The Phases of Disability: The role of Didactics

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Abstract
Over the course of history, the concept of disability and its conception within society and in all formal and non-formal formed environments has evolved. To this end, in the present research work this evolution is analyzed in all its phases, in order to then deepen the role that teaching and sport play in obtaining an inclusive system.

Keywords*: Disability, Didactics, Education.*

First Phase: The Exclusion

The differently abled people from the ancient times up to the twentieth century

History has taught us that the process of school integration of disabled children has always been affected by the level of social and cultural emancipation of societies. From the ancient times to the beginning of the twentieth century, physical impairment was considered to be a discriminating factor in social integration, and therefore it was a cause of strong marginalization. It was only from the 1960s that legislative, social and pedagogical interventions in favor of differently abled people have been implemented through a long and complex process that involved several stages, such as "exclusion" and then "separation". Before talking about today' situation, however, it is necessary to make an historical review on the social role of differently-able people. In ancient times, children with physical malformations were killed with very cruel rituals while, with the advent of Christianity, they were abandoned in the street and entrusted to the piety of the passengers. In the Middle Ages physical suppression ceased, but the disabled continued to be marginalized; between the 16th and the 17th centuries they were imprisoned as they provoked horror and were considered a threat to society. In France in 1784, children with disabilities were welcomed in various institutions, but they were always considered as a "something bad to be hidden and removed", but things changed with the advent of Enlightenment and the values of progress and science; in fact only with these values and for the first time in history, abnormality was considered as a human condition that did not affect the dignity of the person. These values fell in fertile ground, especially during the French Revolution, when the Universal Declaration of Human Rights established the right to equality for all men, regardless of their social class, gender, race, and physical/ psychic conditions. During this time in France and England the first nursing homes were established and the State provided health care for the disabled people. In this period, Itard (a French pedagogue teacher and educator) wrote a very interesting work entitled "*The wild boy of Averyon*", a child who had lived for 12 years in a forest and who had been able to integrate into the society of that time. In his work, the doctor underlined that a diagnostic and prognostic distinction should always be made between cognitive mental retardation due to impairment, and the delay resulting from socio-cultural isolation.

Second Phase: The Separation

Special classes and differential classes

In Italy, only from the end of the 19th century and, from the first part of the 20th century, the education of disabled people was entrusted to specialized structures managed by municipalities; in fact, the school education of these children was not yet guaranteed by the State but by religious associations and private organizations. With the Italian "*Gentile's Reform*" of 1923, "differential classes" for students with developmental abnormalities were set up in elementary schools. Ten years later, "special schools" were set up for children affected by infectious diseases and for abnormal and physically-handicapped children. Thanks to the new educational system developed by Maria Montessori, there was ample room for the education of children with handicaps, in particular in the Montessori School of Rome. The latter is remembered for developing a new method of education for disabled children. Her career began in the Roman asylum of *S. Maria della Pietà* where there were also children with difficulties and behavioral disorders, suffering from solitude and serious emotional abandonment; these children were treated like the other adult patients with mental disorders in the same institute. Montessori, established a relationship with these children, not only giving them love, affection and a lot of attentions, but understanding that the teaching method adopted for children was totally wrong; in fact, it did not suit their psychophysical abilities and their needs. Also Sante De Sanctis and Giuseppe Montesano supported Montessori's thesis, supporting an education based on the valorization of disabled children's development potentialities in healthy areas, and then she introduced the integrated methodology of the medical-psycho-pedagogic intervention. After many attempts, Maria Montessori elaborated a completely innovative method of education for children with disabilities: children have different stages of growth, and at every stage they are more or less inclined to learn certain things and ignore other. Disabled children needed to use the touch to know and understand things surrounding them. The scientific and pedagogical validity of sensory materials has also been confirmed by subsequent studies and research. Montessori's method and materials are a good example of how pedagogical research in the field of disability can contribute to the renewal of teaching for all children. According to Sergio Neri, an eminent pedagogist and ex-coordinator of the *Osservatorio* National Observatory for the Handicap who passed away in 2000, one Montessori's greatest merits was that of shifting from a medical perspective to an educational one in the field of pedagogy for disabled children. In the Fascist period there was a trend reversal as disability was considered as an illness, thus the principle of education and school placement was replaced by that of medicalization. In this way, disabled people were snatched from their families, excluded from school and placed in rehabilitation centers. In this context, special schools and the differential classes related to Gentile's Reform, referred to by Carlini (2012), were set up. The Ministerial Circular n. 1771/12 of March 11, 1953, states as follows: "The special classes for the disabled and those of didactic differentiation are all the schools of elementary institution for children with certain physical or mental disabilities, and institutes where special didactic methods are adopted to teach abnormal boys, e.g. Montessori' School. Differential classes, on the other hand, are not schools, but work in common elementary schools to accommodate nervous students, those with retardation in learning or those unstable, who are unable to adapt to common disciplines and to normal teaching methods and rhythms, and who can reach a best level only if the teaching activity is carried out with particular ways and forms." Special educational intervention focuses attention on the specific deficit of every student. Therefore, the teacher makes use of the specialist's reassurance. The latter, through a clinical diagnosis, classifies the student through a label allowing the teacher to adopt the most appropriate teaching method for every student's difficulty. In this way, the specialist has a key role; in fact, the handicap certification is not a simple indication for the school (in order to start a recovery path), but it is a sort of permission to enter in special structures. Following the

