).

The importance of speech therapy provided to individuals suffering from autistic spectrum disorder was confirmed by 17 respondents. Its substantiation was correctly explained: "the connection with the triad of specific symptoms, the need to establish a functional communication system enabling socialization, ..." 6 respondents correctly identified the pragmatic linguistic aspects with severe deficit. Three respondents provided an incorrect answer pointing out the phonetic and phonological linguistic aspects.

Therefore, we can say that the addressed speech therapists showed a prevailing correct attitude to the necessity of speech therapy intervention and to the reasons of its realization. However, it is important to emphasize that the questionnaire asked only about basic awareness and, considering the research method, we may not take the received information as definitely decisive.

Subsequent items focused on getting the number of clients with ASD seeing the addressed speech therapists. 14 out of 19 speech therapists confirmed that they have had individuals with ASD in their care. This fact reflects the increasing prevalence of individuals with this disorder (see Hrdlička 2010), which represents another reason to increase awareness and provide correct information about this issue. The answer 0-5 clients was the most frequent one (8), more than 15 clients had the least frequent answer (1). The most frequently mentioned diagnosis concerned children's autism (13) with obvious disturbance of communication ability and then atypical autism (11).

The questionnaire also included items related to alternative and augmentative communication (AAC). The reason was a vague, often disapproving attitude to its application. The results, however, were to the contrary – 9 speech therapists apply the AAC method. They prefer, in particular, pictograms (10), photographs and objects (9). Satisfaction with the respective communication system is represented, in the majority of cases, with the value of 3 (medium) on the Likert-type scale.

The next section of the questionnaire was aimed at mapping out the situation in mutual co-operation, satisfaction with the provided information and preference to the applied intervention method. The results of the research are as follows: If they had any questions or need help with a client with ASD the majority (16) would contact a psychologist; 8 would contact a specialist in special education and 1 (the lowest frequency) would contact a paediatrician. This result may not be seen as good. Paediatricians should be well informed on the respective issue, should increase awareness and point out the first possible symptoms signalling a risk of ASD. The existing situation is, however, different. More information is, for instance, given in the parents' responses. The item showing that speech therapists have to look up the necessary information themselves (via self-learning) is high (16). It is also worth mentioning that 11 respondents received information while studying at a university, which may be regarded positively. On the Likert-type scale, satisfaction with a degree of awareness at value 3 (medium) prevailed (10). As the most difficult challenge in speech therapy intervention the speech therapists considered the establishment of a communication system (6), managing aggressive behaviour (4) and making contact with the individual with ASD (3). 10 speech therapists mention that they co-operate with a specialist in special education under the interdisciplinary model. The frequency for other experts is very low (2 – paediatrician, neurologist, and psychiatrist). Once again, satisfaction with the interdisciplinary co-operation prevails (5) around value 3 (medium) on the Likert-type scale.

For our internal needs we also included an item asking about attitude to the methodology under preparation. 18 respondents expressed the necessity to establish some methodology. Only 1 said to the contrary. 14 respondents expressed their interest. This result emphasizes the importance of establishing a methodology providing assistance to speech therapists with speech therapy intervention in clients with ASD.

One of the last items in the questionnaire included a question asking about the attitude of speech therapists to greater awareness and training in the respective area. 11 respondents agree that higher awareness and more extensive training of speech therapists are needed. However, 8 respondents say otherwise. We were surprised by this result (8 speech therapists do not require higher awareness or more training!). We think that awareness and continuous training is an absolute necessity in clinical practice of speech therapists. In particular, with respect to the given topic we regard it as very important as ASD has not been fully described and domestic and international research keeps bringing new information.

Analysis of the questionnaire research carried out with experts (Olomouc region)

Out of the total number of distributed questionnaires – 162, 61 were returned, which is 37.66 %. Among the experts who filled in our questionnaire prevailed specialists in special education (17), psychologists (13) and specialists in pre-school education (11). The lowest frequency was in the category others – there was one questionnaire filled in by a social worker. 27 experts have been practicing for more than 15 years, 14 of them for a period from 0 to 5 years and the lowest number for a period from 5 to 10 years.

Two items in the questionnaires focused on learning about the basic knowledge regarding autistic spectrum disorders. As sufficient we considered the responses (to item 4) containing a definition somewhat similar to the following: Autistic spectrum disorders are one of the most serious disorders of a child's mental development. It is a neurodevelopment disorder with a neurobiological basis. This category includes serious developmental disorders originating in early childhood and characterized by a quantitative disorder of social interaction, communication and an inclination towards stereotype and ritual behaviour. (Thotová, 2006; Hrdlička, 2004; Řičan, Krejčířová et al., 2006). The second item (No. 5) focused on enumeration of the basic subcategories falling into this diagnostic category pursuant to *International Classification of Diseases 10 (2006)* Autistic spectrum disorders. As sufficient we regarded the description of at least 3 basic nosologic units – children's autism, atypical autism and the Asperger syndrome.

The results were as follows: The basic knowledge of ASD issues was regarded as sufficient for 32 respondents, i. e. for more than half of the re-

turned questionnaires. Insufficient knowledge was seen in 27 respondents. In addition, there are very good results for the second item (No. 5) where sufficient knowledge prevails over insufficient by a proportion of 30:27. The questionnaire, however, asked only about basic awareness and regarding the selected research method the received information may not be considered definitely decisive.

Other items intended to map out the ASD client population with the addressed respondents. 36 of them have been taking care of an individual suffering from ASD and 24 of them did not confirm this fact. This shows that more than half of the experts had or have had some experience in this area. The majority of them have had 0 to 5 clients (19) and only 3 have had 10 to 15 clients. Most often the experts dealt with individuals with children's autism (28), followed by individuals suffering from the Asperger syndrome (19) and the least numerous group suffered from Rett syndrome (3).

The fundamental section of the questionnaires focuses on describing the existing situation in co-operation between the experts and on satisfaction with information provided about ASD. We were also interested in the preferred intervention method and the satisfaction with it. If any clarification or assistance with ASD client was needed, the majority (37) would contact a specialist in special education; 34 respondents would contact a psychologist and 29 would contact a psychiatrist. Only 9 respondents would contact a paediatrician, which makes us assume similar results as for analysing the results of responses given by the speech therapists. The item showing that experts have to look up the necessary information themselves (via self-learning) is high (43). 35 respondents mentioned that they received information about ASD while studying at a university, which may be regarded positively. Satisfaction with the received information was measured using the Likert-type scale (complete dissatisfaction 1 2 3 4 5 complete satisfaction). Most frequently the value 3 (medium) appeared - 20 respondents. However, it is important to also mention value 2, which was selected 17 times, and value 1 selected 12 times. This fact points out that the experts are not very satisfied with the information they get. In our opinion that is why 53 respondents spoke of higher awareness as necessary. In the questionnaires the experts say that they most frequently co-operate with a specialist in special education (32), then with a psychologist (24) and psychiatrist (23). The least number of them co-operates with paediatricians (7). This result is alarming and points to the

need for finding a solution. Satisfaction with interdisciplinary co-operation is shown on the Likert-type scale. The medium value 3 prevails with 18 respondents choosing it. Value 1 (completely dissatisfied) is very alarming and it was confirmed by 15 experts. 25 respondents mentioned that they co-operate with an organization, association, SPC (Special Pedagogic Centre) or other institution specializing in individuals with autistic spectrum disorder; 30 experts replied that they do not co-operate at all.

As the most difficult when working with ASD clients the experts mentioned establishing contact (19), overcoming obstacles in communication (11) and subsequent establishment of a functional communication system (10). This only confirms that autistic spectrum disorders are primarily disorders of communication and early and efficient speech therapy may play an important role and significantly affect the overall development of an individual suffering from ASD.

Furthermore, the research was to provide an answer to what intervention methods are applied by the experts when working with ASD clients and how satisfied the experts are with these methods. The preference of no special intervention method concerned the most frequent result (26), then the TEACCH programme (15) and AAK (9). The reason for absencing special intervention method lies in the fact that the majority of addressed experts (psychologist, psychiatrist, neurologist, paediatricians) do not carry out any direct educational activity requiring the application of any of the methods or approaches above. Based on their answers, the most efficient, and in the Czech Republic, the most frequently used, is the TEACCH method (9).

54 respondents would see as beneficial a handbook that would be the side-product of this research and 55 see it as necessary.

Analysis of the questionnaire research carried out with parents of children with ASD (Olomouc region)

Out of the total number of distributed questionnaires – 28, 17 were returned, which is 60.71 %. Children with ASD whose parents filled in our questionnaire were 3 to 7 years of age (13) and 0 to 3 years of age (3). In terms of diagnostics, the majority concerned children with children's autism (8), the Asperger syndrome (3) and hyperactive disorder combined with mental retardation and stereotype movements (3). The parents noticed the first symptoms between the ages of 2 to 2.5 years old (7 cases), between

the ages of 1.5 to 2 years old (4 cases) and one parent even before the child was one year old. In their child's development the parents were specifically disturbed with the late development of speech and specifics in speaking (14), then with eye contact difficulties (10) and problems when playing (9). On the other hand, the parents were disturbed the least with the variations in muscle tension (3). In the majority of cases (13) the children attend a special pre-school and currently they are in the care of a specialist in special education (11), speech therapist (8), psychologist (7) and neurologist (7).

Our questionnaire focused primarily on the diagnostic age, satisfaction with the approach of experts and their further recommendations. Most frequently the parents shared their discontentment with a paediatrician (11), then with a psychologist (10) or speech therapist (7). 12 parents were not satisfied with the approach of the respective expert. Only 5 parents expressed satisfaction which is a very negative and an alarming result. The reason for the dissatisfaction stems from late diagnosis(4), lack of provided information (3), insufficient knowledge of the issue (2) and impatience (2). The age of first diagnostic examination was most frequently (6) between the ages of 2 and 2.5 years old and in 4 cases between the ages of 3 and 3.5 years old. In 6 children the final diagnosis was determined between the age of 3 and 3.5 years old and in 4 children between the age of 4 and 4.5 years old. The results revealed that ASD was most frequently diagnosed by a psychiatrist (9), psychologist (5) and neurologist (3). Most often the disorder was diagnosed in Brno. The most frequent remedial recommendations after diagnosing the disorder concerned medication (7), patience and belief in progress (5), and individual learning of the technical literature (5). We may say that such recommendations and steps are not the best after diagnosing ASD.

The questionnaire research carried out among the parents having children with ASD is primarily focused on determining the awareness and satisfaction with the received information. 10 parents mention that they had to look up the information on this problem on their own. 4 respondents were given information by a specialist in special education, 3 by a psychiatrist and only 1 by a paediatrician. This clearly shows that parents are forced to look up information on their own and provision of information by the respective expert is not a matter of course. This finding is also reflected in satisfaction with this area where, based on the Likert-type scale, the value 1 prevails - complete dissatisfaction (6).

In the following section of the questionnaire we focused on determining satisfaction with the educational, psychological and medical assistance. Satisfaction with educational intervention expressed on the Likert-type scale achieved the value 3 - medium. The most frequently given reason for dissatisfaction concerned insufficient knowledge of ASD issues. The evaluation of satisfaction with special educational intervention was very positive. 8 parents selected the value 5 - complete satisfaction and they emphasize individual approach (8), co-operation (7) and good preparation for further education (6). Speech therapy intervention is most often mentioned with a value 1 - complete dissatisfaction (5). On the other hand we also received an antagonist value 5 - complete satisfaction (3). The reason for dissatisfaction lies again in insufficient knowledge of the issue. For psychological interventions parents selected a value of 2 in 5 cases and a value of 3 in 4 cases. Therefore, there is an inclination to dissatisfaction with the provided psychological care. The reasons given include diagnostics without follow-up care (8), lack of experience with ASD (5), no interest in a client and addressing his/her problems (2) and even arrogance of the expert (1). Similar results were received for medical care. The reasons include long waiting time at the doctor's before examination (4), lack of awareness (3) and short time spent examining the child (2).

8 respondents take advantage of counselling services, primarily SPC (8) and other non-profit organizations (4). Parents most frequently use special educational assistance (7). Dissatisfaction once again results from lack of awareness and limited experience of experts with ASD. Upon providing services to parents, there is a lack of awareness (9), empathy and trust (6), humane as well as professional attitude (4) and legal counselling (3).

In conclusion we cite some of the parents' statements. "After diagnosis it was recommended - if you need to know anything, come and ask (perfect advice for parents who do not know what autism really is)." "The most common attitude at paediatric neurology, EEG in Olomouc: Despite an appointment for a specific hour, waiting time of about 2 hours and no way to enable the child to become familiar with the environment. Basically as soon as we opened the door, the nurse was putting the "cap" on my daughter's head and was surprised she did not like it - results: a child impossible to be examined." "SPC does not work as I think it should. The parent needs to find the information on his own, likewise the method on how to work with the

child.” “SPC staff did not have time over the period of two and half years to see my son in pre-school. They assess and conclude based on seeing him in their office once a year.” “When addressing problems we were told to start our son on medication.” “The paediatrician has not been able to learn what autism is and thus the attitude to our son is not good.”

Conclusion of the questionnaire research in the Olomouc region

A questionnaire research aimed at mapping the current situation in care provided in early care and speech therapy intervention in individuals with autistic spectrum disorder was carried out in the Olomouc region between April and July 2010. We prepared three types of questionnaires – for speech therapists, experts (specialists in education and in special education, psychologists, psychiatrists, paediatricians and neurologists) and parents of children with autistic spectrum disorder. After the initial electronic distribution of questionnaires we switched to telephone and personal contact with the respondents due to low return rate. The results brought 19 questionnaires filled out by speech therapists, 61 by other experts and 17 by parents with ASD children.

