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INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITIES IN THE RELATIONAL PERSPECTIVE

Abstract

of a doctoral thesis for awarding educational and scientific degree "doctor"
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The dissertation consists of an introduction, a first main division in 3 parts (Sociological Introduction, Disability and Socialization, Inclusive Educational models) and five chapters: Chapter 1: The sociological approach to disability: the medical model and the social model. Chapter 2: The social network and the educational value of the territory, Chapter 3: The family as educational and relational model. Chapter 4: The school and the inclusion of the students with disability. Chapter 5: Three scholastic models in comparison, a conclusion, 1 annex and the list of bibliographical references. The total volume is 271 pages, of which 248 pages are the main text. The bibliographic resources cited are 382, of which 260 are in Italian, 117 in English, 2 in French, 2 in German, 1 in Spanish, 52 are journal articles in English, 17 are articles in Italian, 13 are Internet sources and 3 are conference proceedings. The text includes 4 tables and 1 figure.

The dissertation defense will be held on 8.01.2021 at 13.00 o'clock.

The dissertation is available at the library of the Institute of Philosophy and Sociology.

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Introduction

The **object** of this PhD dissertation is explored new sociological aspects of inclusion of disable persons/student through a different approach to the wholeness of the person and the surrounding social system. Disability consists of a relational system generated by the mutual interaction between symbolic and value codes, the resources present in the relationship, functional limitations and technological aids, the intentionality of the subjects involved and the methods of regulation of these relationships. The main contribution to the proposed approach is the relational sociology (Donati, 1991).

The **subject** is the concept of inclusion in school of children and adolescents with disabilities from a sociological perspective. School is intended as a place where the disabled children can become future citizens with acknowledged rights, expectations and opportunities. In our view, in a relational perspective, the autonomy of the person with a disability should be seen in an interdependent perspective not only in terms of functional roles, but as an existential condition of the subject as a subject and human being.

The **main thesis** is focused on the knowledge of a possible model of society that gives priority to human values and sees the person in his wholeness, beyond abilities and disabilities, as a founding substantial element of the society itself. This process can find its essential start from the models of inclusion at school. The inclusive system relational approach of the Italian educational system, together with the relational sociology approach can be considered an example of good practices to analyze in deep.

The first **tasks** of this dissertation has been to analyze the historical perspective and to concentrate the attention on the concept of disability, and on the interpretative models that over time has inspired the sociology approach to disability: the medical model, the social model and the bio-psycho-social model. The main sociological approaches, with which the disability attributable to the biomedical paradigm have been studied over the course of time, have been presented and discussed: the structural-functionalist approach, the interactionist approach, the approach to chronicity and role theory.

The thesis has argued that, although distancing themselves from the medical model, none of the sociologists has problematized its basic assumptions, since they consider disability as an attribute of the individual (given by the presence of structural or functional impairments of the organism) which limits its capacity for action, compared to the normality standards typical of a given society. The concept of normality refers to a majority state and, more than anything else, to a cultural condition generally approved. A situation that is recognized as prevalent in a cultural reference model. In these cases, rather than the objective elements, the shared one assumes particular importance and is taken as a criteria model by culture and therefore, precisely for this reason, well known criteria, accepted and followed by all.

A second **task** is to present the approaches, referring to the social paradigm, which conceptualize disability in terms of mere social construction as a consequence of a social organization unable to take into account the needs of disabled people.

We have therefore proposed a critical review of the different paradigms and approaches to disability, highlighting their strengths and weaknesses.

We have clarified the theoretical points of the concept of disability in order to propose a new framework for the relational paradigm.

To demonstrate this thesis, as **third task**, we have examined the main actors of the socialization of

children with disabilities, i.e. the social groups with which the individual interacts throughout his existence, the family and the school, and about the social policies aimed at the integration and inclusion of disabled people. The particular conditions of the socialization action are objectively constrained by the organic dimension for which it is the result of the relationship of different dimensions: physical, personality, relational, communicative and cultural.

After examining the studies on the family the development of relations between parents and children and investigating the contribution of the pedagogy of the family **as first subtask**, our attention was dedicated to the analysis of family relationships in disability contexts.

Through the investigation of the studies on the topic that have alternated since the second half of the twentieth century, it has been seen how we have moved from a pathological vision of the family with disabled people, which in some way reflects and amplifies the disability of one of its members, to a view of collaboration, where the family represents resources and strategies and the parents play a role of primary importance towards the subject in training.

The **second subtask** has been to verify how important the role of social networks is, the formal and informal resources on which the family can be defined and stands out count on finding help and support, through a qualitative methodological approach aimed at the analysis of autobiographical reports and life stories emerged from biographical interviews. In this context, an important role is played by the school.

This observation leads to a relational vision of the principles of subsidiarity and solidarity. This means that both concepts are considered, according to Donati's thought, as two ways of relating to others, and that both recognize the dignity of the Other.

Solidarity is a relationship of one subject with another subject, in which they both do what they can in relation to the responsibility that everyone has towards the common good. Solidarity means that both the actors play their role, based on their skills. Subsidiarity means to relate to another subject in such a way as to assist him in doing his duty, based on a relationally guided system of action.

The term "relational guide" means that a subject acts as a stimulus to the internal and external reflexivity of another subject. Thus, he meets his needs, his desires and his projects by helping him, the second subject, to develop his skills, his aspirations, the goals that are close to his heart through a continuous relational re-arrangement according to which a subject is assigned the task of ensuring that the objectives selected are ethically good and that the ways chosen to achieve them are adequate.

The objectives themselves are defined in the first place by the other person, or - if this is a disabled person - jointly with the family, local services and / or a person, officially invested in a role of helper or "facilitator". In the parent-child relationship, in general, relational guidance does not correspond to an impulse or command and it is not purely normative. Rather, it represents an encouragement to activate those relationships leading the child to the good things he desires. The parent provides his/her help insofar as he/she evaluates the goodness of the goals identified by the child and ensures that the appropriate reflective relationships will be activated and adopted in view of achieving the goals foreseen.

Solidarity and subsidiarity should always work together and one is defined in relation to the other. If a subject intends to help another subject without oppressing it, there must be a bond between them characterized by the co-existence of solidarity and subsidiarity.

Subsidiarity (i.e. the fact that one subject intends to help another subject to do what the other subject must do) requires an act of solidarity. In this case, solidarity does not coincide with a (unilateral) act of charity, but with the assumption and the practice of a shared responsibility that the two subjects must have towards the common good (this is also the meaning of solidarity as interdependence, which is still valid when one party cannot give anything material to the other).

Subsidiarity is a way of allocating resources; it is a way of shifting the means to support and help another person without making him passive. Subsidiarity allows the other person to complete his / her tasks, to do what is up to him.

Instead, solidarity is a sharing of responsibility, which operates on the basis of the principle of reciprocity.

In fact, procuring means, resources, aid and benefits to another person can have the effect of making him dependent, or of exploiting him for other purposes. For these reasons subsidiarity cannot operate regardless of the principle of solidarity. Through this principle, there is a shared responsibility between those who give their help and those who are helped on the basis of which the two subjects are linked by an interdependent relationship.

