Education and Social Inclusion Based on the Example of People with Disabilities

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Abstract

In this article an attempt was made to find a reply to the question: what is the role of education in the prevention and elimination of social exclusion? The purpose of this consideration is to present the barriers faced by people with disabilities, the context of their exclusion, as well as social integration. It presents the chosen methods of working with individual with disabilities, as promoting innovation in education optimizes the chances for the full participation of disabled persons in social life.

Key words: disabilities, social problem, social exclusion, social inclusion, education

Vzdělávání a sociální inkluze na příkladu lidí se zdravotním postižením

Abstrakt

Příspěvek se pokouší poskytnout odpověď na otázku, jakou roli hraje vzdělání v prevenci a eliminaci sociálního vyloučení. Účelem těchto úvah je upozornit na překážky, kterým lidé s postižením čelí, stejně jako na kontext jejich vyloučení a zároveň na sociální integraci. V textu jsou prezentovány vybrané metody práce s jedinci se zdravotním postižením. Podpora inovací ve vzdělávání optimalizuje šance na plnou účast osob se zdravotním postižením na společenském životě.

Klíčová slova: postižení, sociální problém, sociální vyloučení, sociální začlenění, vzdělání

Introduction

Withdrawal of individuals, self-marginalization or isolation by others, and marginalization are associated with the specific human degradation spiral. Therefore, it outlines an image of society that consists of groups that are more or less exclusive. These groups close themselves to individuals, which is associated with their pursuit to consolidate their own identity as well as to maintain access to goods considered to be valuable. When referring this consideration to disabled people, it should be stressed that individuals with disabilities still encounter barriers that make their functioning and activity in different areas of social life difficult for them. The opinion of A. Macierz (1999, p. 40, 41, 44), who identified a few types of such barriers, can be found in academic literature:

1. social – mainly stereotypical attitudes towards disabled individuals, which limit their activity in social life, and ignore their life opportunities;

2. architectural – can be found in civilizational surroundings, namely in communication and technical devices, and construction; preventing them from having full access to social activities;

3. cultural – refers to the cultivation of a particular external appearance and a scheme of human body structure, as well as values of health and fitness, whilst people who do not fully conform to this idealized standard face a lack of acceptance and understanding;

4. educational – refer to the educational and didactic functions of school.

The European model of society can be modernized provided that adequate investment is made into the development of talents, and overcoming social isolation. According to A. Hulek (1992, p. 13), integration „expresses itself in the mutual relation of the able-bodied and the disabled, in which the same rules of law are respected and identical conditions are created for the maximum, versatile development. Thus, integration allows a disabled person to be themselves amongst others. Integration in this sense can be applied to all spheres of life of the disabled individual - family life, vocational training, work, leisure, social and political activity". The quoted statements are on one hand the canvas to make scientific debate and, on the other hand, seek to propose solutions targeted at, among others, the aspect of educating the disabled.

1 About the social integration process

The „Document of the Holy See for the International Year of Disabled Persons" (1998, p. 340–349) indicates that the primary focus in approaching the problems associated with the participation of disable persons in social life must be inspired by the following principles:

1. integration – opposes the tendency of isolation, segregation and marginalization of the disabled individual, whilst simultaneously it is a wider context than an attitude of „pure" tolerance;

2. normalisation – means, and entails the effort directed toward the complete rehabilitation of people with disabilities through all means and techniques available today; and in cases where this is not possible, to create the conditions for life and actions most similar to normal;

3. personalisation – shows that in all types of endeavors, as well as in various educational and social relations - dignity, living conditions and the integral development of a person should be taken into account, and assisted and protected in all its dimensions and physical, moral, and spiritual abilities.

The complexity of the analysed process makes internal changes necessary not only in a specific individual, but above all a change of attitude which must take place in society. In this context, the planes of social integration, which mutually condition one another, were listed as:

1. institutional – designates the relationship of an individual qualified as „special-needs" with the institutions that govern the functioning of the community, the legal situation of persons with disabilities, and coherence with cultural as well as educational institutions, is the determinant here[1];

2. interpersonal – a degree of willingness of able-bodied people to communicate with the disabled at a level of interpersonal relations. This readiness is determined not only institutionally, but historical and cultural factors are also essential, as well as psychosocial, which may be the basis for undisturbed contact or lead to, in extreme cases, a lack of contact with disabled persons. In everyday life, the most common are intermediate states which are conditioned individually, by groups or situations;

3. psychological – the highest level of social integration; it means not only acceptance of people with disabilities, but also an inner conviction of readiness for participation and the legitimacy of integration. Expected results also depend on other influences, for example, media, literature, and the humanization of social life (Krause 2002, p. 65–75).