At this point we compare the principal sections of the questionnaires for speech therapists, experts and parents of ASD children. As the key areas in the questionnaires for experts (speech therapists, specialists in education and special education, psychologists, psychiatrists, paediatricians and neurologists) we defined the following:

1. Basic knowledge of ASD;
2. Number of clients with ASD;
3. Co-operation with other experts when addressing issues with ASD;
4. Satisfaction with information and possible need of further education and training.

In questionnaires for parents with ASD children we decided to focus on two fundamental areas:

1. Satisfaction with the attitude of experts;
2. Satisfaction with the received information and awareness.

To find out the basic awareness to ASD is seen as very important. Therefore, in both the questionnaires for speech therapists and experts there are two items mapping out the basic awareness on this area. After analysing the

responses from speech therapists and experts we may summarize that the knowledge of **basic ASD issues and awareness of individual nosologic units under the diagnostic category “Autistic spectrum disorders” is at a medium level with a moderate predominance of sufficient knowledge over insufficient knowledge.** We are, of course, aware that the results are, with respect to the research method, only of informational value.

The questionnaires were also designed to receive an answer on the number of ASD clients with the respective experts. We regard these results very important since, together with the awareness of the experts of this issue and satisfaction of parents with the provided care, they point out the topicality of this area. 14 speech therapists out of 19 and 36 experts out of 61 state that they have had or they have clients with ASD in their care. This shows that **62.5% of all experts have achieved certain experience with this disorder.** Considering other factors such as dissatisfaction with the available information and the provided care (see below) we think it is necessary to focus more on educating the respective experts.

We consider co-operation with experts when addressing specific problems of ASD clients to be absolutely essential. This actual situation is described in the following result. **Most often all the addressed experts co-operate with a specialist in special education.** Out of the other professions (paediatrician, psychologist, neurologist, and psychiatrist) speech therapists, in particular, co-operate the least. Analyzing the questionnaires filled out by the experts, the results are better. 24 respondents mentioned co-operation with a psychologist. **As very alarming we consider the minimal degree of co-operation with a paediatrician.** This applies both to responses given by the speech therapists (2) and other experts (7). In our opinion, the role of a paediatrician is very important as they map out early development of a child. Their sufficient education may result in early detection of the first warning symptoms enabling, after subsequent special examination (psychological, neurological, auditory and other), early diagnostics, diagnoses and possibly also special educational intervention. The above reasons point out the importance of systemic education and the provision of information about ASD to all respective experts. We regard as important both the enlightenment activities – articles in journals, presentations at conferences here and abroad – and systemic education (courses).

The following responses reflected that the **majority of experts are not satisfied with the provided information.** On the Likert-type scale the values

3 to 1 prevail. 17 times the experts selected the value of 2 and 12 times they selected the value of 1. The majority of them agree that they have to **find the information on their own from studying technical literature**. On the other hand, it should be stressed out that self-learning and further education should be a matter of course for any profession and for these experts in particular. At present, the offer of educational courses and seminars (e.g. Institute of educational and psychological counselling of the Czech Republic, Apla Brno, Apla Praha, Autistik, etc.) is very variable and adjusted to suit the needs of the respective professions. The question is what kind of incentives these experts would need to get involved in further education.

The overall situation was illustrated by statements of parents having children with ASD. **12 out of 17 parents were not satisfied with the attitude of the respective experts**. The main reasons included late diagnosis, lack of provided information, limited knowledge of the field and impatience. 10 out of 17 parents had to find the information themselves, in particular through studying technical literature. Only 4 parents gained information from a specialist in special education, 3 from a psychiatrist and one from a paediatrician. These results are very alarming and only confirm the situation described above. To conclude we cite one parent: "The paediatrician recommended us to sign up our child at a pre-school and that speech would develop among a group of children. And when in a fit of rage, just to shower him with cold water. Upon our request we saw a psychologist. After our son had been diagnosed the paediatrician said that over the 15 years of his practice he had not seen an autistic child."

Questionnaire research in Slovakia (Bratislava)

The questionnaire research in Slovakia (Bratislava) addressed three target groups (speech therapists, experts - specialists in education and special education, psychologists, psychiatrists, paediatricians and neurologists, and parents of children with ASD). At first, we decided to distribute the questionnaires via electronic mail. However, due to a very low return rate - **2 questionnaires from speech therapists, 3 questionnaires from experts and 0 questionnaires from parents**, we used contacts from Mgr. Lucie Pastieriková and contacted experts via telephone and then electronically mailed the questionnaires again. Despite this effort the return rate remained very low: **7 returned questionnaires from speech therapists, 9 from other experts and**

4 from parents having children with ASD. The tables specifying the number of distributed and returned questionnaires from speech therapists, experts and parents with ASD children are provided below.

The return rate is to be considered as insufficient and the results do not entail any informative value. Therefore, it was not possible to analyse, generalize and compare the results. Visualized results (tables, bar charts) are shown below.

Table 4: Number of distributed and returned questionnaires for speech therapists

Number of distributed questionnaires	Number of returned questionnaires	Rate of return in %
34	7	20.59%

Table 5: Number of distributed and returned questionnaires for experts

Number of distributed questionnaires	Number of returned questionnaires	Rate of return in %
128	9	7.03%

Table 6: Number of distributed and returned questionnaires for parents

Number of distributed questionnaires	Number of returned questionnaires	Rate of return in %
13	4	30.77%

Conclusion

The research called *Analysis of the current situation concerning care provided in early age and speech therapy intervention in individuals with autism spectrum disorder* was carried out in the Olomouc region and abroad (Slovak Republic - Bratislava) between April and June 2010. The return rate of questionnaires in the Olomouc region was **41.99%** out of all questionnaires and abroad (Slovak Republic - Bratislava) it was **11.43%**. Owing to an insuf-

ficient rate of return from abroad, we may not use the received information. Therefore, we only carried out the analysis and evaluation in the Olomouc region where the rate of return may be considered relevant with respect to the subsequent generalization.

The objectives of the research we set in the introduction may thus be considered, with respect to the insufficient rate of return, as just partially fulfilled.

The data received through questionnaires distributed in the Olomouc region are considered as very valuable. The summary of the fundamental resulting information is given in the chapter *Conclusion of the questionnaire research in the Olomouc region*.

The research pointed out serious problems, emphasized areas that need to be developed and outlined possible solutions. Further research and actions towards higher awareness, sufficient professional soundness and the highest possible satisfaction of parents and children with ASD is regarded as important.

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FACTORS AFFECTING LOW RATE OF EMPLOYMENT OF INDIVIDUALS WITH SPECIAL NEEDS

Lei Yong*

Abstract

This paper takes the method of literature review, from perspectives of personal attributes and social influence, addresses five factors: vocational expectation and satisfaction, vocational personality, vocational ability, services delivery, and prejudice of social mainstream perceptions. Research findings suggest that the low rate of employment of individuals with special needs is influenced by various factors, in which personal attributes and social perceptions are crucial.

Keywords

Employment, individuals with special needs, vocational expectation and satisfaction, vocational personality, vocational ability, services delivery, prejudice of social mainstream perceptions.

Introduction

The World Health Organization (WHO) estimated that about 10 % of the world population encountered some physical or mental disability. The number of disabled people was approximately 650 million. Moreover, it was increasing due to population growth (WHO, 2005). Among the general population, the labor force participation rate for individuals with disabilities was disappointingly low, from 28 % to 31 %, compared to a rate of 79 % among those without disabilities (National Organization on Disability (NOD), 1999). Individuals with disabilities had a much higher rate of unemployment than people without disabilities (Burkhauser & Houtenville, 2003; Taylor, 1994). These individuals with disabilities usually experienced a large number of problems in their attempt to gain and maintain employment. Many people with disabilities would like to work but cannot find congruent employment

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(NOD, 2004), for example, a recent U.S. Census Bureau report pointed that only 34.6 % of working age individuals with disabilities were employed, compared to 79.8 % of those without disabilities (Stone & Colella, 1996). A research found that as few as 8 % of people with significant disabilities were employed, only a small percentage of them were actually employed (LaPlante et al., 1996). For finding a job, some people with disabilities struggled to retain their position (Gibbs, 1990; Mueser et al., 2001).

Many nations were encountered with same problems: people with disabilities cannot obtain some opportunities to be employed, though a part of them gained employment, but lost it soon, due to the lack of competence or the comprehension of employers. From the Participation and Activity Limitation Survey (PALS), 12.4 % of the total Canadian population reported being disabled (11.5 % males, 13.3c% females). It had shown that disability was associated with a 30 percentage point reduction in labor force participation (Brown & Emery, 2010). The Disability Rights Commission (DRC) published statistics from the Labor Force Survey (UK) that showed 6.8 million disabled people of working age with only 50.1 % in work, this compared with 80.5 % of the intact population in work in 2005 (DRC, 2006). Numerous employed people with disability were in an unstable situation in China, this phenomenon “employment today, unemployment tomorrow” often appeared in some enterprises which provided posts for the individuals with disabilities (Shi, 2008). More than half of the disabled people were looked at negatively by society in Bangladesh, 79.7 % reported that disability had some negative consequence on their employment, 27.5 % who were employed could not earn as much as did people who were not disabled (Hosain et al., 2002).

The social and economic status of people was largely determined by access to the labor market and their earning potential. Disability decreased the probability of labor force participation, the number of hours worked, and annual employment earnings. Braddock and Bachelder (1994) pointed individuals with disabilities had been primarily employed in part-time, low-status jobs. Charles (2003) found disabled men experienced sharp drops in expected annual earnings, caused mainly by hour reductions rather than changes in wages, around the measured date of onset. Hum and Simpson (1996) investigated the effect of disability on labor market and found individuals with a disability had earnings of \$10,282 in 1989 which was 37 percent less than the \$16,348 average earnings of the intact individuals. These employment

problems suggested that many disabled individuals did not have the opportunity to experience a satisfying employment or attain their full potential. Moreover, it had become increasingly evident that employers have not fully utilized the valuable talents and skills that people with disabilities bring to the workforce (Braddock & Bachelder, 1994).

The statistical evidence showed the extent of the problem, and some other studies indicated the factors of influence it could be categorized from different perspectives. From the perspective of negative influence, Loprest and Maag (2001) suggested the factors were identified: (a) lack of appropriate jobs available, (b) family responsibilities, (c) lack of transportation, (d) lack of information about jobs, (e) inadequate training, (f) fear of losing health insurance or Medicaid, and (g) discouragement to work from family and friends. From the perspective of vocational adaptability assessment, Liu et al. (2008) suggested factors of vocational adaptability should be categorized into these aspects: (a) physical function, such as fitness, perception, self-care ability, limb function; (b) professional ability, such as accuracy and velocity of perception, digital capability, word knowledge, speech applications, reasoning, space, understand graphics; (c) vocational personality, such as adherence, rigor, emotional stability, confidence, responsibility, management, communicative competence, frustration tolerance; and (d) career interest, such as reality, arts, research, society, enterprise, tradition.

From the perspective of impacting with quality of life, Young and Murphy (2002) indicated: (a) a person's employment status had been demonstrated to be intrinsically related to the individual's sense of well-being, (b) self-reported health status, (c) health service usage, (d) be related to higher levels of life satisfaction, as well as superior adjustment, self-efficacy, and physical health; (e) with such benefits associated with employment, the role of vocational rehabilitation was most definitely an important one. At their broadest level these can be categorized into those related to (a) individuals' psychosocial characteristics, (b) their wider social environment, (c) their physical environment, and (d) their economic environment. To date, identified factors included the injured person's age, sex, preinjury employment, level of education, socioeconomic background, marital status, and social networks (Murphy & Athanasou, 1994; Ville & Ravaud, 1996).

From the perspective of perceiving and treating disabled individuals, Stone and Colella (1996) thought depending on a number of characteristics

of the disabled person included (a) previous performance level, (b) attractiveness, (c) gender, (d) race, (e) interpersonal style, and (f) status. Most studies on diversity in organizations had been concerned primarily with race, gender, cultural, educational, service issues and had devoted relatively limited attention to the unique issues associated with including disabled individuals in the workforce (e.g. Oliver, 1980; Imrie, 1997). An article addressed impacting factors of economic activity to a disabled worker (Thornton, 2005), and some studies discussed the relationship and mutual recognition of employers or coworker and an employee with disabilities (Millington et al., 1994; Nichols, 2008).

This paper reviews relevant literature from dimensions of inside influential factor and outside influential factor, focus on personal attributes and social perceptions, and addresses five main influential factors.

Vocational expectation and satisfaction

Currently, a large number of employed people with disabilities were in an unstable situation, most of them did not feel happy with their employment status. Ville and Ravaud (1996) found that 73% of those were not entirely satisfied with their employment status, in the case of those not employed, 75% were not entirely satisfactory with their status. Uppal (2005) found that with the exception of the speech impaired, individuals with disabilities were likely to be less satisfactory with their jobs as compared to the intact. In fact, a follow up study of 302 supported employees showed that only 29.8% had stayed in the initial job for two years, while 19.2% had moved on to other jobs, 31.8% were out of work and had returned to referral status, 15% had been discharged as unemployed and inappropriate for supported employment, and 4.2% were unemployed but no longer needed support (Shafer et al., 1991). Young and Murphy (2002) revealed that 74% of disabled people not employed were unhappy; this indicated that there was a significant potential to improve further the outcomes, the majority of these people expressing a desire to be working is even more heartening. However, circumstances associated with disability may make it difficult for individuals to move from less to more satisfying jobs (Szymanski et al., 1995).