The **fourth task** of this dissertation has regarded the examination of the school - the most important of the secondary socialization actors of a child – and we have analyzed different inclusion approach from the Anglo-American societies.

The second, most important **subtask** has been the study of the "good practices" that the Italian school has implemented to allow the welcoming and inclusion of pupils with disabilities in school.

It has been verified and tried to highlight how solidarity and subsidiarity are also the relational principles that allow "feeling good together at school".

The "feeling good at school" is closely linked to the quality of interpersonal relationships that characterize the life of children and teachers inside and outside the school environment and, even more important, it has to deal with the relationships concerning everyone: not only students but also adults, who interact with them, as parts of a more complex system of relationships and interconnections, the result of an intertwining between contexts and living environments that determine the quality of educational and didactic activity.

Psychological and pedagogical research has been telling us for some time how this relational dimension is strictly connected to the quality of children's learning and school results (Kanizsa, 2007; Ligorio and Pontecorvo, 2010) as a condition that nourishes that "secure disposition to learn" that arises precisely in the relationship with the teacher (Aber and Allen, 1987).

The studies on the intertwining between the relational dimension and the attitude of the children towards the school confirm the link between the emotional relationship between the teacher and the pupil and the scholastic success of the children (Mashburn,et al., 2006): the relationship with the teacher, in particular in primary school, acts as an "organizer" (Tomada, et al., 2015) in learning processes influencing peer relationships too. This also persists in high school orders, although in this case, the relationship between the "emotional closeness" of teachers and the quality of social relations increases (Tomada, et al., 2015). Learning and motivation to study deeply depend on the children's skills, expectations, stimuli of the families but also on the relational and didactic well-being perceived by the students (Mantovani, 2004).

Structure of the dissertation and method used

The structure of the thesis stems from the belief that the possibility of building innovative intervention approaches - inspired precisely by a relational perspective - is connected to the way in which disability is represented and experienced.

Societies have coexisted for centuries with the phenomenon of disability, but only today disability is recognized as a "social problem" since only today society attributes it a real political relevance. If disability is a social problem, the actors involved give different representations: for the movements and associations of disabled people the problem consists in a limited participation of people with disabilities in social and economic life. Certainly the recognition of disabled citizenship rights and above all their implementation through social policy interventions are crucial for their inclusion. However, one wonders what their actual effectiveness is, if measurable according to very different criteria from the bureaucratic-administrative ones. In Italy, sociology - unlike pedagogy or psychology - has paid little attention to the phenomenon of disability.

In our view, a crucial issue is represented by the social identity of people with disabilities.

What are the factors that shape its social identity? Which are the ones that contribute to diversifying their experience according to the type of disability? What is the role that social identity plays in favoring or hindering its inclusion?

The impression is that, despite the regulatory measures introduced to promote the use by disabled people of social services, educational opportunities with school integration or inclusion, new technologies, new social boundaries have replaced the previous social boundaries, without considering the performance they may be capable of.

According to Simmel whoever does not look at the other really withdraws, to some extent, from the possibility of being looked at: man exists for the other not when he looks at him, but only when he too looks at him (Simmel, 1998: 550-559). This intuition allows us to understand the annoyance, the embarrassment that creates the mere presence of a disabled person: not looking at it perhaps allows us not to reveal the fact that we have in common an existential condition made of fragility and precariousness, not to rethink the idea of individual autonomy on which our personal identity is rooted.

For this purpose, our attention has been focused on the main actor of an individual's primary socialization, the family, and on the main actor of his secondary socialization, the school, and, consequently, on the relationship networks in which they are inserted.

The birth of a disable child can be seen as an accident and an unexpected event. How to live the "misfortune" opens a wide range of possibilities, since in the "breaking" of the family's natural balance a different story from the usual one opens up and makes room for something new and a structural change, often also with pain, but not for this reason devoid of possible paths of meaning, and human richness. How to live the unexpected event recalls the possibility of choosing existential paths that do not necessarily have to coincide with unhappiness or the creation of unhappy families. The experiences taken into consideration by the present study allow the emergence of parental experiences in relation to the presence, in the family, of a disabled child. Our study on the object was directed towards the stories that mothers and fathers narrated, in written or in oral form, from which it becomes possible to investigate how the event was lived in order to identify its paths of meaning.

In front of the unexpected event, writing and oral story are presented as tools to reflect on one's own experience, emotions and difficult moments. The introspective analysis that the writing offers, allows the awareness of one's situation in all its drama, but also the awareness of the existence of short moments of happiness that allow the creation of spaces to accept the child as he is, in order to abandon any illusory idea of a miraculous healing. The narratives of the parents who talk about their experiences contribute to building up a heritage of considerable importance both as aid to other parents in similar

situations, and as help to create a deeper sensitivity in society. For the purposes of this work, the common points that the parental reports are presenting, have made it possible to identify some particular problematic moments in their family life cycle. Therefore, we can say that not only the common aspects emerged from this approach, but also the differences dealing with certain situations and experiencing some emotions.

The increase of parents' autobiographical reports about their child's disability, which has taken place in recent years, has led the research to analyze how the social and cultural changes, that have occurred over time, also corresponded to real transformations in those family relationships. The relational changes between parents and children are, in fact, an important element to understand how the dynamics between disabled parents and children have also changed since, once the form of institutionalization (the disable in charge of the Institution) was privileged, after the 1950s the disabled person has been assisted in the family and this approach became the most common.

Even the method on investigating of these families has changed over time because, if in the first studies the presence of disabilities in the family unit was considered as a disabling presence for all the members, today the research is aimed at investigating on adaptive processes and the resources that the family puts in place to deal with the situation which, while even if being problematic, does not exclude the possibility of building spaces of common values and happiness. In addition, the family is recognized as having an important role in the education and training of children, in this way the disciplinary contribution of knowledge of the pedagogy of the family, the pedagogy of the parents and of the disability, contributes to create a reference framework for the care of the disabled person in order that the intervention should actively involve the family, the disabled, the training and territorial agencies.

As regards school, on the issues of school inclusion we do not have empirical research on the school inclusion of disabled people in general, instead we have a consolidated research background that considers the school organization and in particular the address structures between the factors influencing the real educational inequalities. In particular, it has been verified that the possibility that, the orientation of school choices for disable students, towards less qualifying training courses or educational paths, has a real negative effect on their learning opportunities. The choice, may suffer the influence of stereotypes regarding the potential of certain categories of students but also of a self-selection phenomenon.

The empirical researches referred to subjects with specific disabilities (e.g. Down syndrome, autism, dyslexia, dysgraphia, dyscalculia) have allowed us to conclude that school integration or inclusion could be positively assessed, as regards the goal of socialization, since it is proven how effective it is for this purpose to broaden the networks of relationships of disabled students and the spread of acceptance attitudes towards them by the peer group. As far as social selection is concerned, it seems to us that the problem is postponed when accessing the labor market and the serious insertion difficulties yet to be solved.

