



Case Note

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TOLERANCE AS A CONDITION FOR THE SUCCESS OF INCLUSIVE EDUCATION

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Abstract

The aim of the study. Currently, about 500 million people in the world are officially recognized as disabled due to intellectual, physical or sensory disorders. 17% of them are disabled children. The purpose of the study was to study the characteristics of tolerant and intolerant attitudes towards inclusive communities in the participants of the educational process.

Methodology. A modification of the Bogardus social distance test was applied (in the version proposed by L. Pochebut). The participants were 25 parents of normtypical children aged 6-10 years and 20 master's students - psychologists from the city of Lviv. In order to create inclusive communities, it is advisable to study those social groups whose representatives are discriminated against in society and what their behavior is perceived as acceptable, questionable and unacceptable.

Results. During the study of the participants of the educational system, the presence of prejudices against national minorities and children with special educational needs was revealed. The level of tolerance was higher among parents than among psychologists. They had zero tolerance for violence. Fights between children were perceived by parents as partially acceptable behavior. Therefore, when creating an inclusive school community, it is necessary to start with the training of specialists - psychologists and teachers, without stopping informing parents.

Key words: *tolerance, inclusion, educational socialization, parents, school bullying.*

Relevance

Nowadays, about 500 million people in the world are officially recognized as disabled due to intellectual, physical or sensory disorders, 17% of them are disabled children. In the structure of causes of the disability among children, the diseases of the nervous system and the sensory organs are in first place - 42.3%. The study of the age structure of the disability in dynamics shows that 27.3% of disabled children who are registered in the state medical institutions belong to the age category from 0 to 6 years, 62.1%, respectively, to the age group of 7 to 14 years, 10.6% - for the age group of 15-16 years (Severenchuk, 2007). According to the concept of inclusive education, which was introduced in Ukraine in 2017, a significant part of these children will study in general educational establishments.



The attitude of parents towards their children and the prospects of inclusive education will be a help or a hindrance in this process. Therefore, there is a need to empirically investigate the emotional and educational problems of families raising the children with special needs and predict the problems of implementing inclusive education and the role of psychologists and social pedagogues in this process.

In recent years, inclusive communities have been created in Ukraine, in particular in the educational environment, but gradually this process is covering enterprises, recreational facilities, etc. However, the pace of this process is not as fast as we would like. Participants in the educational process unknowingly hinder the adequate implementation of the principles of inclusive education not only a lack of funds for the equipment of a barrier-free environment, manuals and teaching methods, but also doubts about the expediency of implementing inclusion. The attitude towards adults who belong to other social minorities or have special needs is also ambiguous and does not always contribute to the creation of a normal psychological microclimate in work groups and other communities. Therefore, the study of psychological factors that contribute to or hinder the development of inclusive communities becomes especially relevant.

Study of the characteristics of tolerant and intolerant attitudes towards inclusive communities in the participants of the educational process.

The definition of the problem of tolerance initially had a religious and social character. Only in the twentieth century, the concept of "tolerance" began to acquire a psychological meaning. A number of Ukrainian authors consider the concept of "tolerance" and the variety of its meanings contained in scientific research. Analyzing the definition of tolerance by different authors, it is appropriate to distinguish five levels of existence of tolerance: civilizational, international, ethnic, social, individual (Severenchuk, 2007, p.182).

O. Maksymova (Maksymova, 2015), considering the development of tolerance in the historical context, believes that tolerance is not so much a quality, a personality trait, as its state, which is realized here and now. Tolerance does not imply giving up one's own views, value orientations and ideals, it should not be reduced to indifference, conformity, giving up one's own interests. It assumes, on the one hand, stability as a person's ability to realize his personal positions, and on the other hand, flexibility as the ability to treat other people's positions and values with respect. But, unfortunately, in practice, the involvement of the children with the special needs in the educational process of a comprehensive school, as O. Hordiichuk considers, causes complications and even problems that affect the quality of education (Holubovych, 2012).