The most important thing for disabled individuals was to obtain employment in the labor market and avoid inactivity or unemployment. There was some empirical support for the contention that when a person was actively

seeking to gain employment, they were more likely to become employed (Ghatit & Hanson, 1978; Chapin & Kewman, 2001). Similarly, it can be discussed that those actively seeking to improve an unsatisfactory employment status were more likely to achieve their goal. So a person actively seeking to improve their unsatisfactory employment status may be argued to be successful. Young and Murphy (2002) considered that changing aspects of vocational unsatisfactory status may include active job seeking behavior, returning to vocationally-orientated study, participating in voluntary work in order to gain confidence and work experience, or seeking to improve current employment circumstances. (a) Active job seeking behaviors such as attending job interviews, door knocking, approaching employers, exploring social networks, or (b) activities aimed at preparing for reentry to paid employment such as undertaking vocationally orientated training or undertaking voluntary work so as to gain relevant experience (Young & Murphy, 2002).

Pagán and Malo (2009) analysed the relationship between job satisfaction and disability from the point of gender, age, married/cohabiting, educational level, health status, log (real hourly net wages), hours of work, job tenure, occupation, industry, region, private sector, job responsibility, type of contract, job matching, overqualified, non-wages subsidies, previously unemployed etc., and proposed two different hypotheses about the effect of disability on job satisfaction: a positive effect explained by lower expectations with respect to what they can obtain in the labor market with respect to intact workers and a negative one in line with results linking worse health status to lower job satisfaction levels. Furthermore, negative factors usually led to unattractive performance. Individuals with unattractive disabilities may be (a) less likely to be assigned to jobs involving teamwork or interaction with customers, (b) more likely to be excluded from workgroup activities, (c) less likely to be mentored, and (d) less likely to be offered opportunities for promotion than employees with disabilities that do not diminish their attractiveness (Stone and Colella, 1996).

Vocational personality

Liu et al. (2008) thought influential factors of vocational personality for employment should be included: adherence (patience and concentration on work, the ability of resisting the temptation or invention from the outside world); rigor (well organized, the ability to note, check and correct a mistake);

emotional stability (the ability of emotional self-adjustment); confidence (security, confidence in the future); responsibility (serious and responsible work, the ability of regulatory compliance); management (planned work, the ability of stimulating active work of others); communicative competence (the ability of communication and expression); frustration tolerance (calm performance when encountering difficulties, the ability to resolve the problem). Some researchers would like to divide it into six specific dimensions: (a) social or interpersonal competence (for example shy, quiet, aloof and distant), (b) task competence (for example helpless, dependent and noncompetitive), (c) concern for others (for example non-egotistical and benevolent), (d) integrity (for example saint-like and honest), (e) emotional adjustment (for example bitter, unhappy, nervous and hypersensitive), and (f) potency or strength (for example unaggressive and submissive) (Stone and Colella, 1996). At the same time, it was thought many of these (for example social and task competence, emotional adjustment and potency) were likely to be perceived as relevant to job performance, it followed that stereotypes may have a profound effect on observers' expectancies about a disabled person's capacity to perform a job (Stone and Colella, 1996).

Some studies addressed "Inappropriate behaviors", "negative attitudes", "habits", "beliefs" (Jones, 1991; Carlstrom, 1992; Larew et al., 1992:93; Szymanski & Hanley-Maxwell, 1996; Hosain et al., 2002). A view indicated weakly developed sense of autonomy, low self-esteem, low frustration levels, lack of impulse control, and over-protective parents or guardians were factors which contributed to these inappropriate behaviors (Carlstrom, 1992). Underdeveloped work attitudes, work habits were experienced by these individuals. In the procedure of researching a deaf psychologist, Jones (1991) found professionals working with the deaf, reflecting "their negative attitudes about what is possible for deaf people," and suspicions, "probably due to fear, that a deaf person had managed to work his way up to their level". Occupational development was mediated by individual beliefs. Mora and Cheryl (1996) had proposed that individual beliefs about career development (for example self-efficacy, self-concept, culturally based beliefs about work and work roles) were important contributors to the outcome in the general population. Interestingly, work situations may be related to individual beliefs. It was reasonable to hypothesize that such beliefs were important in the lives of people with developmental disabilities. In fact, people with developmental

disabilities may be at risk for lowered beliefs about their abilities. Negative attitudes resulted from the commonly-held belief that some disabilities, such as mental retardation, cerebral palsy, etc., were the result of divine punishment, and they blamed their fate. This fear and lack of understanding about disease processes exposed them to social segregation, leading to considerable emotional distress. As a result, they lost interest and became more isolated; these negative attitudes towards persons with disabilities were a significant obstacle to their successful integration in society (Hosain et al., 2002).

A research pointed vocational personality and vocational competencies were formed in a crucial period. Szymanski and Hanley-Maxwell (1996) stated vocational personality was formed in the pre-school years and was influenced by early school experiences. Similarly, vocational competencies, which were skills and habits associated with work, were formed during the school years. Play and chores can contribute to the development of work personality and work competencies. Because developmental disabilities were often present during critical times of development, they may present risk factors. For example, opportunities for play with peers without disabilities might be restricted, or children might not be held responsible for chores.

Vocational ability

Disabled individuals were more likely to be working in low skill occupations due to having lower qualifications than the intact. Schur (2003) found that workers with disabilities were about twice as likely as intact workers to be in contingent and part-time jobs. The high unemployment rate of people with disabilities had sometimes been attributed to characteristics of the job applicant, such as poor search skills, poor work histories or poor work habits (Johnson et al., 1988).

Liu et al. (2008) thought influential factors of professional ability for employment should be included: accuracy and velocity of perception (accuracy and velocity of basic information processing); digital capability (master the basic mathematical laws, simple addition and subtraction, multiplication and division); word knowledge (identify the pronunciation, orthographic); speech applications (master simple grammar); reasoning (the ability of simple verbal reasoning); space (the operation of a plane figure, understand the relationship between a plane figure and three-dimensional graphics); understand graphics (understand plane structure pictures). Wang (2005) thought

influential factors of professional ability for employment should include the residual function (weight load, lifting, alertness, trunk action, low action, hand and finger action, perception, hearing, vision), intelligence examination, vocational aptitude test (interest, experience, personality), professional operating capacity.

Some studies thought that it should undertake functional curriculum and offer vocational skills training. "Functional curriculum, a cornerstone of special education," prepared students for adult living and includes independent living, leisure, health and grooming, social skills, communication skills, vocational preparation and skill training, and general skills as well as community involvement through the age appropriate content (Boyer-Stephens & Kearns, 1988). Furthermore, a study recommended expanding curricular attention to include task approach and problem solving skills, self-efficacy skills (e.g. self-monitoring), and social skills as critical fundamental skills for all students (Szymanski & Hanley-Maxwell, 1996).

Services delivery

Many nations had established the vocational rehabilitation services delivery system in order to help people with disabilities overcome barriers and adapt to employment. Moreover, in order to improve the occupational status of disabled individuals, a large number of nations established special laws or implemented a relevant act. For example the U.S. Congress passed the Americans with Disabilities Act (ADA) in 1990 as a means of increasing access for disabled individuals and providing them equal opportunities for employment. In UK, the Disability Discrimination Act (1995) was addressed to "service providers". In Australia, the Disability Discrimination Act (1992) required employers to provide services or facilities to enable a suitably qualified person with a disability to meet the "inherent requirements of the particular employment" as long as such provision would not impose an "unjustifiable hardship" on the employer (Woodhams, 2001). In China, the establishment of the Law on Protection of Disabled Persons (LPDP, 1990), with the China's disability employment has been shifting from concentration toward dispersion as a result of socioeconomic development and the transformation of disability policy (Hampton, 2001).

Services delivery problems were perpetual for all people receiving services; it was important to note the specific service delivery issues that seemed

to impact the most of the disabled population (Scruggs, 2003). Services involved such as geographical location, available transportation, personal level of functioning, quality of interpreters, and professional experience of service providers. A key issue that was often missing among service providers was the special knowledge needed to work with people who were low functioning (Scruggs, 2003). However, the ability of public vocational rehabilitation agencies and their community rehabilitation provider partners to maintain a high level of successful closures was challenged when individuals presented a need for unique and intensive job search and retention strategies. Thus, rehabilitation professionals often were in a position to serve individuals who cannot easily apply for “off the shelf” jobs. These individuals may not have the skills, training, experience, stamina, or life circumstances that allowed them to present themselves as viable candidates for positions as listed by prospective employers (Martin, 2005). In order for successful employment to occur, these persons with disabilities often required individualized processes for assisting them to determine potential employment options, a targeted job search strategy, and a customized job with specific and negotiated tasks, taking into account individual accommodation and extended support needs (Fesko et al., 2005). In supported employment, West and Parent (1992) had highlighted the importance of the consumer’s role in choosing an occupation, agency and training staff, training and support methods, and whether to remain in a particular job.

Millington et al. (2003) asserted that rehabilitation counselors must improve their ability to understand employer’s needs and more clearly recognize how employers manage their personnel systems. They concluded that rehabilitation counselors must develop the skills necessary to partner with employers during the entire personnel process, and not just focus on the specific hiring event. Gilbride et al. (2003) found that many employers were fond of thoughtful, timely, effective support in meeting their personnel needs and dealing with disability related issues. They found that employers who received ongoing support and assistance from rehabilitation professionals appreciated that assistance and believed that it increased their ability to successfully hire and accommodate people with disabilities. Employers also indicated that they would like “one point of contact” for all their disability related questions. Employers often struggled with understanding the differences between agencies and found the inconsistency of procedures and lacked of responsiveness

of some providers wearisome. Much studies had been conducted over the past few decades (Gilbride & Stensrud, 1992) documenting the importance of developing effective relationships with employers to improve employment opportunities for consumers. While most argue that partnerships with employers were necessary, in practice only minimal resources were committed to developing and maintaining these relationships (Gilbride, 2000). Most rehabilitation agencies felt that they were understaffed and underfunded, and while they would like to commit more time to developing and maintaining employer partnerships, the ongoing and compelling needs of the current caseload consumed their time (Gilbride, 2000).

Prejudice of social mainstream perceptions

In the context of professional practice, however, disabled people tended to be portrayed as “clients” to be “looked after” or “cared for”, rather than as fully functional citizens who contributed to caring as qualified and trained health and social care professionals (Brothers et al., 2002). Prevailing mainstream perceptions of disabled people as being individually deficient because of their impairments, an individualist model which had both let members of the mainstream “off the hook” in terms of not being made to feel obliged to adapt their existing policies, practices and behaviors to make them more inclusive, and at the same time seemed to offer disabled people no hope of ever achieving full social inclusion whilst their impairments remained (Tregaskis, 2000). Some studies found that the individuals with disabilities encountered typically the result of a social environment that stereotyped them as damaged goods, second-class citizens, inferior, dependent and little or no value who were unable to make competent decisions or perform most job duties in a cost-effective manner (Boyle, 1997; Imrie, 1997).

A large number of individuals with disabilities thought encountering unfair treatment. 39.2% of persons with disabilities felt that they were treated noticeably differently from intact people, 24.4% reported that they felt embarrassed by unnecessary sympathy shown to them, 16.3% stated that they were frequently addressed in derogatory terms, and 16.3% replied more strongly that society simply hated them (Hosain et al., 2002). The females (44.1%) were 1.47 times more likely to suffer from negative attitudes than their male counterparts (34.8%) (Hosain et al., 2002). With regards to the job characteristics, it was noteworthy that disabled individuals received lower

hourly wages than intact workers, which was related to wage discrimination, through their relatively higher participation in low-skilled occupations in jobs with a lower level of responsibility, and with less non-wages subsidies (Pagán & Malo, 2009).

Employers and coworkers had given some stereotypical and negative perceptions to disabled people. Negative reactions of employers, supervisors and coworkers constituted attitudinal barriers that people with disabilities faced in the workplace (Punch et al., 2004). Negative employer expectations, biases, or attitudes toward the employment of individuals with disabilities had been identified as potential barriers to employment (Millington et al., 1994). Employers were reluctant to hire people with disabilities because of the perceived risk associated with hiring an individual who may require costly supports or lag behind in productivity (Bricout & Bentley, 2000). Stereotypes were used in combination with category membership as a basis for generating expectancies about persons with disabilities (Higgins & Bargh, 1987). When categorizing a person as an individual with disabilities, the employer derived expectancies about the concept from stereotype-based assumptions made about disabled people as a group. As a result of these expectations, the disabled person may encounter a number of treatment-related problems, including a decreased likelihood of being selected for a job, recommended for promotion, or receiving rewards or special mentoring in organizations.

Many people with impairments were excluded from contributing their labor to the means of production, due to a number of factors including limited educational opportunities, environmental access barriers, and employers' negative attitudes towards employing them; and at another level because the impaired body may not conform to conventional notions of aesthetic acceptability, and may also be an unwelcome reminder to intact people of the inevitability of their own mortality (Tregaskis, 2000). Boyle (1997) categorized negative stereotypes into four dimensions: (a) a negative social image, which resulted in the disabled individuals avoiding contact with members of the intact population; (b) a rehabilitation system that exerted considerable control over the career options available to its clients by assessing their potential job categories with little regard for their idiosyncratic needs and aspirations; (c) established job completion methodologies that did not allow disabled individuals' access to most occupations because the jobs were designed for the physical requirements of members of the intact population;

and (d) a powerful image campaign by many organizations that made the organizations appear more responsive than they really were to the needs of members of the disabled population.