At present, integration is defined in education through a determination of its components. According to the British Centre for Studies on Inclusive Education, integration encompasses:

1. an increase of students' participation as well as a reduction of their exclusion and separation from culture, teaching program, and local school communities;

2. equal evaluation of all students and teachers;

3. a change of the culture, policy and practices used at schools, so that it better reflects local levels of the student diversity;

4. a reduction of barriers in education and participation in general school life for all students, not only for those with special teaching needs;

5. learning from the examples of students who attempt to cross barriers in accessing wider society, and passing on this knowledge for complex solutions;

6. the treatment of differences in the individual problems of various students as a direction or a clue for an entire teaching system, rather than just a problem to overcome;

7. drawing the attention of the local community to the rights of students to be included in a universal education system;

8. correcting, and improving schools for both students and teachers;

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[1] Activities in these areas are useful in normalizing the functioning of disabled communities. They are implemented by a number of suport-care and assitance institutions (for more, see. B. Szluz. 2006 [a], p. 96–214, B. Szluz. 2006 [b], p. 299–309).

9. strengthening the role of school in community building and development, as well as in passing on values;

10. strengthening the bond between a school and local community;

11. emphasizing the role played by inclusive education in linking the entire society (for more, see. Centre for Studies on Inclusive Education, 2013).

The process of education, having in mind the mentioned social integration process, should be subordinate to the idea of an individual's versatile development, within their capacity, as well as to their physical, psychological and social development. This should be reflected in both an individual and subjective approach in determining the educational objectives with respect to every human being.

2 Education versus social inclusion of the disabled – chosen aspects

J. Wyczesany emphasized that the implementation of an inclusive educational system, which defines a new education model, requires accepting a number of assumptions. First among them is the humanization of education, which is linked to the individual path of a child's development, which is their biography. It is also essential to know the educational needs and aspirations of children, to meet them, as well as to stimulate development. Thus, a change in teaching methods is necessary, which means ceasing the perceptual-imitative forms of children's activity on behalf of perceptual-innovative forms; and modification of a program's functions, which means ceasing the perception of a teaching program as arbitrary and implementing proposed transition to developing children's multidirectional activity.

Among innovative methods used in the therapy and education of persons with disabilities, the following can be distinguished:

1. Educational kinesiology (for more, see. C. Hannaford, 1998; P. E. Dennison, G. Dennison, 2003) – a method of supporting the natural development of a human being through motion exercises. Their implementation is aimed at the integration of an individual in the scope of physical and mental functioning. Exercises within so called brain gymnastics are an introduction to educational kinesiology. They consist of movements performed by children in their first years of life, necessary for the development of motor coordination in humans. Elaborated by E. Dennison, sets of psychomotor exercises improve the body, activate the nervous system, relieve tension caused by stress, and increase energy. This method results in the improvement of functioning of individuals in a social environment.

2. Neurosensorimotor Reflex Integration Method according to S. Masutova (for more, see. S. Masgutova, N. Akhmatova, 2004) – it is composed of exercise schemes which stimulate brain resources. A reaction occurs and a network of nervous connections is stimulated by the use of appropriate impulses. In a natural way, data is retrieved on the course of reflex and it is reminded what

the proper muscle reaction should be. The purpose of the systematic repetition f exercises is to store the course of reflex and its integration.

3. W. Sherborne developmental method (1997) – its goal is to enable an individual to get to know their own body, improve motor skills, self-power and efficiency. The individual becomes familiar with the space in which it is located, and becomes active. Exercises are held in pairs or in a group; parents and siblings may participate, making the child feel safe.

4. M. Montessori method (2005) – it helps an individual to get to know oneself and their external environment. Impulses coming from the environment allow its development, and the process of education makes it possible to achieve independence. The method is aimed at comprehensive physical, cultural, spiritual and social development; it supports the spontaneous and creative activity of the individual.