Declaration of the Rights of the Child of 1959, a series of interventions for disabled people contributed to the spread of special schools for those considered irrecoverable, and of differential classes for those considered as recoverable. In this way, the logics of the separation of the disabled-sick student from the normal healthy patient, was confirmed. The social redemption for the disabled people came with the constitution of the Italian Republic that, with its Articles n. 3, 34 and 36, established the equality and the right to study for all citizens by defining the tasks of the State in removing any kind of obstacle to the full achievement of this right. In 1947 the Ministry of Education, with the circular no. 6676/87, defined the methodology for constituting the differential classes. In Italy, in 1962, the School Development Plan started and, with law n. 1859 of the December 3 of the same year, the unified secondary school with classes for disadvantaged students was setup. In 1968, with Law n.144 of March 18, in addition to setting up special sections for students with handicaps in the kindergartens, it was decided that, in the middle school, the disabled children could profitably attend the first class in groups not exceeding the number of 15 components. In 1968, diversity started to be considered as a resource to be recognized and socially integrated according to the principle of social equality; this new perspective had the aim of recovering the dignity of the disabled people and support their inclusion in the school and in the world of work.

Third Phase: Integration

The social nature of human learning

The inclusion in school of disabled students is a very important step of genuine democracy, in particular if we think of the socio-cultural context in the 1970's where school was characterized by a strong authoritarianism and by the tendency to discriminate and select people.

Milani (1967), with his work at the Scuola di Barbiana (his experimental school), raised his voice onthe matter. His fundamental work was the Letter to a professor (May 1967) where the boys of the school (along with Don Milani) denounced the school system and the teaching method that supported the education of the richest classes (the so-called "Pierini"), ignoring the illiteracy in the great part of the country. There "Letter to a professor" was written during Don Milani's illness. After his death, the book received an incredible sales boost, becoming one of the warning of the 1968 student movement. Other public school experiences have emerged over the years based on Don Lorenzo Milani's experience and on his Letter to a professor. It was Don Milani who adopted the motto "I care (In declared opposition to the "Me ne frego"- I don't care), which will later be adopted by many religious and political organizations. This sentence, written on a board at the entrance of the school, summed up the educational aims of a school oriented towards the acquisition of civil and social consciousness.

The controversy was also against the "special schools" considered as centers of marginalization and segregation; in fact, in that period, the central role that psychological research plays started to be clear, shifting the attention from the subject (personal characteristics-minorities to be reduced) to the environment (quality of stress - development of the potentialities). In this phase, the interactional and ecological perspectives of development have great importance as they give a remarkable value to the context of life and relationships, considered to be an indispensable factor in development and learning processes. Vygotski (1934) discussed about how human learning presupposes a social nature and how children gradually enter into the intellectual life of those surrounding them. Finally, it is now considered essential to educate disabled children together with the ones without disabilities, through a context of life and relationship inspired by the Ecological paradigm worked out by Bronfenbrenner (1979). According to this paradigm, human development is a

kind of mutual, increasingly complex interaction between an active and developing human body and people, objects and symbols that are in his immediate environment.