Braddock and Bachelder (1994) indicated that employers' stereotypes and attitudinal biases may be an important source of the problem. Employers often stuck to "unfounded" concerns about persons with disabilities, including "false" assumptions about their job-related abilities, performance levels, absenteeism, turnover rates, and the high costs of accommodation. It merited emphasis that expectancies were extremely important elements because they were thought to bias personnel-related decisions about, and subsequent treatment of, persons with disabilities. For example, based on existing stereotypes, it was likely that employers will bias expectations regarding the ability levels, social competence, or emotional adjustment of disabled individuals (Fichten & Amsel, 1986).

People's attitudes toward work and toward their jobs were strongly influenced by their perceptions of procedural justice (Colquitt et al., 2001). Justice perceptions arose from an internal process whereby people compared the fairness of how they thought they were treated to how they thought others were treated (Colquitt et al., 2001), and justice perceptions were influenced by whether the behavior of others was understood to be fair or unfair. A study explored the roots of stigma toward employees with disabilities, McLaughlin et al. (2004) found that participants' perceptions of the "performance impact" of disability on job performance was the most significant factor related to coworkers' acceptance of employees with disabilities. Other factors impacting coworkers' perceptions included discomfort in being around people with disabilities (e.g. negative affect), strain caused by communication impairments (e.g. speech impediments, hearing loss), personality factors (e.g. prejudice, limited tolerance), and lack of prior contact with people with disabilities (Colella, 2001; Schur, 2003).

Conclusions

This literature review showed that there were many studies which had revealed prevalent factors of influence, such as personal attributes: vocational ability, vocational interest, vocational value, vocational expectation, vocational satisfaction, gender, race, level of education, physical conditions, intelligence, etc; social conditions: policy, act, workplace, education, services,

family, socio-economic, etc; others: ecological views, mental views, comprehensive views and so on. However, most of these just simply mentioned some related influential factors, did not discuss in some depth, merely limited researches were systematic in one of the factors. From two dimensions, this paper reviewed relevant important factors: vocational expectation and satisfaction, vocational personality, vocational ability, services delivery, and prejudice of social mainstream perceptions. Personal attributes and social perceptions were closely related, deeply impacted perceptions of choosing and treating employment for individuals with disabilities, also impacted the evaluation of satisfaction and adaptation. Therefore, further studies may be focused on what relationships are among those factors? What factors directly impact vocational adaptation of individuals with disabilities? How to overcome these negative factors? How to improve the vocational adaptation of individuals with disabilities?

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THE PROBLEMS AND POSSIBLE SOLUTIONS IN DEVELOPMENT OF CHINESE DEAF IDENTITY

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Abstract

“Deaf Identity” is a new concept in China; in this article the author analyzes the development of Deaf Identity based on Glickman’s research, lists the problems, namely the attitude of parents, the inadequate deaf education and some misunderstandings of the deaf culture, in the development of Chinese Deaf Identity from a cultural perspective. And then he tries to solve the problems from several approaches, which improve the parents’ ability, expand the deaf culture in deaf school and ameliorate the public’s attitude to the deaf culture.

Keywords

Deaf Identity; Deaf Identity Development; China; Family Environment; Deaf Education; Social Culture

Deaf Identity was researched in the field of pedagogy, psychology and sociology in the West decades ago, but “Deaf Identity” is a new concept in China.

China has more than 20 million deaf people, i. e. 1.67% of Chinese population and more than 800 thousands are children below 7 years old. Deaf people in general do not have high education, and there is a little communication with each other, a few individuals even do not know that there are another deaf in the world. So they cannot identify themselves with the culture. The deaf will feel lonely and anxious because of their excursive and uncertain identity.

In this article, I will discuss the problems in the development of Chinese deaf identity and its solutions using the research of “Deaf Identity” in western society.

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1 The Development of Deaf Identity

Deaf Identity came into being with the development of the deaf cultural movement, the arousal of the deaf rights and dignity, and the development of the deaf education.

Glickman elaborated the development of Deaf Cultural Identity, his research reminded us that we should recognize firstly: Deaf people and hearing people only have the “cultural difference”, and we must understand deaf culture and the other culture of the minority as equal.¹ The development of Deaf Identity is a kind of the manifestations of theory of cultural and ethnical identity. I will explain the “Deaf Identity” base on the Glickman’s comprehension.

1.1 Deaf Cultural Identity

In the different types of the disabled people, only deaf emphasize deaf culture, the other disabled do not have an obvious and distinct culture.² The concept of Deaf culture has proved of the utmost importance in wresting social power from an overwhelming hearing majority who have not only systematically privileged spoken language over visual language but who have also forced this spoken language on deaf people, both unsuccessfully and at the expense of a natural language equally capable of expressing abstract thought.³ There are three reasons about the appearance of the deaf culture and deaf society, the first reason is that communication is the only barrier between the deaf persons and the mainstream culture, and this barrier is a distinct characteristic that refers to deaf as different from the other crowd. The second one is that the deaf have the unique communicate means—sign language, and the last reason is that strong attraction in the deaf crowd (deaf school is the foremost deaf crowd). So if we do not treat the deaf as disabled, but in the view of culture, deaf people are a kind of minority that has some difference in the ways of communication and the content of the life, or we can say they only have the difference in culture in comparison with the mainstream.

¹ GLICKMAN, NEIL S., CAREY, JOHN C. Measuring Deaf Cultural Identities: A Preliminary Investigation, *Rehabilitation Psychology*, Vol. 39(3), Fal, 1994.

² HU YANMEI, Study on Deaf College Identity, *Liaoning Normal University Ph.D. thesis*, p. 41, 2005.

³ BENJAMIN R FRASER, Deaf Cultural Production in Twentieth-Century Madrid, *Sign Language Studies*, Vol. 7(4), Summer 2007.

So deaf people live in two types of culture which is the hearing culture and deaf culture. The deaf people identify with themselves, not just identify with the “disabled” but identify with the deaf culture, namely they enter into the deaf society and deaf crowd, and identify with the hearing culture which they live in.

1.2 The Diversity of Deaf Identity

A scale that measures deaf identities includes these three, labeling them “hearing identity” (perceiving deafness as a disability), “immersion” (perceiving deafness as a culture), and “bicultural”. Fourth, “marginal” identity is proposed, of people who are not sure about their feelings toward their deafness.⁴ I explain them in detail; Hearing identity applies to the deaf people who prefer to interact with the hearing people as much as possible and keep contacts with the other deaf people to a minimum. The hearing identity deaf people would disdain sign language as a crutch, take pride in the ability to function in the hearing world. In contrast, the immersion deaf people who reject all involvement with the hearing people, such a person would feel oppressed by hearing people and probably would make no effort to communicate with them. The bicultural identity applies to the deaf person who feels comfortable in both hearing and deaf culture. This person probably would make excellent use of whatever residual hearing he or she possessed, and would sign competently. They would enjoy hearing friends as much as deaf peers. The last one, marginal identity applies to the deaf person who is truly comfortable neither in hearing culture nor among in the deaf community.

Thomas K. Holcomb devised seven identity categories, a deaf person may fall into based on extent of exposure to the deaf community: balanced bicultural, deaf-dominant bicultural, hearing-dominant bicultural, culturally isolated, culturally separate, culturally marginal, and culturally captive.⁵ In these different categories, balanced bicultural, deaf-dominant bicultural and hearing-dominant bicultural that are minutia of the bicultural identity. And the culturally separate identity, the culturally isolated identity and the culturally marginal identity correspond to the immersion identity, the hearing

⁴ YAEL BAT-CHAVA, Diversity of Deaf Identities, *American Annals of the Deaf*, Vol. 145(5), Dec 2000

⁵ THOMAS K. HOLCOMB, Development of Deaf Bicultural Identity, *American Annals of the Deaf*, Vol. 142(2), Apr 1997

identity and the marginal identity probably. Beside, Thomas K. Holcomb proposed another category: the culturally captive. That applies to the deaf person who has had no opportunity to meet other deaf people and learn about Deaf culture.

1.3 The Development of Deaf Identity

Glickman and Thomas K. Holcomb devised a different Deaf Identity classification. But there is an ongoing flux in terms of how deaf people define themselves as individuals and members of their cultures.⁶ Glickman and Thomas K. Holcomb have a similar idea about the stage of the Deaf Identity development as follows: Hearing Identity, Marginal identity, Immersion and Bicultural Identity.

Bicultural Identity is the last stage, but acquiring a bicultural identity, whether it is balanced bicultural, deaf-dominant bicultural, or hearing dominant bicultural, is crucial for most deaf people in developing a productive, rewarding life. Unfortunately, the process of developing such a bicultural identity can be long and painful for some. In this process, the deaf person's emotion will have five stages: 1) conformity, 2) dissonance, 3) resistance and immersion, 4) introspection and 5) awareness.⁷

Most deaf people are born to hearing parents, who communicate and educate their children in speaking language all the time. There are too much negotiation about the deaf, the sign language and the style of deaf in the individual's growth environment. Then the deaf person will **conform** to the around environment, and identify the hearing culture. But with improving the self-awareness of deaf person, especially after the individual meets the other deaf person, they will feel that they cannot enter both the hearing and deaf communication and their identity will be **dissonant**. With the more contact with the deaf crowd, the more affirmative themselves; they **immerse** themselves in the deaf culture. The deaf will **introspect** themselves after change the identity, and then they will understand and be **aware** of the difference between the deaf culture and the hearing culture.

⁶ Deborah L. Maxwell-McCaw, Irene W. Leigh, Alan L. Marcus Gallaudet University, Social Identity in Deaf Culture: A Comparison of Ideologies, used with permission, draft mailed to *Journal of the American Deafness & Rehabilitation Association*, p. 9.

⁷ THOMAS K. HOLCOMB, Development of Deaf Bicultural Identity, *American Annals of the Deaf*, Vol. 142(2), Apr 1997

Besides, there are some differences in the Deaf Identity Development.

Firstly, hearing identity is not the beginning of the Deaf Identity development forever. According to the experience of every deaf person, the first stage of the Deaf Identity is different. For example, the deaf who are born in a deaf family, the individuals who become deaf when they are adult and so on.

Secondly, although in the same development stage, there are some divergences of individuals.

2 The Problems and Reasons in Chinese Deaf Identity Development

Study in Deaf Identity is a new project in China. There are only two Chinese publications examining “Deaf Identity” in the range that I can find it so far. One is a Ph.D. thesis by a young scholar (Hu Yamei’s <Study on Deaf Identity of the deaf college students>), another one is <Study on Deaf Identity> published in <Chinese Special Education>. So, it is difficult to show a complete and accurate statistics that about the number of deaf people in different stages of the Deaf Identity Development. But I found some problems in the current development of Deaf Identity in China from related published sources. In the following paragraphs, I describe them and try to analyze the reasons.

2.1 Many Deaf People Identify Hearing Culture Due to Family Environment

Most deaf children (90%) are born to hearing parents, who previously never thought much about deafness. Bat-Chava’s hypothesis is that children whose parents are hearing or who grew up in homes where spoken language was the primary mode of communication will be likely to adopt the view of deafness as a disability, and develop a culturally hearing identity.⁸ And this hypothesis was tested to be true at last.

There are two challenges making deaf children get conditioned by the hearing culture in Chinese hearing families as following:

2.1.1 The Mode of Communication in the Family

The first related feature of the family environment is the communication method used in the home. The mode of communication influences the

⁸ YAEL BAT-CHAVA, Diversity of Deaf Identities, *American Annals of the Deaf*, Vol. 145(5), Dec 2000

description of personal identity.⁹ In general, hearing parents cannot use sign language in China, just like the families in other countries. In the past, most hearing parents were advised not to use signs or gestures with their deaf child, but rather to talk to him or her. Heeding professionals' advice, these parents tried to educate their children by means of the oral method¹⁰. But these practices, which are less prevalent in western society today, affected the participants in the present study. Until now, almost every hearing parent still communicates with their deaf children in oral language in China and they avoid using signs in their family. The deaf children know nothing about the deaf culture as a deaf, and then they think only the hearing culture is a normal culture, gradually identify with the hearing culture.

2.1.2 Parents' Attitude to Deaf Children

The second related feature of the family environment is the parents' attitude. Health professionals and educators, who hold the view that deafness is a disability, shape parents' initial views of deafness. Most hearing parents cannot accept the actuality that their children are disabled, they do not acknowledge their children's deafness, do not wish the children to enter the deaf community, they hope that their children will become "normal persons". So the hearing parents usually feel disappointment, anxiety, helpless and compunction.

In the families, the disadvantage of viewing deaf children from the disabled perspective is that it will be transmitted to the deaf children. Such parents' deaf children will likely adhere to this feeling and view as well.¹¹ And the deaf children will identify culturally hearing.

In contrast, deaf children whose parents or siblings (or both) are members of the Deaf community are more likely to be exposed to the cultural model of deafness through interaction with their family and the Deaf community.