5. F. Affolter method (1997) – it is based on the action aimed at resolving everyday tasks. In this method a student is physically supported in an active way, which is done by putting the therapist's hands on the dorsal side of their ward's hand and lightly directing them to perform an operation. The repetition of exercises breaks the child's habits and fears, enabling their efficient performance of actions.

6. M. and Ch. Knills method (for more, see. M. Knill, 2009; Ch. Knill, 2009) – it is intended to assist in obtaining knowledge about: the body as a whole, a sense of the body's parts, and the fact that different parts of the body can be used in a variety of ways. Through the use of this method sensual experiences trained in fetal life are restored; an individual gets to know their body; children with deeper intellectual disabilities are stimulated towards activity and interaction; the diagnosis and rehabilitation of children who don't develop harmoniously and have learning difficulties is performed; and behaviour of children who are socially maladjusted is organized. The method can be used to work with physically disabled children, children with sensory disabilities, and people with whom it is difficult to make contact - autism for example.

7. Sensory integration method (for more, see. Z. Przyrowski, 2012) – it was created by A. J. Ayres who stressed that the proper psychophysical functioning of a child is linked to a proper process of collecting, processing and integrating by the brain, a variety of sensory information. Dysfunction in sensory integration manifests itself in the form of: attention deficit and hyperactivity disorder, attention deficits, poor organization of behaviour and action, delayed speech development and poor motor coordination. In the first stage, an individual is diagnosed on how they collect, identify and use sensory impressions, coming from all the senses, then the treatment is carried out by stimulating specific sensory systems.

8. „Morning circle" – polysensory simulation according to seasons of the year (for more, see. J. Kielin, 2009) – it means stimulating the senses of the child using basic symbols, whose source is the natural world. The use of the method aims at:

stimulating multi-sensory activities linked to ritualisation of activities; the creation of a circle serves to build trust and a feeling of security; non-verbal communication, which is based primarily on the language of signs and symbols; stimulating and provoking communication on a verbal level; and initiating and maintaining eye contact with the child.

9. Good start method – formulated by M. Bogdanowicz (2008). Its aim is to harmonize mind and motor interaction. Auditory, visual, and tactile-kinesthetic motor functions are improved, which increases their integration. The method is used to equalise disharmony in children who have specific difficulties with reading and writing (dyslexia); the effects of its introduction in children with autism were recognized.

10. Non-directive play therapy according to the concept of V. M. Axline (1947) – is based on the assumption that play is a natural means of activity and expression in an individual. The method leaves a free choice in play; actions are not performed for the child, so that the child has the possibility to disclose and manifest their feelings. It mobilizes decision making, choices, and overcoming encountered difficulties; therefore leading to, and enabling, harmonious development.

11. Ergotherapy – is a separate form of rehabilitation, where various activities are applied, such as: carving, weaving, tailoring, basketry and crafts of all kinds.

12. Bibliotherapy (for more, see. M. Molicka, 2011) – in which appropriately selected reading materials are used. A variation of bibliotherapy for children is a therapy through fairy tales, using so-called relaxation fairy tales, as well as psycho-educational tales. In a relaxation fairy tale there are specific events, to which the action of releasing tension and negative emotions is attributed. On the other hand, in a psycho-educational story, knowing that the tale's hero has a similar problem is aimed at increasing a child's behavioral repertoire. The individual has the ability to expand self-awareness, which promotes learning behaviour expressed in difficult situations.

13. Art therapy (for more, see. W. Szulc, 2011) – uses artistic techniques and colours. Art is often used in art therapy, it fulfills many functions, among which the most important is the ability to formulate a statement in a non-verbal manner. The created work of art is often a pretext for discussion on a topic that emerges from that work.

14. Choreotherapy (for more, see. E. Konieczna, 2003, p. 60–64) – includes dance, music and motor exercises, and movement improvisations to music. Among the therapeutic values of dance, which are important in treatment and education are: the social nature of dance, the variety and appeal of dance forms, and the ability to impact psyche through movement, music and contact with people. Choreotherapy is used to work with people with the following disorders: psychomotor, mental, or difficulty in dealing with other people.

15. Music therapy (for more, see. B. Piotrowska, 1998) – uses music and its elements in order to improve the functioning of people with a variety of emotional, physical or mental problems. The medium in music therapy is sound and music. As a result of the techniques used in music therapy, the following types of music therapy are distinguished: active: which includes influences involved with movement; and receptive: the essence of which is listening to music, relaxation and visualization.