Bronfenbrenner's approach, starting from the context analysis, identifies different levels of environments: the "Microsystem", in which the person is inserted; the "Mesosystem", which consists of the interactions of different single situations (family, school); the third level, defined as "Ecosystem", consists of the subject's living, working and group conditions of the subject's peers. Scholars shifted from the medical-rational perspective to a constructivist and hermeneutic one, which takes into account the external learning conditions, those significant interactions, experiences and learning stimuli that allow affecting the area of potential development, defined as "proximal development zone" with systematic, intentional and targeted interventions (Vygotskij, 1934).

The inclusion of disabled students in the common classes is finally achieved with Law n. 118 of March 30, 1971, stating that: "Compulsory education (of students with handicap) must take place in the normal public school classes, except for the case in which subjects suffer from serious intellectual deficiencies or physical disabilities of such a gravity to prevent or make very difficult their learning or introduction in the normal classes."

Back to Art. n. 28 of Law n. 118/1971 it should be remembered that it will inspire a number of laws safeguarding the right to education of students in disadvantaged situations in the common sections and classes of every order and grade, which finds its more exhaustive wording in the statement of art. n. 12, paragraph 2, of Law n. 104/1992. But there was also some criticisms like that developed by Canevaro (1999), who clarifies the difference between insertion - assimilation and integration - reciprocal adaptation: when a child is admitted into a school where he does not find any positive change for himself, it means that he is being assimilated; on the contrary, if there are some changes at school both by the child and by the school itself, this means that there has been a real integration.

In 1975, with the Falcucci Report, the deficiencies of Law n. 118 emerge and, in this way, it starts a real integration of disabled people. Falcucci's document is defined as a sort of Magna charta of school integration. Therefore, the document of Falcucci's Commission is very important; it states that the inclusion of disabled students, from kindergarten to middle school, can only be implemented through a new way of schooling, otherwise linked to "the preparation and updating of the teachers". In addition, this legislation calls teachers to delicate experimentation, research, updating and programming tasks. In that moment, times were ripe for the elaboration of the first legislative text on the school integration of disabled people. The differently-abled person is attached value and considered a protagonist in the educational and didactic intervention.

Then the Delegate Decrees n. 416, 419 and 417 of 1974 spread the concept of integration of students with disabilities in the school of all. The delegate decrees, along with the presidential decree n. 416, in its art. 4 and 12, stipulate that the Board of teachers is expected to set out the recovery criteria for low-profit cases, also by using the school medical support and socio-psycho-pedagogical services.

With the Delegated Law n. 382 of 1975 new health and care competences are entrusted to local authorities; among these we have the functions of medical-psychic an mental disabilities care. It is in this period that the Italian integration model emerges, in particular with Canevaro's theory. In this theory, he distinguishes between deficit, impairment (or irreversible damage), and handicap or disadvantage caused by the deficit that the person lives when finding an external barrier (physical and architectural, social or psychological) limiting or inhibiting his development possibilities. Disabled students, however, must be the protagonists of their own development process. But it should be stressed that, in this perspective, the focus point is that the handicap is considered as something "relative"; on the contrary, the "deficit" can be identified in an absolute way. Therefore, the disabled person's

abilities should always be valued, and all the barriers mentioned above must be demolished to allow him reaching his goals. In order to have a proper integration there must be: an educational programme that defines the teaching and learning paths, a personal schedule that guides and records the student's path, his learning process, and the maturation levels reached; the quarterly assessment on the global development level that allows recording successes and difficulties and reconsider the educational and organizational choices and re-orienting processes.