⁹ JOANNA KOSSEWSKA, Personal Identity in Deaf Adolescents, *Journal of Special Education and Rehabilitation*, Vol. 1-2, p. 67,2008

¹⁰ YAEL BAT-CHAVA, Diversity of Deaf Identities, *American Annals of the Deaf*, Vol. 145(5), Dec 2000

¹¹ YAEL BAT-CHAVA, Diversity of Deaf Identities, *American Annals of the Deaf*, Vol. 145(5), p. 421, Dec 2000

2.2 Many Deaf Persons Identify “Marginal” Due to Education Environment

There are two kinds of educational settings for deaf children in China, one is deaf school, and the other is general school. Neither deaf schools nor general schools provide enough deaf culture for deaf students. Hu Yamei noted: The deaf children who study at general school are less identified with the hearing culture than the deaf children who study at deaf school, no matter how long they stay at general school. Moreover, the deaf children who study only at deaf school are more identified with the culturally deaf than the deaf children who study only at general school.¹²

In China, there are two kinds of current situations making the deaf neither identify with the hearing culture nor understand the deaf culture, and then their identity will be “marginal”. Firstly, Magda Nikolarazi & Kika Hadjidakou pointed out that the most critical educational experiences for the participants’ identity concerned their interactions with hearing or deaf peers and their language of communication with their peers at school.¹³ But in China, a lot of deaf children who live in villages have no opportunity to study at deaf school, they choose only general school or even do not go to school. Secondly, even if the deaf children who are lucky to study at deaf schools, they find there is not enough the deaf culture as expected by the deaf crowd yet.

2.2.1 Teaching Language is “Oral Main, Sign Auxiliary”

Bilingual education (ASL and English) has been popular at deaf schools in the West since the 1980s. The hearing culture and deaf culture coexist by using simultaneously two languages, it is a great benefit for deaf persons who can understand and adapt to the two kinds of different cultures, and then identify with the bicultural identity.

But in China, the teaching language’s history will be traced back to the well documented 1880 conference in Milan, Italy, at which oral education methods for teaching deaf children were given recognition as superior to those of manual education incorporating sign language. Two missionaries

¹² HU YANMEI, Study on Deaf College Identity, *Liaoning Normal University Ph.D. thesis*, p. 41, 2005.

¹³ MAGDA NIKOLARAZI & KIKA HADJIKAKOU, The Role of Educational Experiences in the Development of Deaf Identity, *Journal of Deaf Studies and Deaf Education* Vol. 11(4), p. 477, Fall 2006.

working in China attended the Milan Conference. After Milan, the Rev. Charles Rogers Mills and his wife, Annette Thompson Mills, returned to China, where in 1887 they established the first documented school for the deaf, the Chefoo School for the Deaf in Tungchow. Since that time, the oral approach has continued to be the dominant approach promoted by Chinese governments and by educators in China.¹⁴ In 1954, a national conference on the teaching of the Chinese language at schools for the deaf concluded that oral teaching was still the best practice.¹⁵

The western method of “bilingual education” has much influence to the Chinese deaf education. But the approach of “Oral is main, sign and printed is auxiliary” is still the foremost teaching method at Chinese deaf school for a long time. In the class, the more use of the oral language, the more despise of the sign language. When the deaf students graduate and enter society, they will find that they cannot overcome communication barriers with the hearing world. But then they are not good at their mother language—Chinese Sign Language, they cannot communicate easily with other deaf persons. Many deaf persons acquire the “marginal” identity.

2.2.2 Teachers' problems

The teachers who work at deaf schools have some problems as following: Firstly, the sign language is the core of the deaf culture, but most of the teachers who work at deaf school (especially hearing teachers) are not good at CSL. When the teacher utilizes CSL, only 20.8 % deaf students can understand completely, 51.7 % deaf students can understand majority, and 26.7 % deaf students just know a little of them.¹⁶ With promoting “bilingual education” in the West, more and more deaf school's teachers realize CSL is important and necessary. But until now, most teachers in deaf school cannot communicate with deaf students fluently. There are several reasons for the teachers' bad sign language. For example, being affected by the oral approach

¹⁴ RICHARD R. LYTLE, KATHRYN E. JOHNSON, YANG JUNHUI, Deaf Education in China: History, Current Issues, and Emerging Deaf Voices, *American Annals of The Deaf*, Vol. 150(5), p. 458, 2005/2006

¹⁵ RICHARD R. LYTLE, KATHRYN E. JOHNSON, YANG JUNHUI, Deaf Education in China: History, Current Issues, and Emerging Deaf Voices, *American Annals of The Deaf*, Vol. 150(5), p. 458, 2005/2006

¹⁶ HU YANMEI, Study on Deaf College Identity, *Liaoning Normal University Ph.D. thesis*, p. 45, 2005.

that can be traced back to the 1880s, having mistake the natural sign language from the deaf students¹⁷, teachers lacking the CSL training and etc.

Secondly, the deaf students have their style and feature, but they are taught by the similar method like normal students. For instance, the first high class endeavouring to enter a higher school was built in Nanjing Deaf School in 1992. A deaf lady who graduated from this school recalled her English teacher, she said: He found the English alphabet pictures, but he learn us how to read them, his method came as a great shock to us all, we are all deaf, we can't hear it. Is reading necessary for us? Although it is a long time from 1992, today many teachers who work at deaf school still use similar teaching methods like to normal students, they do not pay attention to the difference of the deaf culture.

2.2.3 Problem of Curriculum

The curriculum of deaf school does not have any obvious feature of the deaf culture, the curriculum for deaf children in China reflects the curriculum prescribed for all elementary and middle school children without disabilities, it emphasizes the acquisition of knowledge through a great deal of skill and drill.

In my article, I show only one case to explain the problem of the curriculum content. A piece of a Chinese text, <The Picture of Snow>, in Grade Six of general school was shifted to Grade Five of deaf school, and the sentences what describe the sound were deleted for deaf children. In my opinion, the adjustment and alteration are not good enough for deaf students.

2.3 Chinese Deaf Identity Development is Difficult Due to Culture Environment

The deaf culture is a distinct culture in China. The heterogeneity of the deaf community,¹⁸ the sign language as its core, is embodied in psychology and action of deaf people. But in China, a lot of public do not comprehend the deaf culture as a kind of a normal and equal subculture, and the public do not really understand and respect the deaf culture. They believe the hear-

¹⁷ LIANGH HAO, Research on CSL Study by Hearing Teachers in Deaf School. Published on Internet, Jan, 2010.

¹⁸ ILA PARASNIS, Cultural identity and diversity in deaf education, *American Annals of the Deaf*; Vol. 142(2), p. 73, Apr 1997; 142,2

ing status should be an innate physical characteristic. The deaf culture is neglected and discriminated partly due to incomprehension and low esteem.

Now, we do not realize the existence of the deaf culture is necessary, in our view, the deaf people are just disabled people, and we always try our best to let them return the mainstream culture.

This realization that the deaf culture affects the deaf person's life by parents, school and the colleagues, and affects the deaf identify itself. The deaf want to extricate themselves from the "abnormal" culture. So, some deaf persons identify with the hearing culture, make friends with the hearing people, avoid using the sign language, and look forward to becoming a hearing man. In contrast, some deaf hate the hearing society, wallow in self-pity. Beside some deaf refuse their culture, but they do also not enter the "normal" and mainstream culture completely.

3 Solutions

In the investigation of S. H. Cole & R. J. Edelman, the teacher who educates the deaf students believes that the deaf who identify as bicultural have least problems.¹⁹

Deaf college students' acceptance and integration in the deaf and hearing culture are helpful for fulfilling of self-esteem.²⁰

When a deaf person comes to a fair and realistic understanding of both cultures, and can relate comfortably to both²¹ it is the final stage of the development of Deaf Identity.

The more identification with the bicultural identity, the less social anxiety about the deaf students.²²

From the previous lists we can find that different authors believe the same - that the bicultural identity is the healthiest stage of the development

¹⁹ COLE S. H., Edelman, R. J., Identity Patterns and Self- and Teacher-perceptions of Problems for Deaf Adolescents: a Research Note, *Journal of Child Psychology and Psychiatry and Allied Disciplines*. Vol. 32(7), Nov 1991.

²⁰ HU YANMEI, Study on Deaf College Identity, *Liaoning Normal University Ph.D. thesis*, p. 45, 2005.

²¹ THOMAS K. HOLCOMB, Development of Deaf Bicultural Identity, *American Annals of the Deaf*, Vol. 142(2), p. 91, Apr 1997

²² TAN QIAOBAO, ZHONG YIPING, CHEN FANG, ZHOU SONGQING, Research on the Relationship Between Identity and Social Anxiety of Deaf Students, *Chinese Journal of Clinical Psychology* Vol. 18 (4), p. 513, 2010

of Deaf Identity. So, my solutions are to give some advises to the deaf who develop their bicultural identity.

3.1 Pay Close Attention to Family and Parents

The communication and the attitude of parents influence the development of Deaf Identity. In the future, we must shift the parents' focus from disability to diversity by the following different ways:

3.1.1 Communicate with Linguists

Chinese parents look at their deaf children as only disabled because most hearing parents know nothing about the deaf society and deaf culture, they don't know how to help and educate their deaf children, and they do not know what attitude or expectation is the best one for their children.

The linguists, especially those who work at university and rehabilitation centres could provide the necessary knowledge and support to the parents who have deaf children, guide the parents to the best way to communicate with their children.

The communicative approach between linguists and parents should be diversity, for example, the researchers visit the family regularly, the parents consult by telephone, communicate on the internet and so on. If we have built this communication platform, both linguists and parents can try their best together, provide the best growth in the family environment.

3.1.2 A Role of Community Support to Families with Hearing Impaired Member

There is an inevitable gap between deaf people and hearing persons because of the deafness. Many parents who have deaf children live in fear and trepidation due to this gap, including the deaf children's education, jobs and marriage in the future and so on. And this trepidation is the reason why most parents want to change the disabled situation of their children.

If community pays more attention to the family that have deaf children, they can give assistance to the parents, for example, take care of the deaf kids when the parents leave, help parents choose the school for their deaf students, supply the simple jobs to the deaf persons and so on. The more help to their deaf children, the less anxiety of the parents.

3.1.3 Provide Necessary “Deaf Culture” to Deaf Children

Some deaf people who live in the hearing family know a little about other deaf persons. It will affect the identity development of the deaf children if they learn nothing about the deaf society and deaf culture.

So we must provide the necessary “Deaf Culture” to deaf children, we can do something as following: We can get help from the research institute and invite a successful deaf person to communicate with deaf children, we can get help from the community to organize a deaf salon and etc. Try our best to provide opportunities to deaf children.

3.2 Expand the Deaf Culture in Deaf School and Deaf Education

To aim at the problems that are mentioned in the above paragraph, we have some ways as following:

3.2.1 Reform the Teaching Language in Deaf School

Reforming the teaching language in deaf school means improvement of the frequency and position of the sign language at deaf school. The sign language (CSL) must be as important as the oral language. The bilingual education not only improves the power of teacher to study CSL but also benefits the deaf students to study their “mother language”. Then deaf students can identify culturally with both the deaf and hearing culture.

3.2.2 Improve the Training and Education to Teachers

Most of the teachers who work at deaf schools are not graduates from a special college but come from the normal university. So they are not proficient in CSL, and they do not understand the deaf life and deaf culture.

Improving education for teachers means that the university should improve the major of special education and train more and more graduates for deaf schools. These graduates who have special knowledge and professional skills can give better services for deaf schools.

Training for teachers means training for graduates who become teachers at deaf school. The training platform is built by research institutes, universities and teachers at deaf school, the content of the training includes the skill of CSL, special knowledge, teaching methods for deaf students and so on; every deaf school must ensure that the offer of opportunities enables every teacher to take part in the training in policy.

3.2.3 *Enrich the Curriculum at Deaf School*

Only a change of a part of the curriculum content and arrangement is not enough for deaf students.

We should educate them about the deaf culture. For instance, set up the school-based curriculum (a few deaf schools have the school-based curriculum, but the curriculum is short of scientificity.²³) that describes the life experiences of successful deaf persons, describes the deeds of deaf heroes²⁴, and organizes communication or cooperation among different deaf schools. Let deaf persons confide in themselves and gradually identify with the bi-cultural identity.

3.3 *Ameliorate the Public's Attitude to Deaf Culture*

The perspective that deaf people should be regarded primarily as a cultural and language minority group rather than as individuals with an audiological²⁵ disability is gathering support among educators, linguists, and researchers involved in deaf education.²⁶ The diversity should be accommodated and respected by the public, and we know this is the responsibility of the public.

Despite important stride made during the education and publicity, I have to say it is so difficult to shift thoroughly the attitude of the public, especially when it is a national attitude. I am not sure how to change the public's attitude.

Education and publicity of the viewing for the deaf culture may be the best way to enable the public to understand, accommodate and respect the deaf culture. How it will influence the attitude of the public thus remains an open question for a future study.

²³ GAO LEI, LAN JIJUN, WANG JIANGNA, On the School-based Chinese-Language Teaching Material Development in Schools for the Deaf, *Chinese Journal of Special Education*, p. 33, Vol. 122(8), 2010

²⁴ ZHANG NINGSHENG, WANG QI. A Study on Deaf Identity, *Chinese Journal of Special Education*, Vol. 109(7), p. 52, 2009.

²⁵ At present, we prefer to use a more proper term: hearing impairment.

²⁶ ILA PARASNIS, Cultural Identity and Diversity in Deaf Education, *American Annals of the Deaf*; Vol. 142(2), p. 72, Apr 1997; 142,2

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FACTORS INFLUENCING PEER RELATIONSHIPS OF HEARING IMPAIRED CHILDREN

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Abstract

Peer relationships of hearing impaired children is an important element for their social integration, it plays a critical role on their cognitive, emotional and behavioral development. But hearing impaired children have difficulties in interacting with peers, especially with hearing peers. In order to improve their peer relationships, first of all, influencing factors should be made clear. The present article provides an overview of factors affecting peer relationships of hearing impaired children. Summarizing available researches, there are main four affecting factors: educational settings, cochlear implants, communication strategies, and attachment. Each of factors is described, with attention to their relative negative and positive influences and how these factors impact on peer relationships of hearing impaired children is analyzed deeply. Furthermore, besides these factors, other influencing factors should be investigated in future.