16. Aesthetic therapy – uses contact with beautiful surroundings and nature, or excursions to an art gallery or museum. The following varieties were distinguished: forest therapy – with use of walks in forests, and thalassotherapy – with use of seaside walks.

17. Chromotherapy (for more, see. J. P. Couwenbergh) – based on colours, for example, in classrooms where experiencing the world takes place or in classrooms for play and relaxation. These facilities are used in the treatment of children and adolescents with intellectual disabilities, allowing polysensory learning of the environment. An atmosphere of relaxation is important, which is created by the proper music and the play of colours.

18. Kinesiotherapy (for more, see. K. Milanowska, 2001) – therapy through movement, which is considered to be a form of rehabilitation, however it is widely used in therapeutic work such as morning exercise in therapeutic centers or sporting events.

19. Ludotherapy – is based on wards using games and play. It is a particularly important element in the treatment of children. It is usually taken voluntarily, and can provide an excellent starting point to the mutual work of the therapist and their ward.

20. Drama and psychodrama (for more, see. Pankowska, 2006) – serves to activate the development of children and young people, developing their imagination, and both intellectual and physical agility. They allow the individual to strengthen their self-confidence, to mature so that they can make their own decisions and answer questions about their own identity. They are effective in working with children who have specific learning difficulties, resulting from disturbances in various areas of development. They let deeply disabled children discover and develop their inner possibilities regarding concentration, senses, imagination, physical self, speech, emotions and intellect. They are also used when working with people with mental disorders.

21. Hippotherapy (for more, see. A. Ważnikiewicz-Nawracała, 2002) – is used in multi-profile psycho-physical rehabilitation, and in which a horse is involved; the therapy simultaneously affects motor, sensory, mental and social development. It is used both in children and adolescents, as well as adults with physical, sensory and mental disabilities.

22. Canine therapy (for more, see. M. Machoś-Nikodem, 2006, p. 50–53) – is a method of strengthening the effectiveness of rehabilitation, and where a properly trained dog under the care of a qualified therapist is a motivator. Treatment of this kind is one of the areas of zootherapy. The Polish Canine Therapeutical Society (2013) proposed the following terminology on forms of therapy with dogs: meeting, education and therapy.

23. Feline therapy (for more, see. A. Kazimierczuk, 2011) – one of the methods of zootherapy, involves the contact of a person undergoing therapy, with cats. It is used in the treatment of elderly and disabled people, including children. Contact with cats has a positive impact on the psyche of people undergoing feline therapy; it significantly improves their mood, reduces anxiety levels, and breaks down barriers in people who experience a fear of animals.

24. Onotherapy – activities involving donkeys have been popular in southern Europe since 1966; for example, with those with physical, sensory and mental disabilities.

25. Dolphin assisted therapy – used, for example, in therapy with autistic children, and found in countries where large oceanariums are located.

26. Kaibigan training program (2013) – used in working with people with lower limb dysfunction. The whole program for people with disabilities has been grouped into three training blocks. Among them, these techniques were distinguished: combat using a rattan staff; hand to hand combat without the use of weapons; and taking into account the limitations resulting from the disability - a specially formulated formal routine whilst using a staff.

27. Sociotherapy or social therapy (for more, see. J. Jagieła, 2007) – a method relying on using interactions of a social nature. The purpose of social therapy may be the individual, for example, their inability to interact with the environment or a social environment which it encompasses, such as family, peer group, or local community, if their dysfunction triggers, enhances or perpetuates its problems.

28. E-learning – its purpose is to support people with disabilities in their efforts to participate in social life. E. Lubina (2007) stressed that a project aimed at people with disabilities should consider the specifics of working with them: preparing participants in full-time studies for the use of e-course; the implementation of content-related training in the forms of e-learning, the adaptation of infrastructure for both full-time studies as well as for distance learning; designing program courses taking into account the information content as well as the psychological and economic content; preparation of the course in technical terms, taking into account the types of dysfunction. Despite the problems with the implementation of e-learning, such as high costs, a lack of developed infrastructure and qualified didactic staff, e-learning is an excellent alternative in the education of the disabled.