Summary of the main results

1. The sociological approach to disability: the medical model and the social model

The path that We propose within the sociological thought starts from the definition of a specific role, the "sick role", and comes to highlight, through the proponents of the social model of disability, the role of the environment in determining the condition of disabled.

1. The medical model

The depersonalization of the person with disabilities started in the nineteenth century when people were no longer defined through the impaired condition, but in a general way as being unable to provide standardized work performance according to the Fordistic-Tayloristic model. The term handicapped (those who starts from a disadvantaged point) has been replaced by the term "disabled" that indicates the absence of some skills that allow carrying out a given task.

With the practical need to face the Welfare State dilemma of the distribution, the relationship between the political-administrative system and medicine assumes a key role: trusting in the objective criteria of medicine it is possible to distinguish between true and false disabled.

According to the International Classification of Disabilities and Handicaps, the handicap is the discrepancy between the status of the subject and its efficiency and the expectations both personal and of the group to which it belongs. When the person fails to conform to the expectations and norms of the world, the disadvantage arises (WHO, 1980: 17). The term "handicap" is used to designate the properly "social" dimension of the phenomenon. The impairment is at the level of the biological organism and the disability concerns the carrying out of activities that do not necessarily configure the interaction with other subjects, the handicap is the "emerging" disadvantage in the fulfilment of social roles (Masala, Petretto, 2008).

The following approaches refer to disability in terms of social construction and they historically progressively separate from the medical / individual model.

1.1 The structural-functionalist approach: disability as involuntary deviance

The contribution of T. Parsons conceptualizes the disease in sociological terms: it includes "both the state of the organism as a biological system and its personal and social adaptations" (Parsons, 1996: 440). The disease represents a particular form of deviance since it is a disturbance in the "normal" functioning of the individual as a whole, not only at the biological but also social level (Parsons, 1972: 440). However, this is a form of institutionalized deviance, for which society has created the "sick role". The person in this role has to recognize the condition as unwanted, thus seeking competent help to recover and to collaborate with it.

1.2 The approach to chronicity: disability as an "Impaired role"

A. Gordon (1966) theorizes the impaired role in which the individual has a permanent impediment. That person does not give up normal role responsibilities, but is required to maintain normal behavior within the limits of health conditions. Moreover, society encourages the individuals to get the best from their remaining capacities.

1.3 The approach to chronicity: disability as an adaptation

Chronicity can be defined as a pathological condition that can only worsen, so we can only talk about how individuals can manage to adapt to it (Saviola, De Tanti, 2009: 137). Adaptation styles include both the ability to passively accept the definition of one's identity by the society, as well as to modify it through a proactive style.

1.4 Interactionist approach: disability as a stigma

Goffman (1963) defines the stigma as a particular kind of relationship between the individual and the stereotype, which produces discredit on those who bear it. According to Goffman, therefore, disability is a stigmatized social identity that influences the order of intersubjective relationships in different ways. This categorization, however, is not based on the ability of the individual, but on a priori judgment built on the basis of the characteristics shown by the subjects (Di Santo, 2013: 28). Therefore, two possible situations may occur, depending on whether the stigma is visible or not: if it is visible the stigmatized person will act as discredited, if it is invisible, the stigmatized will act as discreditable. The paradoxical message that society sends to disabled people is that, on the one hand, they are recognized as human beings equal to others, on the other hand, their diversity is continually reaffirmed (Ferrucci, 2004: 39).

1.5 The role theory approach: disability as a dominant status

In this approach, disability is defined as a "social status assigned by society to people who may have physical or mental deficits that are visible or known" (Barnartt, Altman, 2001: 57).This is a dominant status (master status) and, as such, capable of influencing the assignment of other roles, so much that it becomes difficult for people to embody alternative roles. Two dimensions are considered crucial: the visibility or non-visibility of the deficit and the disclosure or non-disclosure of the disability.

2. The social model of disability

The social model, while not denying the reality of psychophysical deficits, emphasizes the existence of social barriers that "make" disabled people (UPIAS, 1976).

2.1 The English version of the social model

This model is inspired by the Marxist theory and revolves around the idea according to which social organization produces the experience of discrimination for disabled people. People with impairment are "disabled" by the society in which they live. Therefore, it supports the need to intervene on a structural level to favor disabled people. Oliver claims that the category of disability is the result of a process of social construction deriving from the social policies implemented towards disability itself (Oliver, 1995: 32). The theory of personal tragedy has secured the idea that social policies have to act on behalf of people with disabilities, instead of enabling them to be independent. So, the idea of dependency has been socially built and the self-confidence of people with disabilities was undermined.

2.2 The minority group

The American version of a social model combines Marxist analysis with a political perspective based on civil and constitutional rights (Medeghini, Valtellina, 2006: 72) and focuses attention on social roles and attitudes that lead to failure in the acceptance of disabled people. Disabled people have been the object not only of stereotypes, but also of stigmatization (Goffman, 1963), making them the target of aversion and ostracism like other minorities. This model gives importance on terms such as deinstitutionalization, de-medicalization and self-help (Ferrucci, 2004: 52).

2.3 The criticalities of the social model

The social model can be used functionally on a large scale, in identifying discriminatory social structures and demonstrating the need for civil rights to be respected, but several considerations highlight the fragility of this approach that does not capture the heterogeneity that characterizes the universe of people with disabilities (Ferrucci, 2004:57-60) and it is not sufficient to fully include and represent the whole range of individuals with disabilities (Crow, 1996: 68).
Moreover, in the process of distancing itself from the medical approach, this model risks of absorbing in the social dimension all aspects of human life, denying the experience of the body and personal limitation. In this sense even when all barriers are removed the person remains excluded from the possibility of taking on certain roles (Morris, 1991).

3. Biomedical model and social model compared

The biomedical model sees the functional limitations of the person as the underlying cause of any disadvantaged experience, and this disadvantage can only be remedied through treatment and care. The biomedical model considers the removal of the contingent disadvantage as the elimination or the overcoming of the impairment: full participation in society can only be achieved through care or fortitude (Crow, 1996: 58).
In contrast, the social model shifts the focus from impairment to disability, using this term to refer to the social, environmental and attitudinal disabling barriers. Thus, while impairment is the functional limitation that afflicts a person's body, disability is the reduction or limitation of opportunities resulting from direct and indirect discrimination. Social change, consisting in the removal of social barriers, is the solution to the disadvantages that disabled people experience daily. This vision of seeing things, opens up new opportunities for the eradication of prejudices and discrimination.

4. The biopsychosocial model

Engel's work promoted an approach to health and disease that combined micro (interational), meso (community and organizational) and macro (ecological-social) levels, considering them as predictors of clinical and social outcomes (Schultz, Gatchel, 2005: 26).

4.1 The foundation of the biopsychosocial model: systems theory

The biopsychosocial model has its bases in the system theory and it focuses on the interactions, the bonds and the relationships. The researchers that follow this model gather information on relevant living systems, their systemic and procedural properties, and formulate approximate descriptions of the condition within the context. Through this process, data are obtained both on the disease process and on the relationships at different levels (Cigoli, Mariotti, 2002: 37).