Key words

Peer relationships, hearing impaired children, educational settings, cochlear implants, communication strategies, attachment

Introduction

Peer relationships refer to the interactions among age-mates (Hartup, 1986), which play an important role in children's emotional and social development. Hartup (1996) points out that peers affect children's development in two ways: one is participation in group activities; another is dyadic (i. e. one-on-one) associations with friends. Both facets make children experience different peer relationships, for example, being accepted or rejected by peers. Peer relationships provide children context for construction of the self, in

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which capacities for self-control may be tested and refined. And peer relationships also offer the age-related developmental opportunities for getting acquainted with social norms and processes, learning cooperation, gaining support, or developing interpersonal skills (Rubin et al., 1998). Positive interactions and relationships with peers are associated with greater psychological well-being at all ages (Ladd et al., 2005), more academically successful (Buhs et al., 2006), better school adjustment, successful emotion regulation, and maintaining positive peer relationships in the future. (McElwain & Valling, 2005).

Spoken language and vocalization play a central role in social interactions. For children with hearing impairment, different degree hearing loss inevitably influences the development of their social behavior and emotion. Some researches suggest that many deaf children have difficulties in initiating interactions with hearing peers (Weisel et al., 2005), they are more likely to be neglected by peers (Nunes et al., 2001) and report more loneliness than do hearing children (Most, 2007). Based on these researches, it might be deduced that hearing impaired children may face increasing difficulties in forming and sustaining positive relationships with hearing peers.

Besides hearing loss and poor ability of oral language, what are the impacting factors on the peer relationships of hearing impaired children? In order to improve the peer relationships of hearing impaired children, the influencing factors should be made clear. The goal of the present article is to provide an overview of factors influencing the peer relationships of children with hearing impairment. On the base of relevant literatures in this area, main four factors are summarized: educational setting, cochlear implants, communication strategies, and attachment.

1 Educational settings

The educational setting is very crucial to the development of social competence (i. e., peer relationships) of children with hearing impairment. Children who are deaf have multiple school placement options: residential deaf schools, day deaf schools, or mainstreaming in hearing schools, either fully or partially. Nowadays, in many countries, inclusion of children with disabilities, including deaf children, is a core element of educational policy. If possible, deaf children are educated in mainstream settings.

Many researches indicate that mainstream settings are better for academic achievement of children with hearing impairment. Deaf students in the mainstream setting have higher levels of achievement than those in segregated settings. (Jensema, 1975; Reich et al., 1977), but their social integration is not as evident. More and more researchers focus on the social integration of hearing impaired children, they report that deaf students in the mainstream tend to have lower self esteem, to be socially isolated and to feel lonely, and to be less well adjusted than those in segregated settings (Charlson et al., 1992). It appears that deaf children in mainstream education often have few friends, have less interaction with hearing peers, and are more often rejected or neglected than their hearing peers. (Kluwin et al., 2002; Musselman et al., 1996; Stinson & Antia, 1999; Stinson & Kluwin, 2003). Nunes et al. (2001) investigated the social adaptation of deaf pupils in mainstream schools. The results show that deaf pupils were significantly more likely to be neglected by their peers and less likely to have a friend in the classroom than hearing pupils. Although deaf pupils are not rejected in mainstream schools, but they may feel isolated. And deaf adults who educated in special schools reported more positive memory than those educated at mainstream schools (Mertens, 1989). Pupils with hearing impairment who experienced both types of school environment often report a strong preference for special schools (Gregory et al., 1995). There is evidence that special programming can improve the relationships between deaf and hearing students (Kluwin & Gonsler, 1994; Ladd et al., 1984). Thus, although not all results are equally negative, the preponderance of the evidence supports the conclusion that special schools for the deaf foster socio-emotional growth better than mainstream schools.

However, some researches show that social integration seems somewhat more positive for hearing impaired children in a co-enrollment program in inclusive setting. Co-enrollment program is one model of inclusive education for students with hearing losses, in which hearing impaired students and hearing students learn together in a classroom, which is co-taught by a regular education teacher and a special education teacher for hearing impaired students. Co-enrollment programs provide the opportunity for intensive contact between hearing impaired children and their hearing peers (Antia & Kreimeyer, 2003; Kirchner, 1994). A study examined the social and academic performance of the deaf/hard-of-hearing children in the co-enrollment program. Results showed that co-enrollment intervention in inclusive setting promoted

students' academic development and increased interaction between D/HH children and hearing peers (Kreimeyer et al., 2000). A research by Wauters & Knoors (2007) investigates the social integration of hearing impaired children in both co-enrollment and mainstream programs by focusing on peer acceptance, social competence, and friendship relations. The results suggest that no differences are found between the deaf children and their hearing peers in peer acceptance, social status, the number of mutual friendships, and the number of mutual antipathies. It demonstrates that peer relationships of hearing impaired children can be benefited from inclusive settings.

From the studies available, it seems that the effects of educational settings on peer relationships of hearing impaired children are inconclusive. Some researchers observe that mainstream setting is good for social integration of hearing impaired children (Wauters & Knoors, 2007), but others have opposite views (Nunes et al., 2001). Therefore, more studies about this issue should be needed in the future.

2 Cochlear implants

Since the mid-1980s, the cochlear implants have been used for children who have a profound hearing loss, which marked a major breakthrough in the rehabilitation of deaf children. Unlike traditional hearing aids that amplify sounds, cochlear implants provide hearing-like sensation by directly stimulating the auditory nerve, contribute to restore auditory information to deaf children and improve the ability of speech recognition. The criteria of cochlear implantation have relaxed, such as lower age at implant, lower levels of hearing loss; and the cochlear implants' technology have made great improvement. Thus, the number of deaf children who received cochlear implants has increased dramatically.

The difficulties that deaf children typically experience in socialization with hearing peers may be attributed to limited production of intelligible speech and speech comprehension, resulting in inadequate understanding of how others think and feel (Rommel & Peters, 2009; Schorr et al., 2009). So, hearing loss leads to obstacles for hearing impaired children when they are communicating with hearing peers. In theory, if cochlear implants could improve auditory perception and advance speech and oral language skills in young deaf children, it could contribute to a common system of communication between the deaf child and his or her hearing parents and peers, promoting skills necessary for positive peer relationships.

Some studies have investigated peer relationships of children with cochlear implants, and indicate that the cochlear implants can markedly improve the communication skills of deaf children and have a positive effect on deaf children's ability to socialize with hearing peers in a mainstream environment (Pisoni et al., 1999; Svirsky et al., 2000; Tomblin et al., 1999). Cochlear implants may aid in the early socio-emotional development of some deaf children (Susan et al., 2010). A research assessed the conversational skills of children with cochlear implants, the results show that they talk as much and contribute to solving the task as efficiently as their hearing peers (Ibertsson, 2009). The research by Bat-Chava et al. (2005) concludes that deaf children with cochlear implants or hearing aids, whose communication skills improve overtime, this performance improves faster in children with implants compared to children with hearing aids. It demonstrates that cochlear implants may be effective in improving deaf children's communication and social skills, resulting in more satisfying interactions with hearing peers. Bat-Chava & Deignan (2001), using a qualitative and quantitative analysis of interviews with parents, described deaf children's communication skills and peer relationships before they had the implant and afterward. Results reveal that the implant has the potential to improve deaf children's relationships with hearing peers.

However, some researches do not conclude so positive results. A research shows that younger children with cochlear implants (aged 5-9 years) experience the same levels of loneliness and peer acceptance as normally hearing children; older children with cochlear implants (aged 9-14 years) report significantly lower perception of their own appropriate conduct and marginally greater loneliness than normally hearing children. In addition, the perception of loneliness is greater for children who received implants later in life (Schorr, 2006). In a study 5-to 6-year old deaf children who had cochlear implants for at least 1 year were observed under conditions varying peer context difficulty in A Peer Entry Task. Results suggested that they had no difficulty socializing with hearing peers in one-on-one situations, but still have difficulty when faced with an already established dyad of unfamiliar hearing peers (Martin D. et al., 2010). Researches investigate social skills of deaf children with cochlear implants using the peer entry paradigm, which indicate that one third of children with implants failed to enter a group situation where a dyad of hearing peers was already interacting (Knutson et al.,

1997); 27 % deaf children with implants failed to enter a peer group of two hearing peers compared to 5 % of hearing children who failed entry (Boyd et al., 2000). These results suggest that deaf children with cochlear implants demonstrate on going communication limitations.

A growing literature demonstrates the positive effects of cochlear implants on auditory perception and speech and oral language development (Hayes et al., 2009; Waltzman, 2006). Based on the view, cochlear implants have positive effects on deaf children's social skills and peer relationships, through improving auditory perception and speech and oral language development, why some studies do not show such positive results? Because cochlear implants do not have effects on auditory perception and speech and oral language development directly, these benefits are moderated by several variables, such as age at implant, duration of implant use, and mode of communication. Early profound hearing loss, later age at implantation is related to poorer speech perception (Zwolan et al., 2004) and speech production (Geers et al., 2009; Robbins, 2006), likely due to age-dependent aural sensitivity (Connor, et al., 2006). Longer duration of cochlear implant use is associated with better oral language (Nicholas & Geers, 2006), better performance on the communication with peers (Martin et al., 2010). There seems to be a substantial benefit for both speech and vocabulary outcomes when children receive their implant before the age of 2.5 years old. This benefit may combine a burst of growth after implantation with the impact of increased length of use at any given age. The added advantage (i. e., burst of growth) diminishes systematically with increasing age at implantation (Connor et al., 2006). The benefits of cochlear implantation both in the areas of communication and socialization while pointing to the interactive nature of these factors in children's development (Bat-Chava et al., 2005; Schorr et al., 2009).

3 Communication strategies

As age growing, the social skills of children develop, their participation in social interactions becomes more and more intentional (Eckerman & Stein, 1982). As children gradually take on more responsibility for social interactions with peers, they need to develop various communication skills further, such as the ability to initiate social interactions successfully (Ghuman et al., 1998). There are many different communication strategies, strategies to initiate interactions used by children is one of most important communication

strategies, which begin during early childhood and can be seen in kindergartens (Erwin et al., 1999).

What is initiation strategy in interaction? Vandell & George (1981) express the view that any clear and distinct behavior toward a partner that is not a part of an already existing interaction can be considered as an initiation strategy. An initiation strategy is successful when the partner responds and an interaction occurs. For hearing children, spoken language and vocalization play a central role in social interactions; both are used as strategies for initiating an interaction and for maintaining its continuity (Lederberg et al., 1986). But for hearing impaired children, who have great problem with development of spoken language, may have a lot of difficulties in social interactions.

The initiation strategies used by hearing impaired children are different from ones used by hearing children. Higginbotham and Baker (1981) reported that hearing impaired kindergartners spent more time playing alone in comparison to same-age hearing children. Duncan (1999) concluded that the deaf kindergartners used more physical initiation strategies (i. e., touch) than did their hearing counterparts in integrated kindergartens. Weisel et al. (2005) reported that initiation strategies used mainly by hearing impaired children as follows: vocalization, which only is preverbal vocalization such as single vowels, single syllable, and repeated syllables, either as a simple strategy or in combination with other strategies comprised the most frequent means of initiating peer interactions. Other strategies are touch, signing, object-related social act, head turning, moving closer, imitation of play, and direct entrance.

With reference to the effect of these initiation strategies, the hearing impaired children made more attempts to initiate social interaction with hearing peers than with their deaf peers, but initiations toward the deaf children were more successful than those toward the hearing children (Vandell & George, 1981). It concluded that even when hearing and HI children used similar strategies, the HI initiators failed more often, especially when attempting to initiate interactions with hearing peers. Be inline with this view, Weisel et al. (2005) reported that success rates of initiation strategies used by HI children in the special program were much higher than the rates in the regular program. In the special program, HI children communicate with only with other deaf children; in the regular program, HI children communicate with not only deaf children but also hearing children. Researchers interpreted that perhaps the specific strategy that hearing impaired children used did not

comprise the main determinant of their success. For example, the vocalizations made by the HI children included mostly preverbal vocalizations, which was not suitable for hearing partners and could not be understood by their partners, especially in the regular program. Thus, it might be that the low rate of success was related to the quality of these vocalizations. The other reason is that although HI children's motivation of the participants to interact with the hearing children is very strong and clear, they continued to repeat their attempted social interactions despite repeated failures (Weisel et al., 2005).

Moreover, trouble in communication between deaf and hearing children was related not only to different abilities to either understand the other's language, but to interaction or sociolinguistic practices specific to each modality (Keating & Mirus, 2003). Some studies found that HI preschoolers did not change their initiation strategies to accommodate hearing or deaf partners (Rodriguez & Lana, 1996). And hearing preschoolers used only vocalizations when they interacted with hearing partners and did not change their initiations to meet the HI children's needs (Vandelland & George, 1981). Thus, these reasons lead to relatively higher number of initiations made by HI children, but lower rate of success in the regular program. Keating & Mirus (2003) point out that unshared sociolinguistic practices and hearing-oriented participation frameworks are crucial aspects of communicative failure between hearing and deaf children in mainstream elementary school settings. And they suggest that deaf children are expected to develop skills for accommodating to hearing children, hearing children in classes with deaf children should be expected to develop comparable skills for interacting with deaf students in order to enrich peer interactions and enable the deaf students to have equal access to all learning opportunities.