The methods used in working with people with disabilities are diverse, and their choice depends on: the definition of the objective and tasks; the situation of the individual, for example, their age, needs, type of disability, opportunities and limitations, the places and conditions where classes take place, such as the family home, nursery, school, or a rehabilitation centre. The basis for implementation observes several principles: acceptance, individualisation, support, and collaboration with other professionals and family.

Conclusion

Social exclusion is a negative phenomenon, which manifests itself in the various areas of human functioning, and encompasses within its range, more and more spheres of human life. J. Delors (1998) in the report „Education – learning the treasure within" put forward the thesis that: education is the universal antidote to the phenomenon of social exclusion. It seems that the promotion of innovative solutions in education optimizes the chances for the full participation of disabled persons in social life.

Bibliography

AFFOLTER, F., 1997. *Spostrzeganie, rzeczywistość, język*. Warszawa: Wydawnictwa Szkolne i Pedagogiczne. ISBN 8302063347.

AXLINE, V. M., 1947. *Play Therapy*. New York: Ballantine. ISBN 9780307814524, 0307814521.

BOGDANOWICZ, M., 2008. *Metoda dobrego startu*. Warszawa: Wydawnictwa Szkolne i Pedagogiczne. ISBN 9788302098024**.**

Centre For Studies on Inclusive Education [online]. [accessed March 11, 2013]. Retrieved from: http://inclusion.uwe.ac.uk/csie/csiefaqs.htm

COUWENBERGH, J. P., 2008. *Chromoterapia i światłoterapia, czyli jak leczyć barwami i światłem*. Katowice – Chorzów: Videograf II. ISBN 9788371835629.

DELORS, J., 1998. *Edukacja – jest w niej ukryty skarb: raport dla UNESCO Międzynarodowej Komisji do Spraw Edukacji dla XXI wieku pod przewodnictwem Jacques'a Delorsa*. Warszawa: Stowarzyszenie Oświatowców Polskich, Wydawnictwa UNESCO, cop. ISBN 9232032740, 8388008005.

DENNISON, P. E., DENNISON, G., 2003. *Kinezjologia edukacyjna dla dzieci: podstawowy podręcznik Kinezjologii Edukacyjnej dla rodziców i nauczycieli*. Warszawa: Międzynarodowy Instytut Neurokinezjologii, cop. ISBN 8389370093.

Dokument Stolicy Apostolskiej na Międzynarodowy Rok Niepełnosprawnych (4 III), 1998. In: *W trosce o życie. Wybrane dokumenty Stolicy Apostolskiej*. Eds.: SZCZYGIEŁ, K. Tarnów: Wydawnictwo Biblos, p. 340-349. ISBN 8386889225.

HANNAFORD, H., 1998. *Zmyślne ruchy, które doskonalą umysł – podstawy kinezjologii edukacyjnej*. Warszawa: Medyk. ISBN 8390898802.

HULEK, A., 1992. *Świat ludziom niepełnosprawnym*. Warszawa: Polskie Towarzystwo Walki z Kalectwem.

JAGIEŁA, J., 2007. *Socjoterapia w szkole: krótki poradnik psychologiczny*. Kraków: Wydawnictwo Rubikon. ISBN 9788389947468.

KAZIMIERCZUK, A., 2011. *Felinoterapia, czyli leczenie kotem* [online]. [accessed March, 28, 2011]. Retrieved from: http://www.rp.pl/artykul/632827_Felinoterapia--czyli-leczenie-kotem.html

KIELIN, J., 2009. *Rozwój daje radość: terapia dzieci upośledzonych umysłowo w stopniu głębokim*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne. ISBN 9788374892483.

KNILL, Ch., 2009. *Dotyk i komunikacja*. Warszawa: Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej. ISBN 9788360475348.

KNILL, M., 2009. *Programy aktywności: świadomość ciała, kontakt i komunikacja*. Warszawa: Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej. ISBN 9788360475355.

KONIECZNA, E., 2003. Choreoterapia – taniec leczący duszę. *Edukacja i Dialog*, Vol. 8, p. 60–64. ISSN 0866-952X.

KRAUSE, A., 2002. Trzy poziomy integracji – konsekwencje dla teorii i praktyki. In: *Wielowymiarowość integracji w teorii i praktyce edukacyjnej*. Eds.: CHODKOWSKA, M. Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, p. 65–76. ISBN 8322718527.