This is a new way of "doing school" that moves away from the spontaneous features of the past and acquires new features based on the intentional intervention, action planning, provision of goals, paths, activities, and organization of the learning environment. In fact, there is nothing in the disabled children's teaching that is not pre-emptively settled and programmed. Integrative and interdisciplinary activities are also included, aimed at extending educational paths consistently with the cultural and expressive interests of every student.

In this system, supporting activities have great importance in order to overcome difficulties during the educational and didactic path.

The ruling of the Constitutional Court n. 215 of the 3th of June,1987, immediately prescriptive, allows for the attendance of upper secondary school to disabled students and, above all, it claims that school intervention cannot be limited to the simple face-to-face socialization, but it must provide a learning comparable to everybody else's path, even with the necessary adaptations. Therefore, disabled students should not be regarded as irrecoverable: integration helps them not only from the socialization viewpoint, but also for that of learning.

The M.C. n. 262/1988 gives effect this judgment and it speaks of integrated programming of interventions through agreements between schools, LHU, and local authorities. The framework law n. 104 of 1992 confirms the right to study and to education, highlighting that: school integration aims to develop the potentialities of the disabled person; the right to education and learning cannot be prevented by learning difficulties or other difficulties derived from disabilities and related to the handicap. Therefore, article n. 1 guarantees: full respect for human dignity and rights to liberty and autonomy of the disabled person, and promotes full integration into the family, school, work and society; the prevention and removal of the disabling conditions that prevent the development of the disabled person; the pursuit of the functional and social recovery of the person suffering from physical, psychic and sensory impairments; the development of interventions aimed at overcoming the state of marginalization and social exclusion of the disabled person.

All this must be followed by some integration tools: the coordinated programming of school, sanitary, social, cultural, recreational and sportive services with other activities on the territory managed by public or private bodies; the definition of program agreements between local authorities, school bodies and local healthcare facilities; technical equipment and teaching aids; adaptation of the organization and functioning in kindergartens for children with disabilities for recovery, socialization and integration; the assignment of specialized teaching staff and specialized operators and assistants.

Toward Social Development: The Inclusion Phase

From the biomedical approach to the social model and the " capability approach"

Finally, there is only one term to indicate the various deficits, that is "disabled", which moves away from a categorization linked to pathologies at the organic level and gives room to a Biomedical model. The Bio-medical model (also called simply "medical model") of disability is based on a reductive conception of illness and describes the person as "patient", and only in terms of physical or psychiatric illnesses. This model does not take into account human behavior, interpersonal and communicative abilities, or the person's social and

relational environment. The subject of the intervention is the disease itself, understood as a deviation from the standard of measurable biological and somatic variables. The objectives of the bio-medical model are:

Making a diagnosis of the illness;

Setting a therapeutic treatment.

Focusing only on the illness, the model neglects the importance of psychological and social factors in determining the state of health-illness of the person. In the doctor-patient relationship, the latter is seen simply as the person affected by the disease and as the passive receiver of the doctor's decisions. His point of view and self-determination are considered obstacles to the diagnostic and healing process. The bio-medical model contrasts with the social model. The World Health Organization, especially in the field of disability, adopted a synthesis model consisting of the synthesis of the two previous ones: the bio-psycho-social model.

Bio-psycho-social model

The bio-psycho-social model of disability proposed by the International Classification of Functioning, Disability and Health (ICF) is a synthesis of Bio-medical and Social models.

The bio-psycho-social model, differently from the two models, grasps the dynamic and reciprocal nature of the individual's interactions in his environment, overcoming the cause-effect perspective, considering for the first time with an holistic approach: medical-biological, psychological and socio-environmental aspects.

According to the bio-psycho-social model, therefore, a person who has an alteration of his/her body's functional or structural levels is no longer defined as "disadvantaged" in a static and rigid sense but, by interacting with the environment, he/she could live two possible conditions:

A loss or limitation in the activities and participation in the life context when the environment is hostile or indifferent due to barriers (Condition of disability);

A good performance in activities and participation in the life context, when the environment has elements that facilitate the activities (Absence of conditions of disability).