O. Holubovych pays special attention to tolerance towards migrants and ethnic minorities (Maksymova, 2015). Tolerance in this case appears as social morality. In English-language publications (Hordiichuk & Haftkovych, 2015; Johnson, 1982; Wiggins, 1988), attention is drawn to the problems of tolerance, political correctness, and features of communication in inclusive communities, but insufficient attention is paid to the psychological factors of tolerance and the psychological aspects of coexistence within inclusive communities.

Methodology

Research hypothesis. Based on the analysis of scientific sources, we put forward a hypothesis regarding the existence of the different types of personality tolerance:

- tolerance towards a certain group of people (representatives of a different race, nationality, gender orientation, etc.);
- tolerance of behavioral manifestations (fights, begging, noise, kissing in the streets...);
- tolerance towards opinions and views (religious, political, cultural...);
- tolerance of environmental changes and uncertainties.

Sample. The participants were 25 parents of children with the typical development aged 6-10 years and 20 master's students majoring in "Psychology" in Lviv.

Methods. In order to identify population groups that are not sufficiently tolerant, the author decided to apply a modification of the Bogardus social distance test (in the version proposed by L. Pochebut). It is known that the standard version of the test determines the level of acceptance of persons of another nationality such as residents of the country, employees, etc. In order to create inclusive communities, it is more appropriate to determine which representatives of social groups are discriminated against in society, and which behavior is perceived as acceptable, questionable and unacceptable. Therefore, our respondents were asked questions about who they would not want their children to play and study with, and what children's behavior respondents perceive as acceptable, questionable and unacceptable.

Results

In the course of the study, it was found that the tolerance of parents is significantly higher than the tolerance of master's students - future psychologists. Out of 25 surveyed parents, 8 could not answer the question "With whom would you not want your children to study together?", and the other 17 surveyed gave 20 answers:

- hooligans - 12 statements,
- children from disadvantaged families - 5 statements,
- "morons" - 2 statements,
- gypsies - 1 statement.

Regarding friendly relations and joint play, the parents had almost no restrictions based on any social group, there were only four statements: "much older in age" - 3 times, "hooligans" - 1 time. A study of the future psychologists (half of whom had children of their own at the time of the study) yielded quite different results. For 20 investigated persons, we received 36 statements that related to different social groups:

- gypsies - 11,
- mentally retarded - 10,
- hyperactive - 8,
- jews - 4,
- autists - 3.

Thus, it becomes noticeable that the level of hostility among the future psychologists is quite high. Among the groups to which master's students - psychologists relate



negatively, there are both national minorities (whom they called slang, offensive names) and children with special educational needs.

When studying tolerance to behavioral manifestations, the level of attitude of both groups turned out to be approximately the same, while the content of the statements differed. The results are shown in Table 1.

Table 1. Attitudes to various forms of behavior of research participants

Group	Suppose	Doubtful	Let's not assume
parents	Study well, work in class, sometimes forget to write down homework, express your own opinion, be creative, communicate	Fighting, quarreling, saying bad words, objecting to teachers, sometimes skipping school	Fighting, filming fights, smoking, getting drunk, selling and using drug substances
students are psychologists	Develop creativity, communication, obey teachers, be balanced, manage your emotions, be moral	Not believing in God, saying bad words, not studying, not being motivated to study, not respecting parents, provoking fights	School bullying, disrespecting teachers, breaking the law, disrupting others' learning, defiant behavior, early pregnancy, sexual relations

As we can see from the table, the child's behavior, from the perspective of the parents, is much freer than from the perspective of the future professionals. The last ones declare zero tolerance for school fights, while parents consider acceptable only under certain conditions. At the same time, graduate students, unlike the parents, blame the victims for school conflicts, because they could "provoke fights", "disrupt others", etc.

Moreover, while remaining in an educational institution, the child should receive not only "educational services", but also be in safe and resourceful conditions that contribute to his or her socialization. In order to realize this goal, it is necessary to create a therapeutic community and stage the activities of socio- psychological, medical and pedagogical support of the child.

Discussion

Difficulties associated with the upbringing of a "special child" lead to qualitative changes in the life of the family, maladapt the family and lead to a family crisis. N. Severynchuk notes that the stress experienced by the family during the birth of a child with special needs disrupts the family structure quantitatively and qualitatively (the risk of parents abandoning the child increases, parents may divorce, the style of family relationships changes, social isolation progresses in the families) (Khmyzova, 2011).