4.2 The characteristics of the biopsychosocial model

According to the WHO, the biopsychosocial model represents at best the circular and non-linear process of interventions in the field of disability and which helps to change the conceptual framework of reference. The vision of the biopsychosocial model considers disabilities as one of the variations of human functioning, which originate from the interaction between the intrinsic characteristics of the individual and the characteristics of the physical and social environment. The biopsychosocial model sees the disease in reference to the individual's personal experience; therefore it implies an evolutionary dimension.

The model recognizes the complexity of the relationship between suffering physical and psychological impairment and functional and social disability. The biopsychosocial model is defined as a "patient-centered" approach, characterized by the consideration given to the patient, seen as a collaborator and a co-manager of his own rehabilitation.

4.3 The biopsychosocial model as a link between the two previous models

The biopsychosocial model is inclusive and not exclusive: the subsystems that are placed at the center of the biomedical model (biological, physiological and organic) are not ignored or disqualified, but integrated into a wider perspective (Cigoli, Mariotti, 2002: 36).

The biopsychosocial model is based on an approach to the protection of human rights based on empowerment that is to say on the enhancement of personal skills and awareness. It is necessary to act both on the person with disability, making it more "integrable" within the community, and on the social context, so as to make it more "inclusive".

4.4 The criticisms of the biopsychosocial model

The biopsychosocial model has been criticized because it has to be considered a practical approach rather than an empirically verifiable theory, a coherent philosophy, or a clinical method.

5. Towards a new paradigm: disability as a social relationship

The personal identity of the disabled person contributes actively to shaping the social identity and to the emergence of an individuality that does not necessarily passively conform to the expectations of the society for a stigmatized role. The disabled persons have a subjectivity that does not allow them to be locked up in the narrow limits of a dominant status.

The only alternative to the contradictions to which the various sociological approaches undergo is represented, in my view, by thinking disability as "an emergent property, situated temporally speaking, in the interaction between biological reality of physiological impairment, structural conditioning and interaction in the socio-cultural elaboration" (Williams, 1999: 810).

This presupposes the adoption of a morphogenetic approach (Archer, 1995).Without relating to the social dimension, disability is no longer distinguished from a mere condition of the biological organism; without relating to the biological dimension, disability is no longer distinguishable from any other disadvantaged situation. The use of the AGIL scheme as a disability observation method, allows to "read" it in its complexity and provides useful indications on the operational level. By using AGIL as a "compass" (Donati, 1991: 50-51, 175) disability consists of a relational system generated by the reciprocal interaction between symbolic and value codes, the resources present in the relationship (functional limitations and technological aids), the intentionality of the subjects involved, the modalities of regulation of these relationships.

6. Representations of disability

This is a particularly important topic because representations are the means to transfer what disturbs us and threatens our universe, from inside to outside. Social representations are images that affect people's behavior and they have historically influenced the behaviors and the meaning attributed to the experiences of disabled people.

6.1 The influence of social representations in relationships with others

Morvan (1988) identifies five types of social representations that determine the various conceptions of disability, highlighting the influence that these have in social relations with other people. The combination of these different social representations generates a complex image of the disabled person, and thus can be classified, rejected, seen as suffering, prosthetic or infantilized.

6.2 The distinction between image and representation

Mercier (1999: 33-37) offers on the subject an important reflection that draws a distinction between image (individual cognitive representation) and social representation (a socially determined structure within a society, which determines attitudes and opinions about individuals and society).

6.3 The ontological model and the relational one

The ontological model considers the handicap as an isolable reality, an evil in itself, pathogenic and injured alterity. In the relational model, however, the concept of disability becomes functional and dynamic. As a consequence, the improvement process goes primarily through the establishment of a new relational balance (Gardou, 2009).

6.4 The exogenous and the endogenous model

The exogenous model corresponds to the representations of the handicap as an accident, the result of the action of an extrinsic element that has caused the disabling situation. On the contrary, in the endogenous model the search for causes is shifted on the person, and disability is seen as the result of a process intrinsic to the subject (Gardou, 2009: 9-12).

6.5 Additive and subtractive models

In the additive model, disability is something that the person receives as a burden.
In the subtractive model, the handicap is instead "something less", which has been subtracted to the person (Gardou, 2009: 9-15).

6.6 The malefic and beneficial model

In the malefic model, the disabled person is experienced as a socially devalued being, displaced with respect to the current cultural order. On the contrary, in the beneficial model, the handicap is given a positive meaning because it is seen as significant experience of knowledge, the occasion for the discovery of invisible worlds (Gardou, 2009: 13-15).

2. The social network and the socialization process

1. The socialization process

From the sociological point of view, socialization is that broad, continuous, variously articulated and differentiated process, which leads the subject to "take part" in social reality in a competent and reflective way. It is a process that, therefore, aims at the construction of social bonds, sense of belonging and identity, within which norms, rules, socially shared values are experimented, but also continuously elaborated at individual and group level. In this process, formal institutions are highlighted as much as informal experiences and asymmetrical and symmetrical ways of relating.

2. Historical perspective of socialization for people with disabilities

In primitive societies education and socialization coincide, because the educative function is carried out spontaneously and occasionally through the contact between the generations.
The industrial revolution and the French revolution - which refounded the way of producing, working, being together within the new political configuration of the nation-state and political citizenship - determined the birth of the two new figures of the worker and the citizen, closely linked to profound social, economic, political and cultural changes. From the socio-educational point of view, the first one must be trained the second educated.

2.1 The Classical world and the Middle Ages

In the Classical world, ideals of society were physical and intellectual strength and beauty, while deformity and disease were considered to be the result of malignant divine guilt or will.
In the Middle Ages, the birth of a crippled child was linked to some parental fault, a wrong conduct towards God and could therefore be interpreted as the sign of the divine reprobation that marked the family at social level. However, the disabled were (integrates it in some way,) assigning them the function of recalling the Christian community to the precept of charity. This was valid only for physical impairment: the fools had to be isolated from the rest of the world.

2.2 The Eighteenth Century and the Enlightenment

The new symbolic universe of modernity structures new classifications of disability according to its curability, so that the disabled are divided into two categories, the curable and the incurable. Thus, on the one hand, the relationships established with this "different" humanity are relations between the subject (the normal) and the object (the different), on the other hand, the handicap becomes an event of natural and biological order, correlated with the illness.
The production chain, which spreads massively in the Nineteenth century, gives rise to the first physical disabled, whose disability is caused precisely by the use of these new industrial means. To maintain a social function of the impaired, emerged the study of the aids that can allow individuals with physical disabilities to return to being active and, therefore, usable again in the industries. When this cannot happen, newly disabled people are condemned to a condition of social marginalization.
This process of identification of compensation for the impairment brought in the field of sensory disabilities the rise of some methodologies to support the learning processes. For example, the abbot of L'Epée in the second half of the Eighteenth century opened the way to the development of sign language for deaf-mutes; Valentin Haüy, almost his contemporary, created several educational institutions for the blind, from which came out Louis Braille, the inventor of the homonymous code.