4 Attachment

Attachment is a special emotional bonding between the infant and caregiver who mainly is mother (Bowlby, 1969). From the moment when a baby is born, he or she innate repertoire of behaviors such as smiling and the grasping reflex help them bond with their mothers and the attachment is forming through the interactions between mother and child. Attachment is considered as internal working models that serve later in the establishment of new relationships, it is very necessary and important for the development and establishment of satisfying interpersonal relationships (Bowlby, 1988; Marcel & Broesterhuizen, 2001). Secure attached children whose needs have been

met in a socially responsive environment have better ability to explore the environment and are more likely to be more socially competent. They have more satisfying relationships with friends, particularly with spouses (Blatt & Blass, 1990), better vocational and professional adjustment (Bartholomew & Horowitz, 1991), better ability to cope with stressful situations and negative affects (Mikulincer et al., 2003; Mikulincer et al., 2003; Pereg & Mikulincer, 2004), better self-image (Mikulincer, 1995), and a stronger sense of well-being (Diehl et al., 1998; Grotevant & Cooper, 1998; Hazan & Shaver, 1990). On other hand, those children who developed insecure attachment have shown fear in unfamiliar situations and would become extremely nervous, becoming depressed and withdrawn, distrust, anger, aggressiveness, and insensibility (Page & Bretheron, 2001).

The presence of a child with a disabling condition, such as a hearing impaired child, has a significant impact on the family, may alter the family communication patterns, its interpersonal relationships, and family climate, especially when the parents are hearing, thus affecting the attachment as well (Weisel & Kamara, 2005; Christiansen & Leigh, 2002). Hearing impaired children are assumed to be at risk for developing an insecure attachment, especially deaf children with hearing mothers. There may be several reasons. First, when the child's hearing deficit is diagnosed, hearing mother often reveal stress and depression, then might neglect or be insensitive to the needs, initiations, or wishes of the young baby. Second, hearing mother may fail to adjust the communication to child, still continuing to comfort the child by voice, but child with hearing impairment cannot hear the mother's voice. Third, the child with hearing impairment cannot hear the mother when she is not visible and therefore does not have the continued assurance about her presence or the comfort that the mother's voice can provide, which in hearing children can reduce separation anxiety. Furthermore, a hearing impaired child may do not know his or her own voice is important in communication and fail to influence caretakers' behavior or attention (Lederberg & Prezbindowski, 2000; Meadow-Orlans, 1997). Greenberg & Marvin (1979) investigated the impact of attachment patterns on deaf preschool children's competence; they found that the children's level of communicative competence was shown to be associated with qualitatively different patterns of attachment. Children with more secure representations of attachment and less avoidant responses showed more socially cooperative interactions and greater independent than those with more insecure representations if attachment

and more avoidant responses (Kim & Kim, 2008). In a research by Marcel & Broesterhuizen (2001), deaf students at the age between three and seven years were investigated. The results indicate that there is a clear relationship between secure attachment and the parents and socio-metric status. Students who are secure attached report that they have no feelings of alienation toward their parents; they are popular and well accepted by their peers. Researchers explained that adolescents have an “internal working model” of their relationship with parents that continue to be determinate their attitude towards others and towards themselves. Deaf children with secure attachment trust their parents and others, so they are likely to learn social behaviors leading to be accepted by peers and are easier to get friendship with peers. (Marcel & Broesterhuizen, 2001).

Although available researches on attachment and peer relationships of hearing impaired children published are so limited, it is not doubtful that attachment of hearing impaired children plays an important role on their peer relationships. In future, research in this field should be explored deeply.

Conclusion

Peer relationships of hearing impaired children is an important element for their social integration, it plays a critical role in their cognitive, emotional and behavioral development. Many researches demonstrate that hearing impaired children face lots of difficulties in interaction with peers, especially with hearing peers in inclusive setting. Improving their peer relationships becomes an urgent task for special education for hearing impaired children, in order to facilitate their social competence and mental health. First of all, influencing factors on peer relationships of hearing impaired children should be made clear. Reviewing available studies in this field, it found that there are important four factors: educational settings, cochlear implants, communication strategies, and attachment. Besides these factors, more other influencing factors such as the theory of mind, personality, parenting styles and so on should be investigated in future. Furthermore, various factors provide different perspectives on hearing impaired children’s peer relationships and sociability. But these factors impact on peer relationships not separately, but interactively. So, a combination of perspectives will provide the fullest picture of hearing impaired children’s peer relationships and directions for understanding and supporting positive peer relationships.

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LECTURES OF VISITING PROFESSORS



CHINESE EDUCATION AND CONFUCIUS

Dingchu Wu, Ping Huang

Preface

As we know, China is a country with long history and splendid culture. More than three thousand years ago, Chinese created characters that were being used in the Shang dynasty (BC 11th-16th centuries). For example, Jia Gu Wen is a kind of Chinese characters written on bones or tortoise shells.

Chinese education has developed since that time and continued up to now.

China therefore has a long history of education from ancient times. Because of the limited time, we cannot look in depth at the subject of Chinese education and Confucius. I will give only a brief introduction,

The topic includes two parts. One is the essentials of Chinese educational development, and the other is the essentials of Confucius' educational thought.

Part One: Essentials of Chinese Educational Development

Thousands years ago, China has education institutions. Their main mission is to develop healthy young men. China's major education institutions are usually classified into two categories: one is run by the government, and other one is run by private individuals.

Educational organizations run by the government

Educational organizations run by the government can be separated into two important levels, which are Central Government and Local Government.

Run by the Central Government

During ancient times, Taixue was the representative school run by the Central Government since Jin dynasty (BC 124). It lasted for more than 2,000 years, until the end of the Qing dynasty (AD 1898). It was the highest institution in China. As getting educated in Taixue is a very main way to make people became officers, many civilians were encouraged to go into Taixue. Taixue trained a lot of talented people and made an invaluable contribution to the development of Chinese culture, especially to Confucianism.

In the Yuan dynasty (BC 1306), *Taixue* was called *Guoz jian*. It was the highest royal college during the Yuan dynasty, Ming dynasty and Qing dynasty. In 1898, *Guoz jian* changed its form to new style school, which is the first comprehensive university in China. In 1912, it was named Beijing University.

In the early Ming dynasty, the emperor had taken Nanjing as capital; so we have two *Guozijian* at that time. One is in Beijing and one is in Nanjing. *Guozijian* in Nanjing is the predecessor of today's Nanjing University.

Run by the Local Government

The school run by the Local Government has more than two thousands years' history. It was named "shi shi" and established in the early Han dynasty (BC 141).

According to the records, "shi shi" was built in BC 141 at the south gate of Cheng Du, Sichuan, China. The person who created it was the prefect of Cheng Du, whose name was "Wenweng". As a local school, "shi shi" trained lot of talented people for the Sichuan province, and they quickly spread Confucianism around Sichuan.

Because of the outstanding achievement, the Central Government and the Emperor gave Wenweng many awards. At the same times, the Central Government and the Emperor realized the establishment of local schools was a good way to education, and ordered other parts of China to establish similar schools. Since that time, the local schools in China have gradually developed. "Shi shi", the local school created by Wenweng has continued up to today, and became the predecessor of today's "shi shi middle school".

Educational Organizations Run by Individuals

According to historical materials, we find the first individual educational organization was created by Confucius (BC 551-479). After the Song dynasty (AD 960) there are lots of large scale individual education organizations. "Shuyuan" is one form of academy, which can be used as a representative.

There were lots of "Shuyuan" in Chinese history. The first one that is popular and famous; it was called "Bai Lu dong Shuyuan" and set up at Lu Mountain in the Jiangxi province in AD 940. The second one was set up in AD.976 and was called "Yuelu shu yuan", located in the capital of the Hunan province. (The name hanging on the front door of Yuelu shu yuan was written by the Song Dynasty emperor. It indicated education was really important for the Song dynasty, and thoughts of respected teachers are still there.)

Until the end of the Qing dynasty, China began to develop its modern education. All levels of government changed “shu yuan” into modern schools. Following this, “Yue lu shu yuan” changed the name into “Hu nan higher education school” in 1903, and in 1926 its name was finally changed into Hunan University. “Bailudong shuyuan” once changed its name into “Hu nan forestry higher education school” in 1910, but it has regained its primitive name in the modern times, and has become an organization including antique management, teaching, academic research, receiving visitors and garden building.

At the same time, by order of the government, many small scale “shu yuan” changed into modern secondary schools and modern primary schools that continue until today.

In ancient times, the small scale private education institutions were called “si shu” (old-style private school), and these spread all over the country. Generally, one “si shu” would have one teacher, and he taught several children from the neighborhood. The main contents of the teaching included reading, mathematics and basic ethics.

Part Two: Essentials of Confucius Educational Thoughts

Confucius (BC 551-BC 479) was the greatest thinker, philosopher and educator of the ancient times.

Confucius was the first educator who set up a private school. Throughout his life, he trained more than 3,000 students and 72 of them became outstanding persons of that time. Confucius also organized and reformulated the most important books of that time – “Liu jin” (the most important classic books of Confucian books). These books are not only important carriers of the Chinese mainstream culture, but also provide basic teaching materials students must read in the ancient China.

“World Famous Dictionary” published in the United States in 1984 and “People’s Year Book” published in the United Kingdom in 1985 considered Confucius to be one of the top ten thinkers in the world. In January 1988, a gathering was held in Paris. Seventy five scientists who had received the Nobel Prize discussed and reached a consensus which was: If you want to have a happy and peaceful life, you should go back 2,500 years ago, looking for wisdom from Confucius. These show the thoughts of Confucius are very wide and profound. It had a great influence to the feudalism culture, which existed in China thousands years ago and the world culture.

As we know, the Confucian thought is very wide and profound. As the time is limited, we will introduce only three significant theories.

Education Decide the Development of Human Beings

The family of origin was the main opinion at that time. Confucius thought that people were similar when they were born. However, after they grow up, their achievement, behavior and psychology are different. The reason is if they have been educated. Therefore, education is very important for the development of individuals.

All People Have the Right to Accept Education

There was an intense argument during human educational practice concerning “who should receive education?” It’s an important question with regards to the rights for education. About this issue, Confucius was the first one who argued: “All people have the right to accept education”. He thought that any person, no matter who they are, or which region they came from, and no matter how poor or rich, should be educated.

During the educational practice, Confucian students came from different kingdoms. They did not only have different ages, but also belonged to different strata of society. Some of his students were influential officials, aristocratic children and poor children. Some people came from remote and backward places with little education.

Before Confucius’ times, only a few aristocratic or plutocratic children had the educational rights. Obviously, Confucian thoughts were directed against the accepted view of education of that time. His thoughts really expressed the equal rights and democratic rights of education. Some scholars considered Confucius as the first one who put forward universal education in China. Confucius’ educational practice was an epoch-making and pioneering work in Chinese education history.

Teaching Students on the Basis of Their Intelligence

In the Chinese history of education, Confucius was the first one who put forward the idea that teaching of students should be based on their intelligence. At the same time, he was good at teaching students based on their intelligence during educational practice.

Firstly, Confucius thought: The basis is that understanding the nature of students’ intelligence deeply. Consequently, he paid attention to listening to the students and observing the students. He also used very short words to describe the student’s characters, such as reasonable, extreme, decisive, and versatile.

Secondly, Confucius thought students depend on their needs, such as the level of their knowledge, intelligence and personality. For instance, he pointed out that different intelligence of students requires different teaching content. If a student's intelligence is not very high, they should just be given basic knowledge. On the contrary, if a student's intelligence is well developed, they should be given deep and abstruse knowledge. Another example was that Confucius often encouraged his students according to their personality. If the students were timid and overcautious, he encouraged them to express their opinion bravely. When he had some bold and reckless student, he always told them to think deeply before acting and thinking deeply before speaking.

It was the attitude of respecting people's rights to education, and teaching students on the basis of their intelligence that made Confucius so important. Confucius not only cultivated numerous students from all over China, but also made them respectful characters. For example, some of his students were admired by later generations for their morality; some had excellent ability of communication; some became outstanding officials their for excellent ability of management; some were good at academic research and proficient in literature and history etc. In short, all of Confucius's students became useful persons at that time.

Confucius' thoughts and theories have been handed down from generation to generation by his pupils since then, they have become the mainstream culture for more than two thousand years in China.

Summary

In closing, please allow me again: China's education has a long history and education. Thoughts of Confucius are broad and profound. Today's introduction is just "a drop of water in the ocean." In the future, I hope we can have an opportunity for a deeper, more comprehensive and more systematical communication.

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REVIEWS



REVIEW OF THE BOOK QUALITY OF CHILDREN'S LIFE AND METHODOLOGY

Kateřina Hurtiková

LUKÁŠOVÁ, H. *Kvalita života dětí a didaktika*. Praha: Portál, 2010. 208 s. ISBN 978-80-7367-784-8.

In context of the recent curricular reform of the Czech education system of all levels, the interest in new communicative and child-oriented approaches and trends increased. The new curricular document for primary and lower secondary schools, the Framework Education Programme for Elementary Education, interconnects classical school subjects in order to create thematically coherent educational areas and educational fields. Moreover, school education focuses on the key competences development temporarily. This, of course, draws more attention to a child's personality development – mostly its physical, psychological and social abilities and skills development. The new, child-oriented approach has been reflected in many scientific works meanwhile new questions and problems have emerged. The book *Quality of Children's Life and Methodology* by Hana Lukášová tries to provide wide insight into both quality of a child's life within school environment and methodology issues.