Such structural changes cause functional disorders: each family function (economic, reproductive, recreational, educational, etc.) changes, acquires a new meaning, new ones appear, such as rehabilitative, compensatory, corrective. V. Tkacheva's research indicates changes in the functioning of families on several levels. The psychological level is characterized by changes in the emotional, volitional and personal domains of the parents. Changes at the social level are manifested in the violation of marital, parental and extramarital relations. The somatic level suffers as a result of exceeding the level of loads, that is, parents may develop various somatic diseases, asthenic and vegetative disorders (Maksymova, 2015). As shown by the research of O. Khmyzova and N. Ostapenko, parents of disabled children can be conditionally divided into three groups according to the adaptability indicator:

- Parents who adequately perceive the child's characteristics try to develop his potential; they are constantly looking for new ways, methods, means of teaching and educating her. They are optimistic, provide moral support to other parents, organize alternative forms of correctional work, know how to optimally distribute life time, find opportunities for their own personal development.

- Parents who pay attention to the child try to develop it, but at the same time their own emotional background is significantly reduced. Mostly, these are women who divorced their husbands after the birth of a disabled child. Such mothers almost completely abandon their personal interests.

- The third group are parents who financially support the child, but do not provide emotional support. Such parents do not adequately perceive a child with limitations, for them it becomes a stranger. Sometimes they try to remedy this situation by having another child. This group also includes parents who, due to various "objective" reasons, almost completely transfer all the problems of the development of disabled children to other family members, hired workers or specialists of the rehabilitation center. Usually, they themselves do not work with the child at home.

The problems identified in the characteristics of the second and third groups of parents negatively affect the development of a child with special needs, inhibiting the success of the rehabilitation process (Holubovych, 2012).

Meanwhile, already in the period of early childhood, children with health disabilities should receive an early intervention program, which provides for the provision of medical assistance and special corrective and developmental classes for children up to three years of age. It is these programs that increase the chance of a child's successful involvement in



the educational environment. At this stage, the social educator should closely cooperate with parents, explain to them the prospects of the child's socialization, support such persons in relations with local communities, the social environment, teachers and doctors. A psychologist, when implementing early intervention programs, should contribute to the improvement of the child's sensorimotor development, his mental processes, develop and improve individual correctional programs.

Under the conditions of the implementation of the Ukrainian school reform, children with different health conditions, different levels of knowledge and development prospects will find themselves at school. According to the author, this imposes a special responsibility on psychologists and social pedagogues.

The goal of the activity of a social pedagogue is to prepare teachers, teacher assistants, and tutors for productive cooperation. They should form an adequate attitude of adults (both teachers and parents) towards children with special educational needs. The responsibilities of a social pedagogue also include group work with students, prevention of bullying, education of the appropriate level of tolerance in the school environment.

A psychologist working in an inclusive school should systematically monitor both the psychological atmosphere in the classrooms and the dynamics of the mental state of children and adolescents. In the course of individual diagnosis and psychological correction, it is he who should identify the violation of the child's psychological state and direct the parents to the necessary medical, pedagogical, and social assistance. In addition, the psychologist becomes a mediator in the creation of a complex system of therapeutic community.

Specialists with appropriate competencies are needed to implement such a range of functional duties. Therefore, when training and improving the qualifications of psychologists and social pedagogues, sufficient attention should be paid both to work with "special" children and to modern pedagogical and psychological technologies in inclusive education.

Conclusions

During the study of master psychologists and parents of disabled children - participants in the educational system, the presence of prejudices against national minorities and children with special educational needs was revealed. The level of tolerance was higher among parents than among psychologists. Therefore, when creating an inclusive school community, it is necessary to start with the training of specialists - psychologists and teachers, without stopping informing and psychoeducation of parents.

Only the coordination of the efforts of parents, teachers, speech pathologists, social workers and doctors will allow us to achieve such a goal as the successful and productive integration of a child into an inclusive educational environment.

The work of psychologists and social pedagogues in education should not be duplicated in terms of content.

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