Itard with the case of the "wild of Aveyron" hypothesized that socialization is the process that marks the transition from nature to culture, without which man cannot survive.

2.3 The industrial revolution

In addition to education, work activity also contributes to the construction of the individual's social identity. In premodern societies, the production methods were still flexible and partly allowed the disables to adapt themselves to the required skills and abilities and, therefore, also play a role in the economic system (Oliver, 1990: 27). The spread of fordistic-tayloristic forms of work organization, determined the exclusion of disabled people from the production system (Ryan, Thomas,1980: 101).

During the Eighteenth century, institutionalization represents the generalized response of modern society towards disability, which makes the border between assistance and social control increasingly blurred (Piven, Cloward, 1977). The institutionalization is seen as a necessary control to promote compliance with the moral values on which the social system is based. Excluded from the economic system the disabled are included in the nascent protection systems. The relationship between the administrative political system and medicine, therefore, plays a key role to distinguish between true and false disabled.

2.4 World War Conflicts

At the end of the WWI, as a consequence of the war technologies employed, there was a very high number of disabled people. "Eight million disabled, mutilated, blind and crazy, the so-called idiot from the war" (Stilo, 2013: 34). The isolation of all those persons was not possible and that brought to the development of rehabilitation programs aimed at the social reintegration of former disabled soldiers. The rehabilitation was seen as a form of assimilation and reintegration in society.

3. Social ideologies and educational policies

We can identify different educational policies connected to social ideologies.

The "generalist ideology", originally associated with the noble classes, promotes broad academic education and a conception of education as a preparation for leadership.

The "specialist ideology", from the merchant class and professionals, encourages training oriented to the performance of certain occupational and professional roles.

The "democratic ideology" of radical reformers (who are historically led by patrician élites and non-entrepreneurial professional figures) has an "expansionist" orientation and argues that high quality education should be accessible to all.

In the "bureaucratic-consumerist" environment of the contemporary societies behavioral compliance, moral conformity and cultural conformity (or acculturation) become less important. In the Twentieth century we move away from the idea of training for performance and insist on the need for an education that is capable of forming autonomous personalities. According to Donati the meaning of today's educational relationship is contained in the formula "learn to learn", so education becomes a system of interaction in which everyone should learn from others, or better from themselves through the others (Donati, 2002: 456-458).

4. Functions of the socialization process

Socialization performs an integrative function towards the two realities that it connects, the individual and the group, without which neither the individual nor the group could survive. Socialization makes the transmission of culture possible, without which man would be incapable of adapting to either natural or social environment.

Gallino, in particular, accentuates the function of adaptation to the social environment carried out by socialization, which ensures the necessary conformity of behavior of the individual from the biological, affective and cognitive point of view (Gallino,1993)

5. Personality and society

From the earliest stages of their development, the social sciences have asked themselves in what ways society forms the character, the temperament, the self, the ego, the mentality that appear to prevail in its population.

In the 1930s there has been a decisive methodological and theoretical leap in which the theories are compacted and at the same time they are divided into three distinct branches: The theory of action, culture and personality, critical theory of society.

5.1 Theory of action

 The theory of action had its greatest exponent in Talcott Parsons and it analyses both the "personality" system, the social system and their interactions. The general framework of the theory of action is articulated, into four systems:

- the cultural system, whose constitutive elements are symbols and meanings;
- the social system, consisting of interrelated and interacting social roles;
- the personality system, formed by "dispositions of need";
- the physiological system in activity, that is the acting organism.

In every concrete action, whether it is performed by an individual or a group, they are all simultaneously present, but at the same time, they are not reducible to one another.

5.2 Culture and personality

This theory focuses on the influence of culture in terms of structure and adaptation of the individual personality. Culture is understood as the set of values, norms and customs that predominate in a society. Individuals with different kinds of personality act in many situations in the same way, because under the pressure of incentives and threats created by their culture, they inflict themselves in variable measures of anguish and other sufferings in order to act in a consistent manner with social demand.

5.3 Critical theory of society

The Frankfurt School focuses on the relationship between personality and society, it highlights what defines the cultural involution of advanced capitalist societies, the irrationality of instrumental or technological reason, the authoritarian tendencies inherent in them and with this the conflicts and distortions that they introduce into the personality of their members.

6. Phases, mechanisms and actors of socialization

Culture, once integrated into the personality, becomes part of the conscience. Learning and inner appropriation of the meanings and general rules that characterize a given society not only perform a

regulatory function, as they allow the individual to move within society as in a reality with meaning, but they also confer him a specific identity.

6.1 The temporal phases

When we talk about socialization, we talk about a process that begins with early childhood and continues throughout life. From this point, of view it can be distinguished in 2 kinds of socialization: primary socialization and secondary socialization.

The primary socialization is called in this way for two reasons: from the temporal point of view, it is the process that takes place in the first years of the life of the individual up to the school-age; secondly, because of the importance it assumes in the construction of identity, since the foundations of the fundamental structure of the personality are laid in this period.

In the secondary socialization, so defined because it follows the primary one, individuals enter into other institutional environments, such as schools and the world of work, and learn the behavioral patterns typical of those worlds.

6.2 The mechanisms of socialization

Socialization makes it possible to integrate the cultural elements into one's personality (knowledge, norms, values and symbols). The mechanisms of socialization allow the individual's internalization of external reality as part of one's personality. Two types are distinguished: learning and internalization of the other (Rocher, 1980: 116-117).

6.2.1 Learning

The psychological theories of learning can be divided into two broad categories:

• theories that conceive learning as a gradual and continuous process (learning by trial and error, classical conditioning and operant conditioning)

• theories that see it as the result of an intuition that involves a rupture and a restructuring of the previous cognitive structure (learning by "insight").

We have also to add social learning or learning from models. The studies of the sociology of childhood (Corsaro, 2005) show that the child does not passively accept the stimuli coming from the external environment, but re-elaborates them autonomously.

6.2.2 The development of the Self and the interiorization of the others

The notion of the Self realizes the meeting between individual, social, cognitive and emotional-affective instances, and the outcome of the process of self-construction, in every moment of the evolutionary cycle. In other words, Self is the product of equilibrium dynamic reached between these instances.

Developmental psychology is predominantly a psychology of the relationship. The theories and models that relate to it are:

• The psycho-dynamic theory of object relations

• Attachment theory

• The interactionist model of development.

3. The family as educational and relational model

1. The family

1.1 Definitions and functions of the family

The family is the main socialization agency during the primary socialization phase, in addition to being a primary group, it is also a social institution, in the sense that it has a socially defined regulatory framework. In this perspective, is underlined the existence of a narrow relationship between family and society, where the latter looks at the family as an important entity that defines the position of its components. Nevertheless, the family is an institution, because the life that is unwinding inside is not simply articulated by the norms defined by its members, but it is pervaded "by models that regulate the behavior of those who live in it and who simultaneously link this behavior with much wider contexts of meaning" (Berger, Berger, 1977: 24). According to Donati the family in a multifunctional key is "a resultant of various levels of reality, which correspond specific social functions"(Donati, 1978: 48).