Social model

The social model of disability is a new perspective of disability born at the end of the seventies of the twentieth century, in opposition to the eminent bio-medical model. In general, a social model-based perspective does not deny the importance of appropriate interventions in the lives of disabled people, on the basis of their individual conditions (whether they are based on medicine, rehabilitation, education or work), but it focuses on the limits of these interventions, aimed at encouraging inclusion in a society built by people without disabilities offering the integration of people with disabilities without a real inclusion. In addition, in opposition to the bio-medical approach, the social model shifts the attention from the functional limitations of disabled people to the limitations caused by "disabling" environments, barriers and cultures that cause forms of disability. The social model is a holistic approach that explains what specific problems are experienced by people with disabilities, having regard to the totality of environmental and cultural factors promoting the raising of these problems. Disabling factors include: non-inclusive education, communication and information systems not accessible to all people, inadequate economic subsidies, discriminatory social services and social solidarity, transport, public buildings, housing, working environments with architectural barriers, as well as the negative perspective, transmitted by many mass media, that considers disabled people as subject of sight, fear, reproach or compassion. In this way, the social model of disability is an instrument by which it is possible to unveil the "disable" trends of the society in order to create policies and practices eradicating them. The World Health Organization, especially in

the field of disability, adopted a synthesis model of this model and of the bio-medical model: the bio-psycho-social model.

The holistic approach: The ICF shows the changes in disability perspective through its three fundamental principles: universalism, integrated approach, interactive and multidimensional model of functioning and disability. The word "handicap", which in a WHO study has a negative connotation, will no longer be used. The ICF will therefore have great implications for medical practice and international social and health policies. Disability is not the problem of a minority group but a condition that everyone can experience in his life, when the environment is a determining factor in defining disability and can represent a barrier or a facilitator. Medicine had, and may still have, the tendency to separate the "illness" from the person affected by it, and from the context in which he lives; on the contrary, the ICF proposes and strengthens the holistic and integrated approach between the social and healthcare to the person. The model proposed by the ICF, in fact, goes beyond the classic impairment / disability / handicap and describes disability as the consequence or the result of a complex relationship between a person's health condition, his personal and environmental factors. In fact, it is a logical reversal that focuses on the life quality of people suffering from a disease, and also proposes a Biopsychosocial and inclusive model of disability, overcoming the old contrast between the purely "medical" and "social" models of disability.

Special Educational Needs

It is considered "special" every student who manifests "special educational needs" while facing special situations, and who has temporary or permanent, pervasive or sectorial difficulties, on a physical, organic, biological, or family, environmental, social and cultural level hindering them in learning and development,; therefore he requires particular educational attention and care, choices, paths, stresses, resources, and special assessments. The UNESCO in 1997 gave its definition of the special educational need: "the concept of 'children with special educational needs' extends beyond those who may be included in handicapped categories to cover those who are failing in school for a wide variety of other reasons at are known to be likely to impede a child's optimal progress". Therefore, taking no care of these needs means condemning the student to the school failure and to the exclusion from the educational process. A Full inclusive Vocational School must be able to recognize its students' needs, the differences that characterize them; it must have up-to-date and solid pedagogical, psychological, methodological-didactic, organizational and relational competences; it must have the tools and resources to use in the design and realization of interventions to guarantee the educational success of each of them. (UNESCO -1994, The Salamanca Statement and Framework for Action on Special Needs Education, Salamanca, Spain).

Referring to what can be considered the "inclusive school manifesto" or the Salamanca Declaration, the application of the "Inclusive Education model" requires that educational systems develop a pedagogy focused on the individual student (child centered pedagogy), in order to be able to respond flexibly to every student's needs.

A new evolutionary perspective: the "Special Normality"

This type of pedagogy is based on an innovative perspective that considers differences (the so-called "normal specialties") a resource for education, whose valorization requires the educational systems to identify needs (INDIVIDUALIZATION) and differentiate responses (CUSTOMIZING).

Therefore, the full implementation of the "Inclusive Education" does not consist in giving a place to those with some diversity into the school, but in transforming the school into an organization suitable for the educational care of the different SENs (Special educational needs) that Students can meet.