LUBINA, E., 2007. E-kształcenie szansą na uczestnictwo osób niepełnosprawnych w życiu zawodowym i społecznym. *E-mentor* [online], Vol. 3(20). [accessed December 12, 2007]. Retrieved from: http://www.e-mentor.edu.pl/artykul/index/numer/20/id/434

MACIARZ, A., 1999. *Z teorii i badań społecznej integracji dzieci niepełnosprawnych*, Kraków: Impuls. ISBN 8388030302.

MACHOŚ-NIKODEM, M., 2006. Nauka z pomocą psa. *Edukacja i Dialog*, Vol. 8, p. 50–53, ISSN 0866-952X.

MASGUTOVA, S., AKHMATOVA, N., 2004. *Integration of dynamic and postural reflexes into the whole body movement system: an educational kinesiology approach*. Warsaw: International NeuroKinesiology Institute of Movement Development and Reflex Integration. ISBN 8389370166, 5931870172.

MILANOWSKA, K., 2001. *Kinezyterapia*. Warszawa: Wydawnioctwo Lekarskie PZWL. ISBN 8320026105.

MOLICKA, M., 2011. *Biblioterapia i bajkoterapia: rola literatury w procesie zmiany rozumienia świata społecznego i siebie*. Poznań: Harbor Point Media Rodzina, cop. ISBN 9788372785565.

MONTESSORI, M., 2005. *Domy dziecięce: metoda pedagogiki naukowej stosowana w wychowaniu najmłodszych dzieci.* Warszawa: Wydawnictwo Akademickie „Żak". ISBN 8389501325.

PANKOWSKA, K., 2006. *Drama w przekraczaniu granic niepełnosprawności*. Warszawa: Wydawnictwo Akademii Pedagogiki Specjalnej im. Marii Grzegorzewskiej, ISBN 8389600293.

PIOTROWSKA, B., 1998. *Muzykoterapia*. Jelenia Góra: Wydawnicywo Nauczycielskie. ISBN 8385814396.

POLSKIE TOWARZYSTWA KYNOTERAPEUTYCZNE, *Standardy kynoterapii* [online]. [accessed March 12, 2013]. Retrieved from: http://www.kynoterapia.eu/standardy.html

Program terningowy Kaibigan [online]. [accessed March 12, 2013]. Retrieved from: http://konektia.pl/artykuly/392-program-treningowy-kaibigan

PRZYROWSKI, Z., 2012. *Integracja sensoryczna: wprowadzenie do teorii, diagnozy i terapii*. Warszawa: Empis. ISBN 9788393478408**.**

SHERBORNE, V., 1997. *Ruch rozwijący dla dzieci*. Warszawa: Wydawnictwo Naukowe PWN. ISBN 8301122293.

SZLUZ, B., 2006 [a]. *Pomoc dzieciom i młodzieży niepełnosprawnym intelektualnie*. Rzeszów: Wydawnictwo Uniwersytetu Rzeszowskiego. ISBN 9788373382176.

SZLUZ, B., 2006 [b]. Wsparcie dzieci i młodzieży niepełnosprawnej intelektualnie w społeczności lokalnej. In: *Zeszyty Naukowe Uniwersytetu Rzeszowskiego. Seria Pedagogiczna.* Vol. 36/3. Eds.: SZEMPRUCH, J. Rzeszów: Wydawnictwo Uniwersytetu Rzeszowskiego, p. 299–309. ISSN 1643-0484; 1643-0530.

SZULC, W., 2011. *Arteterapia: narodziny idei, ewolucja teorii, rozwój praktyki*. Warszawa: Difin. ISBN 9788376414119**.**

WAŻNIKIEWICZ-NAWRACAŁA, A., 2002. *Jeździectwo w rozwoju motorycznym i psychospołecznym osób niepełnosprawnych*. Gdańsk: Akademia Wychowania Fizycznego i Sportu im. Jędrzeja Śniadeckiego. ISBN 8385368490.

WYCZESANY, J., 2001. Problemy osób niepełnosprawnych w perspektywie integracji europejskiej. *eBook Collection* (*Konspekt*, Vol. 9) [online]. [accessed December 10, 2001]. Retrieved from: http://www.up.krakow.pl/konspekt/konspekt9/wyczesany.html