According to Parsons and Bales (Parsons, Bales 1974: 15) in the industrial society the role of the isolated nuclear family narrows, but specializes. Substantially two specialized functions are recognized: primary socialization of children and the stabilization of adult personalities, intended as the regulation of the personality balances of the adult members of both sexes.

The values that distinguish the bourgeois family are, on the one hand, a particular emphasis on the ethical and normative dimension, on the other hand, specific attention to the care and growth of children, with a central role of women in the construction of a balance (Berger, 1984). In the Seventies anti-authoritarian and anti-institutional movements critique of the "bourgeois" family considered a reproduction of the broader authoritarian structure of society. With the advent of industrial society, for the family there is a process of progressive "subjectivization", found in a transformation of interpersonal relationships between husband and wife and between parents and children. The family ceases to be a given objective, an institution, to become a space for the project of individuals (Berger, 1984: 18). The model of the nuclear family is flanked by a different model, defined as a symmetrical family that is characterized by a revision of the concept of role division and therefore by a progressive shift towards sharing and the interchangeability of role. In the symmetrical family the relationship of the couple becomes therefore central, invested of egalitarian mutual expectations (Avanzini, 1990: 41-44).

1.2 Psychological functions of the family

The socialization presents two aspects (an external one of the interaction, and an internal one of a psychological ordering) systematically articulated with each other. Parents, as socializing agents, always play a dual role: on one side they are set as a model, on the other hand, they are shaped as agents of social control.

A particularly meaningful contribution to the study of the socialization comes from the developmental approach that introduces the temporal dimension as essential to understand the various phases of the process and the evolution of the relationships inside the family, on the basis of the different moments of the "cycle of life" of a family. The family is considered as an evolving system and the systemic-relational studies have defined the phases of the family's life cycle: the birth of the couple, the birth of one or more children, the adolescent conquest of a progressive autonomy, the exit of the offspring from the native family nucleus, the empty nest. Every passage from a phase to another is a source of stress and involves, accordingly, the reorganization of the family functions.

2. The education of the family

In the past, the family was not thought as an institution inside which to insert an educational intervention, because this was developed by a wider system, given from the public life and from the strong bonds with the social class that ended up having a formative relapse "more meaningful to condition and to determine the individual life" (Formenti, 2000: 100).

The change in the family relationships, initiated toward the end of the eighteenth century, has contributed to forming more intimate dynamics among the members of the family system and it has seen the parents give progressive attention to the educational processes of the children.

The definition of family education refers to the educational practices implemented within the family system and which contribute to transmitting values, judgements, lifestyles and identity from the parents towards the children. The interventions with the family can be addressed to the parents or to the entire family group. The intervention settings are varied: they may be more institutionalized, such as the centers for family mediation or family counseling, or less institutionalized as the associations of parents born "from the bottom", social centers and self-managed and informal groups, which have often great educational value and effectiveness.

2.1 Education of the families with disabled children

It is from the pedagogy of the family that the enhancement of the skills arises and articulates educational knowledge of parents of disabled people (Tortello, Pavone,1999). The goal of the parents' pedagogy is to make the family competent and aware of its possibilities and responsibilities.

The pedagogy of parents and disability can be summarized in three keywords: meeting, accompanying, empowering (Canevaro, Balzaretti, Rigon,1997).

- Meeting is meant to discover (and not cover) the child, in order to trigger the mechanism by which the newborn child becomes a son or a daughter.
- Accompanying the family members to discover their potential and those of the child with disabilities: the discovery of autonomy and the discovery that a family can be happy even with a disabled child
- Empowering is building today looking at the future. In this phase the concept of "think me adult" takes place (Cuomo, 1995).

3. The family with a disabled child

Through the investigation of the studies on the topic that have been taking place since the Fifties, it is possible to retrace how the families of disabled people were considered in those years up to the present day. We move from a pathological vision of the family that in some way reflects and amplifies the disability of one of its members, to a view of collaboration, where the family presents resources and strategies and parents play a role of primary importance towards the subject in development.

3.1 Family Stress and Coping Theory

The perspective of Family Stress and Coping Theory has investigated the effects caused by unexpected changes, internal or external to the family. The main model, elaborated by Hill (1949), foresees three variables from which the crisis originates. The crisis would be generated not only because of the stressful event, but also on the basis of the resources that the family unit can identify and the perception of gravity that the family attributes to the event. The crisis would also develop according to a temporal evolution, starting from a period of disorganization, which would be followed by the active search for solutions, until a new reorganization is achieved.

3.2 Evolutionary Approach

Starting from the descriptions of the phases of the life cycle of a family, the critical event of the birth of a child with disabilities involves a family adaptation of wider scope, with difficulties that also affect intergenerational relationships with families of origin.

In the next phase, that of the family with young adolescents, the couple must be able to renegotiate their relationship with their children by adopting an attitude of "flexible protection" (Scabini, 1985) that takes into account the difficulty of reconciling aspects of dependence, still present, with the emergence of the desire for autonomy. The concern about the child's future increases, but parents must however accept that their child is no longer a child.

The phase of the family with young adults, especially in the presence of severe disability, the son or daughter are unlikely to reach full autonomy and personal fulfilment. Child's failure to leave home does not allow the couple to reinvest in the conjugal relationship. Thus, the situation of the empty nest is hardly experienced and it is equally difficult that the child can support the parents in case of illness.

Each family relates to the social context in which it is inserted. For families with children with disabilities, relationships can be reduced, partly due to processes of marginalization and self-exclusion (Goldfarb,et al.,1986: 7-39) it may be more difficult for the family to carry out the task of "social mediator" (Valtolina, 2000: 36; 157), useful for the integration of the child in the community to whom he belongs.

3.3. Personal experiences of the parents

Erickson and Upshur (1989) describe three characteristics that would differentiate these families: more difficult care tasks, social isolation and different role of the father.

- The care task is more difficult than in normal families because many conditions of disability are associated with health problems that require additional care, continuous assistance, frequent interactions with health personnel.
- The moments of leisure are reduced in the presence of a family member with disability, with important repercussions on personal well-being, self-fulfillment, and intra-family relationships. Even in the presence of resources such as daytime or informal services, insecurity and guilt over those who are experienced as "micro abandon" seem to prevail in parents.
- The role of the father is not so marginal in the child's life, at least not always; apathy and flight are not the only answers that the father manifests, but there are others more complex and full of meaning.

The ageing of disabled children coincides with the advancement of the age of their parents who often find themselves having to face situations perceived as increasingly heavy. Moreover, they do not perceive the possibility of an autonomous space for the child, so they also have the fear for what will happen in the future of that child, when the parents will no longer be there.

4. Disability, socialization in elder age and the family's reaction

Disability take over, more or less suddenly, even at other times in the family life cycle, following a traumatic event involving one of the parents or a child living with them. For example, from the psychological and relational point of view, those who suffered traumatic brain injuries experience a triple "loss of self" (Nochi, 1998). The only social context that can reproduce the required degree of identification is the family. The sociological implications underlying the experience of disability occurred in late age, is described by the family members as the awareness that they are "born twice".