Professor Hana Lukášová from the Pedagogical faculty of the University of Ostrava is an expert in field of pedagogy; she focuses mostly on alternative educational trends and concrete quality concepts in Czech education. Her book called *Quality of Children's Life and Methodology* is divided into four chapters – they bring definitions of high-quality children's life and methodology, further they deal with the concept of primary education, with a child's life quality in lessons, and with teaching process and methodology in general. Although the writer focuses on primary education, most of the book is general and its principles can be used in lower secondary education (or other levels) as well. She reflects outcomes of many notable Czech scientists dealing predominantly with pedagogy, but also with psychology, sociology and other scientific disciplines (e. g. Helus, Křivohlavý, Gavora). In her overall view, she compares classical concepts and teaching methods with modern, newly

formed ones. Moreover, some new blind spots of contemporary education were identified within the book.

The first chapter deals with two essential questions – how to define a high-quality child's life, and what methodology is. Whereas the second question evokes no problem areas, the explanation provided for the first question seems to be more challenging. The writer offers a general view at a child's quality of life – she declares five basic principles of a child's life perception in contrast to classical, narrower perception of the topic. The author refers to health, psychological, sociological, self-oriented and spiritual areas of a child's development, which is inspiring. Many other works emphasise psychological and sociological trends; the health and self-oriented principles are sometimes mentioned in connection with primary education, and comments on spiritual area are usually very rare.

The second chapter focuses on different areas of high-quality school life of a child. It refers to the different educational approach and to the change of children's system of values. The author emphasises the importance of school and education humanisation; she reflects education as a service to a child's development. In the chapter, the writer comments on topics such as key competences, the Framework Education Programme for Elementary Education, teaching styles, interaction of a teacher and a pupil or pupils, pedagogical communication and pedagogical deciding, pupils' self-development, and a teacher's role in forming pupils' learning and life perspectives. Some of the chapter's ideas create a basis for the last chapter of the book.

The third chapter monitors the five qualities of a child's life mentioned above. The author finds reflections of health, psychological, sociological, self-oriented and spiritual development in today's school life, education and the Framework Education Programme for Elementary Education. She connects these five principles with expected aims of lessons and whole teaching and learning process. Similar to other pedagogically oriented books, the psychological principle is discussed in topics such as mental development, emotions, motivation, need for success; the sociological principle deals with school and classroom climate and pupils' interactions (between a teacher and a pupil, between a teacher and pupils, among pupils themselves). The writer also mentions the important role of the physical principle (regarding health, physical conditions in school or classroom, loading at school), the self-oriented principle (connected with a pupil's identity forming) and the

spiritual principle (referring to values and human virtues, ethics, friendship). These three areas are often marginalized, which does not correspond with the overall view to a child's life quality.

The fourth, last chapter dealing with methodology represents the largest part of the book. It emphasises the importance of a teacher's decision-making for future, his/her orientation to results and ability to bear responsibility for taken actions. The writer also comments on pupils' role in the process of lesson forming. She suggests that children should be more responsible for the content of a lesson and should take part in the lesson realisation. Furthermore, the chapter follows the process of deciding about the teaching issues which are the formulation of lesson aims, deciding about lesson content, teaching methods, organisation forms of teaching and material devices, and deciding about control and assessment. The first problem area refers to classical lesson aims being formulated according to Bloom's theory (cognitive, affective, psychomotor aims) in contrast with the writer's five defined principles leading into lesson aims as well (health, psychological, sociological, self-oriented, spiritual aims). In connection with the Framework Education Programme for Elementary Education, mostly health and spiritual aims are lacked. In the second problem area, the integrated system of education areas within the curricular document is described in relation to curricular trends in the future. The author also highlights the necessity of work with a mistake, learning tasks and respect to pupils' learning styles. The third part refers to the classification of teaching methods whereas the author accents the role of modern, active methods (brainstorming, project teaching etc.). The fourth part deals with the organisation forms of teaching and classroom climate; the fifth problem area describes possible material support in lessons, comparing role of both traditional devices and educational technologies (ICT). The final part focuses on control and assessment of results by introducing a series of inspiring examples of diagnostics (e. g. pupils' concept of subject matter, mistakes in pupils' learning process, diagnostics by role-playing and dialogue, self-regulation of learning). The writer also speaks about the importance of pupils' self-evaluation and making pupils' portfolios.

To sum up, the book *Quality of Children's Life and Methodology* by Hana Lukášová is a very valuable work and fits perfectly into the contemporary state of Czech education. It brings new and inspiring insights into traditional concepts; it specifies mainly the concept of a child's life quality in all its

aspects. It also answers some of the essential questions from methodology area. The only downside of the book is that it does not speak explicitly about primary education. The information is mentioned in different places of the text itself, but only once in the headlines; various book content descriptions do not refer to this information as well. However, the wide range of the theories presented by the author does not preclude the gained information to be implemented into other levels of education. The book features high quality and is worth its place in every pedagogical-oriented library.

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WE LEARN/TEACH TO COMMUNICATE

Pavčina Škodová

VALENTA, M. *We Learn/Teach to Communicate: Methodology in the Framework of Personality and Social Education*. Kladno: Aisis, 2010. 215 pp. ISBN 978-80-904071-5-2.

Milan Valenta, the author of the book *We Learn/Teach to Communicate*, published by the Aisis publishing house in 2010 as the second amplified edition, aims to acquaint both the lay and the expert public with the issues related to teaching communication in the school environment.

It can be said that we perceive communication in our daily life as something taken for granted – ordinary – that accompanies and, to a great extent, also generates particular situations, our experience and our behaviour. The author himself adds: *“our success in various areas of life often stands or falls on communication...”*. Therefore, we can approach communication in various ways, we can analyse it as a whole or we can focus on its components or we can explore it in the framework of various scientific disciplines. One of the possible points of view of the given topic is to put it into the context of the school environment, as was done by the author of the publication. There is enough space for the given area in all education fields. Nevertheless, it should be noted that the greatest space for the topic of communication is opened in the sectional theme Personality and Social Education, which Milan Valenta focused on.

Before we pay attention to the publication itself, we need to mention few words about the author. Milan Valenta (1954) teaches at the Faculty of Philosophy and Art, Charles University in Prague and the Theatre Faculty of the Academy of Performing Arts. Since 1998, he has been involved in the project “Can I do it?” which is focused on personality and social education. The book *We Learn/Teach to Communicate* is his umpteenth publication already, his numerous works include for example the following books: *Methods and Techniques of Drama Education*, *Personality and Social Education and its paths to the pupil* or *Training Manual of Body Language*.

The aim of the publication is to acquaint pedagogues and students of pedagogy with theoretical premises and practical approaches that can be applied in teaching of personality and social education. To give readers some kind of a notion about the book, we will outline its main chapters here.

The work is divided into six chapters. The first one concerns the definition of the term communication, which is presented in its broadest definition as “communicating and receiving information”. This conception makes it possible to perceive communication both as a phenomenon and a process at the same time.

The important chapter is the following one, where Milan Valenta presents five possible approaches of how to incorporate communication into school educational work. These approaches are based on how we perceive the particular communication:

- communication as a way of exemplary behaviour of the teacher towards pupils
- communication as a subject of reflection in school situations
- communication as a means of communication in the lessons of Personality and Social Education
- communication as a topic of Personality and Social Education that also permeates other topics of the whole
- communication as a independent topic of Personality and Social Education.

These five possible conceptions are subsequently gradually analysed. The author did not limit himself just to a description of the given manner, but he also points out possible problems during its realisation in teaching and he explains myths related to the individual possibilities.

The third chapter deals with myths and risks related to teaching of the given topic. Milan Valenta gradually analyses individual myths and risks and explains the cause of their emergence.

The following chapter addresses conceptual principles of teaching communication. This part is a follow-up to the previous one, when the very myths related to communication enable us to view the conception of teaching of communication from different perspectives. The author presents and analyses seven possible points of view:

- the best exercise of communication is working on a balanced self-conception
- teaching of communication can be performed virtually always when “some” communication occurs
- the pupil can learn communication only if the learning is practical, empirical, experimental and it concerns personally the pupil’s communication
- learning to communicate will become more effective, if we teach the pupil not only to communicate but also to ponder upon communication
- structure of the lesson should be composed on the basis of answers to the following questions (who chose the topic, according to what was the topic chosen)
- the lesson of communication itself should generally be structured according to a particular pattern
- if we choose the path according to the topics of communication, we will not find the manual how to exactly categorise individual partial topics.

The fifth chapter is dedicated to methods that can be applied in teaching of communication. We can mention for example monologic or debate methods that could be used in teaching.

The last section, perhaps the most interesting one for readers, deals with topics and examples of suitable techniques.

The publication is written as a tool for teaching of communication. As far as I am concerned, the book can really become an effective “tool” for teaching of communication at schools. Its benefit can be seen on one hand in the effort to grasp the topic of communication and to incorporate it into personality and social education in the framework of the school environment, and on the other hand, its benefits include particular examples of work that can help pedagogues apply given topics in their lessons.

Although the text is quite extensive with regard to information and examples of individual methods, it is well arranged and information is processed in a very comprehensible way. The data are presented in a logical order and the composition of the book is comprehensive. Individual passages are accompanied by other references to professional literature.

The name of the book *We Learn/Teach to Communicate* is fully accurate as for the content and challenge of the book. The pedagogue acts in the role of a teacher and teaches pupils to communicate, but on the other hand, we

need to keep in mind that the pedagogue himself/ herself is also in the role of a “pupil” and is learning to communicate as well.

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THE MEDIA AND TEACHING PRACTICE

Pavína Škodová

PAVLIČÍKOVÁ, H., ŠEBEŠ, M., ŠIMŮNEK M. (eds.) *The Media and Communication in Theory and Teaching Practice*. University of South Bohemia in České Budějovice, 2009. 134 pp. ISBN 978-80-7394-190-1.

The media and especially the mass media have become an inseparable part of human life. We can watch live broadcast and thus witness events occurring on the other side of the hemisphere, hundreds of kilometres away, and yet we can observe them and experience them as if we were right on the spot of their occurrence. Currently a whole series of publications have been dealing with the impact of the media on the society and its opinions; their increasing number seems to prove that problems related to this phenomenon have been growing. The sectional topic Media Education is a reflection of this situation in the school environment. In the General Education Program for grammar schools, we can read the following about the media education: ... *„the classification of the sectional topic Media Education in the framework of RVP G (General Education Program G) is based on what is the nature of the society. The crucial phenomenon is an enrichment of life by the process of ‘publicising’, which means the fact that most information is mediated by the mass media, whose production has its own logic and natural relations – and one needs to be familiar with those and be able to recognise them.“*

It is the very purpose of this collection of contributions entitled Media Pedagogy to achieve understanding of the natural relations and logics of the media. The publication is divided into nine contributions addressing topical questions related to media education. Each contribution is divided into two parts. The first part is theoretical and it summarises basic theoretical information of the individual articles. The following part is focused on the practice and includes possible suggestions for education at schools.

The first article (*Logics of the media and its position in the media education*) deals with interconnectedness of the media sphere with power and economic elites, when these elites retroactively influence the form and information in the media. The authors introduce and explain the term “logics of the media” and “concept of a pseudo-event”.

The subsequent contribution (*Persuasion and manipulation in the practice of the media*) refers to the shift in the perception of persuasion when compared to the time before the arrival of the mass media, when the persuasion had been based on rational (e.g. the ancient school) or emotional (e.g. biblical gospels) argumentation.

The economic background of how the media work is addressed by the third article (*Industrial nature of the media production*). The author writes that, to be able to have a critical approach to the media and thereby also media literacy, it is necessary to look into the financing and economic functioning of individual media. Here, a need emerges to know the owners of a medium and to know its true economical and political ambitions. Further, the author ponders on the change in the role of newspapers. The conclusion of the theoretical part includes a table recording names of Czech newspapers and their current owners.

The following contribution (*Newspapers in the past and today*) introduces newspapers as a consequence of social demand for information. Moreover, the author addresses the very origin of newspapers, their history and the development of journalism.

As it was already mentioned in the beginning, the media are closely connected to our lives, and thereby also to our everyday time. This issue is the topic of the fifth article (*The media and time*) that points out the interconnectedness of the media with our life from the time perspective. The author deals with the change in the perception of time, as time was initially perceived as cyclical, and this cyclical time was replaced by the linear time only in the late Middle Ages. Some kind of supremacy of time was confirmed by the international world time. Origin of this time is connected to a new space-time experience that is typical by its role in the present and general acceleration.

What is the role of parents in the relationship of their children with the media? How can they influence the way their children perceive the media? These questions and answers to them are included in the sixth presentation (*Parent mediation*).

The seventh article (*Several suggestions for teaching of visual literacy*) analyses the processes of decontextualisation and recontextualisation on the example of visual photos. Further, it introduces the concept of visual literacy.

The eight publication (*Gender-narratological analysis of comics features in the marketing communication*) introduces possibilities of using the comics and

comics features in the school environment. The author first deals with visual art with narrative features that lead to the origin of comics. Subsequently, she summarises the criteria that could be used if we want to compare a literary work with its comics transformation (e. g. preservation of dialogicality of the language characteristics of literary heroes, interconnection and inseparability of the text and verbal part...etc.) A big role is also played by gender stereotypes in the comics statements.

The last article (*Conception of speech as a force technology in the theoretical discourse and in the education practice*) places and analyses human speech and communication within the framework of post-analytical philosophy and neopragmatism.

The publication managed very well to combine two purposes: to bring enough theoretical data and information for the reader and at the same time, to offer possible particular forms of their application in school education. The book is accompanied by the name and subject index, which greatly facilitates orientation for readers when searching for terms or individual authors. The facts are presented in a logical order and the composition of the book is coherent.

In my opinion, the publication is one of the books that can become a precious source of information, advice and suggestions for teaching, both for teachers already in practice or for future pedagogues.

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