After Law n. 104 there were other interventions aimed at well establishing a strategy for school integration:

Policy and coordination act on the tasks of Local Health Units for Disabled Students of 1994, which recalls the competences of local bodies, local health authorities and autonomous schools in defining the Functional Dynamic Profile of the Individualized Education Plan

Prime Minister's Decree n. 185 of 23-02-2006, which regulates the methods and criteria for identifying the student as the subject in a disability situation

INVALSI (National Institute for the Educational Evaluation of Instruction and Training) research on the integration of students with disabilities in the 2005-2006 school year; this research offers an overview of the ways in which schools deal with the integration of disabled students, for the first time since the promulgation of Law n. 104/1992

National Training and Research Plan "I CARE": Learning, Communicating, Acting in an EDUCATIONAL NETWORK, promoted by MIUR for the 2007-08 and 2008-09 school years.

Law no. 18/2009, which ratified the UNO Convention on the rights of persons with disabilities and established the National Observatory on the Status of People with Disabilities, entrusted with the promotion and support of the processes of school and social integration, including the promotion of initiatives for the implementation of the Convention itself and the development of a "bi-annual action program for the promotion of rights and the integration of People with disabilities".

Didactics of Sport for Inclusion

Sport has the potential to be an important tool when starting new processes of integration and inclusion. In fact, the intrinsic values of sport emphasize the need to want to excel, cooperate, respect the rules and laws of the community, its role as a support for a policy of health and hygiene and, above all, the cohesive function with respect to the ethnic, religious and social diversities, constituting a vital contribution to the setup of modern nations.

The challenge to social inclusion is one of the issues of the near future and sport, in future societies, acts a means through which it is possible to fight against all types of discrimination based on origins, gender, or any other personal circumstance (especially in a multicultural environment), including also physical and mental disabilities.

Bailey (2005) refers to sport as an experience based on relationships, help, support, solidarity and responsibility; he also refers to others' experience, comparison, exchange and dialogue; these are key issues in the approach to the topic of integration.

Precisely on cultural diversity, which could be a cause of exclusion and discrimination, Allport (1979) argues that sport is paramount to the first contact: "the first contact is pleasant, it leads to think together of the result and change attitudes. The principle is clearly illustrated in the multi-ethnic team. Here a goal is important; the way the team is composed is irrelevant".

Sport can be for the subject a fundamental field of experimentation in the socialization process, it promotes a common sense of belonging and participation.

For example, analyzing the White Paper on Sport, the document published by the European Commission (2007), it is clear that sport can be considered a tool for social inclusion and can promote a shared sense of belonging and participation.

Specifically, in fact, sport is one of the very few contexts that can be distinguished for a strategic approach to diversity that is both systemic and integration-oriented. Indeed, almost all kinds of professional sports societies today, from the amateur to the professional ones, have athletes and subject denoted by multiple diversities according to race, social class, culture, religion, etc. In this sector, these diversities are valued for the attainment of a sporting goal that overcomes any inclusive barrier, and allows also to pursue an economic

and socio-educational objective. The socio-educational objective is the direct consequence of the exaltation of the sporting values that facilitate the relationships with others and the integration of the diverse; at the same time, from an economic standpoint, the benefits are provided by the ability to attract a wide range of consumers-viewers fascinated by a multicultural context able of enhancing every diversity. All this seems to be well established both in the planning processes and from a temporal point of view, and an example of this are:

- The increasing presence of female realities in every sports discipline;
- The aforementioned variety of personal peculiarities in the various company realities;
- The willingness of entrepreneurs to invest in sports, albeit in territorial and social contexts apparently distant from their culture;
- The multitude of sport initiatives for disabled people that finds its maximum expression in the Paralympics;
- The presence of several national teams which coexist, compete and collaborate in a multitude of sporting events.

Of course, there are still sporadic cases of exclusion of diversity also in sports, but they tend to be marginalized and punished over time in accordance with the dictates of Diversity Management.

So sport is an example of social context and set of entrepreneurial realities able to manage diversity efficiently, encouraging both a cultural and social development and the possibility of promoting more advantageous educational, social and economic conditions.

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