5. Family reactions and coping mechanisms

The ability of the family to implement strategies of coping, i.e. to identify individual and family resources to cope with the problems arising, or of resilience, i.e. to resist to the new, suffering situation,

depends a lot on the particular characteristics of that family and the way in which it orientates these specific qualities the moment they face the birth of a child with disabilities or the arise of a disability of one of its members. The activation of positive family strategies concern cognitive, relational and emotional aspects.

The cognitive aspect also includes the strategies of problem solving and decision making, important for creating flexibility in the thought process in order to find new solutions and make important decisions (Soresi, 2007: 231).

Relational strategies that consist in the ability of the family members to remain cohesive, collaborative and to find each a relational space within family relationships, continuing to cultivate their own interests and hobbies (Soresi, 2007: 231).

The re-reading of the problem helps to put in place strategies of emotional nature, thanks to which, despite suffering for what has happened and for what will be repeated every day, there are scenarios of greater awareness and acceptance for the child really born. There are many characteristics that allow the development of positive adaptive strategies and resilience: the attribution of meaning to the event, the myth (in a positive sense), the presence and continuation of family rituals that remain even after the birth of the child, the collaboration with the formal and informal network of support that binds to a perception of control of resources and problems related to disability.

6. Community care

The term community care refers to the entire community that takes care of difficult and problematic situations. The activation of network work helps the family to get out of some problems, such as isolation.

The family with a disabled member needs support to cope with the problems it encounters. This help can be found through the activation of formal and non-formal services. The formers are represented by institutions such as schools and health and territorial services, the latter are represented by a network built with other parents, volunteers, associations and neighbors.

4. The school and the inclusion of the students with disability

1. The school

The school is defined as a formal institution, as it is specifically and intentionally directed to the transmission of culture and therefore to the education of the new generations.

Steven Brint makes a clear distinction between education and schooling. He defines the scholastic education "*an organized form of education that takes place in schools [...]. Although schooling is a more specific activity than education, it exerts a great influence on the members of society*" (Brint, 1999: 9).

Schooling is a set of contents, knowledge organized in curricular and didactic sequences, while education refers to the dimension of behaviors, attitudes and elaboration of meanings.

The school is considered here as an agency of socialization, that is a place of relational and intersubjective experience, so it is both: an institution, a service and a community.

The school culture has at least three levels of configuration, widely intertwined with each other:

- the culture as knowledge, as the heritage to be transmitted during the learning processes,

- the culture as a set of rules and shared rituals that form the supporting structure of the institutional reality,
- the culture as organizational knowledge or even organization as culture, which defines operating and management practices.

2. School's functions

2.1 The socialization function

The school, as a formal acquisitive institution, fits between family and work world to continue that process of secondary socialization. The scholastic socialization permits:
- emancipation of the child from emotional attachment to the family;
- an internalization of social values and norms that constitutes a step forward compared to those that the child can learn in the family environment, and above all it possesses universalistic characteristics with respect to the particularistic ones of the family group of reference;
- differentiation of the scholastic class in terms of both effective achievement (success) and its differential evaluation;
- from society's point of view, a selection and distribution of human resources in relation to the system of adult roles.

In contemporary society, characterized by cultural pluralism and therefore by the presence of several cultural models and values of reference, the relationship between socialization agencies and in particular between school and family often assumes the character of discontinuity, if not of opposition and of open conflict.

2.2 The selection function

The social selection function is the process through which the subjects are filtered and distributed within the various social positions available. With direct reference to the history of the Italian school, three connected dilemmas can be reconstructed, which accompanied the events of education systems The first is what Barbagli (1974: 21) calls the selection / socialization dilemma, the second is what may be called the equality / selection dilemma, the third is the equality / difference dilemma.

The selection / socialization dilemma was a matter of choosing whether to privilege the role of socialization of the school and therefore to accept the maximum possible number of students, to guarantee the integration of the new generations, or to make a strong selection based on the formation of the future ruling class and the development of the job market.

As for the equality dilemma, according to the theory of "cultural deprivation" or "deficit theory" young people who belong to the lower social classes have low performance in their studies because the family does not provide them with the necessary values, linguistic skills, or the guidelines that the school requires. Treating all learners, even if in fact unequal, as equal in rights and duties, actually ends up establishing the initial inequalities in front of culture (Bourdieu, 1978: 292) and in this way transforms the privilege into merit, considering the educational results as if they were the result exclusively of natural gifts.

3. School models and disabilities

We have to consider according to what models the school functions, what teachers teach and how they teach, how students are encouraged. According to the "functionalist" logic or, by simplifying the "school-company", the school's task is to implement in the students knowledge and skills useful for

social and productive demand. The "anthropological" model of the "school-community" wants to combine knowledge and functional skills with the global formation of the person of all the students, each considered in its existential originality.

Teachers play a fundamental role in the processes of inclusion, it is part of the integrating background. Teacher act on a double level: on the one hand, they exercise a directing function (coordination, educational programming, etc.), on the other, they act as models, influencing the attitudes and the representations of the learners. So this integrating background cannot only be accomplished in the "Here and now" of scholastic reality, but can become a meta-representational habitus with which to read human diversity in the contexts of life.

Teachers have a very important function: to sharpen differences (in the sense of inequality), or to protect them by supporting the person and, above all, by acting on the capacity of inclusion of the context. Teachers' positive and stimulating attitudes play an important and significant role in the development and inclusion processes of the person with disabilities, influencing their functioning and identity. Encouraging and positive attitudes can facilitate performances and skills by acting positively on activities and participation, but also on the image of the Self.

4. From exclusion to inclusion

As early as 1971 the Italian Parliament approved Law 118, which establishes for all disabled students a basic principle: compulsory education must take place in the normal classes of public schools (Article 28, paragraph 2). Inclusion of disabled people in everyone's classes and school, anticipating the conclusions of the Salamanca Conference by twenty-three years.

The legislation introduced from the mid-Seventies to the Nineties outlines a new vision of the school and revolutionizes some institutional instruments by introducing, with specific reference to disability: individualized planning, enrichment of the educational offer, openness to flexible and functional organizational methods, the extension of the school time, group activities among the students, the collegial programming between teachers and with the social and health workers, the teachers' figures for support, the reduction of the number of students per class in the presence of the disabled classmate (Fiorin, 2007: 129-157).

There is still a reading based on the "medical" model of disability, for which the student must be protected based on a "special" intervention (it is the logic underlying the framework law on disability). The prevailing idea is that the subject is "special" and must therefore be supported by mainly technical interventions, linked to the availability of resources.

According to Barberio, the perspective of inclusion urges the overcoming of the traditional school system, promoting the transition to a school cantered on the student and theories of constructivism and located and distributed cognition, on the "community of learners" and on the need of belonging and community, on heterogeneity (Barberio, 2002: 31).

5. The categories of a welcoming school

Adopting the anthropological model of the school community, we can identify different levels on which to act to pursue the objectives related to the integration of a student with disabilities.

In the didactic field, taking into account the functional diagnosis and taking into account the available resources (support teacher, hours of co-presence, psycho-pedagogical team,...) we will proceed to formulate a schedule (which will then integrate the functional dynamic profile) identifying objectives and methods that take into account the individual characteristics of the subject. Each type of

intervention must be shared and agreed with the network of agencies that deal with the child: family, child neuropsychiatry service, psychologist, speech therapist, cultural mediator, etc.

Another area in which educational intervention must be individualized is that of orientation. There is a need for continuous monitoring and accompaniment in the training path that goes from the beginning of compulsory schooling up to the insertion in the labor market. The person with disability, generally, lives the formation of his own identity and the acceptance of himself as a path uphill.

6. Development of social skills

One of the main tasks of the educational institution towards children is to promote the development of social and interpersonal skills and particular attention has to be given to this area for children with disabilities. To favor this type of development, an educator must first know the starting points and then the levels of the subject and then draw up a project of educational intervention. One of the tools that can be used to know the starting levels of the subject is the LAP test (Sanford, Zelman, 1987).

7. The development of "integrating skills"

The integrating skills are those that enable the disable student to activate meaningful relationships with the most diverse living environments

They following can be considered integrating skills:
- personal protection: recognition of dangerous situations, sexual behavior, health care;
- money management: knowledge and use of money, use of money in sales relationships;
- relationship management and emergencies, interpersonal communication, management of social relations, use of the telephone;
- use of the clock and time management;
- mobility and community life, pedestrian movements, use of public transport, use of shops and services;
- domestic activities: cleaning the house, making the bed, preparing dishes, setting and clearing, washing the dishes;
- care of the living environment, care of the school or work environment, care of the social environment.

The main obstacle to overcome is the difficulty that all the disabled students manifest in transferring what they learn in the classroom in various areas of life.

8. Severe disability

The "condition of severeness" of an individual: the presence of serious impairment of functions, the uncertain possibility of recovery, reduced level of communication skills and relationship, lack of personal autonomy and therefore need for continuous help from assistant staff. However, it should be noted that the concept of "seriousness" tends to be relativized in multiple directions, to emerge from the space-time horizon of the individual, to "become" to some extent contextual, relational, cultural, and systemic: the outcome of a negotiation evolutionary between personal history and social discourse.

8.1 Multidimensional value of the concept of severeness

The history of the seriously disabled person seems inevitably characterized by the urgency and persistence of aid, by the need to depend on others, having little or no ability to give. The key to

pedagogical reading teaches that the situation of severeness is a systemic concept. It depends on the intersection of a multiplicity of personal, relational and contextual factors, therefore not only settled in the subject: it is certainly referable to the extent of compromise age, the communicative ability of the disabled person, the degree of motivation to learn, to understanding and sharing educational goals; but also to the quality and quantity of personal supports - family and social - available to them, the services provided by the environment, their degree of coordination and integration, as well as the expectations of the environment itself (Vico, 1984; Canevaro, 1996; 1999; Canevaro, Goudreau, 1993; Canevaro, Ianes, 2003).

8.2 The condition of severe disability: a challenge for everyone

The individual original uniqueness, although compressed in narrow space-time boundaries, participates in the dignity of being a person, therefore, it is the bearer of an educable and re-educable potential. The variable meaning of the attribute of "severeness", which really does not lie only in the individual originates from the interaction between the individual and the environment; in particular, on many occasions, the seriousness of the circumstance (not of disability) is caused by the chronic deficiencies / inadequacies / dysfunctions of the services provided, and / or cultural backwardness and prejudice.

9. Evaluate the quality levels of inclusion at school

The best-known works on the evaluation of the levels of inclusion at school are those that the OECD has implemented since 2000, with the aim of encouraging comparisons among the member States, particularly with respect to the additional support offered to students, for participation in the activities curricular. The surveys have shown that integration is conditioned by factors such as regulatory frameworks, operations, evaluation methods, school systems, the use of individualized teaching programs, the number of classes, the availability of teachers for the support and other educational staff, teacher training, involvement of families, service collaboration.

The scientific literature offers many inspiring models. In the international context, a point of reference that helps schools to identify the steps necessary to a more inclusive model can be the Index for inclusion. The document-questionnaire was created in the United Kingdom and refers to the pupil with "Special Educational Needs", not only to those with a deficit, according to the English educational tradition. It aims to offer the school community a series of stimuli - in the form of an interpretative model and targeted questions - to design an inclusive environment, in which all the differences are engines for improvement. The Index calls for inclusive development "from the inside", because it moves from the knowledge, experiences and representations of its actors and analyzes the school in the dimensions of policies (the overall project that drives) and local culture (inspiring values) (Barberio, 2002: 27-38).

10. Coordination of services between school and extra-school

The autonomous schools, to be able to provide training that offer truly responses to learners' needs, must make themselves available to a dialogue with the society. On the one hand, with the other local authorities, to obtain effective and efficient collaborations and services, on the other hand, with the intermediate subjects of civil society, cultural associations and third sector bodies.

In short, the cornerstones of an integration / inclusion policy must now be sought in modularity of support and collaborative actions based on the multifactorial nature of experiences: school, work, welfare, health, social, recreational, cultural, etc. This mode of operation finds full correspondence in

the "ecological" paradigm proposed by Bronfenbrenner. According to his theory, adapted to the situation of children with deficits, the school-student with disability-family relationship represents a structure - planning, organizational, and relational - interrelated with other environmental situations in which the person lives: subject-family-services and, more generally, subject-family-territory.

5. Three scholastic models in comparison

1. Beyond Europe: The USA path

The United States, despite long discussions, refuses to ratify the Convention on the rights of people with disabilities. It is difficult for American students with disabilities to enter a socio-cultural environment: in fact, as many as 1/4 of students with disabilities are suspended or expelled from the institutions they attend. Disabled people make up 12% of the American student population, but 25% of them are arrested or reported to the police.

Public schools very often lack the means and the necessary preparation to welcome students with disabilities. In fact, in the United States of America, schools are responsible for evaluating the disabled child and defining for him an Individualized Educational Project (IEP), at the request of the parents and using school resources or external resources (doctors, psychologists, etc.) without expenses for the family.

The Individuals with Disabilities Act of 1997 (IDEA) regulate the right to receive special services and assistance in schools. The right to receive help is linked to the fact that a child's disability falls within those listed by law, and that the disability affects his / her educational possibilities. The judgment is not referred to a medico-legal commission that must assess whether or not the requesting child is entitled to legal provisions, but, as has been said, to the school, which makes use of the presence of parents and the collaboration of a group of qualified professionals.

1.1.   Legislative framework of American inclusive education

The name of Senator Hubert Humphrey is often associated with the history of American legislation for disabled people's rights because he proposed a law for the inclusion of disability in 1964 with the Civil Rights Act. These measures must also be related to the civil rights movements that developed in the country between the 1950s and 1960s.

Nowadays, the Individuals with Disabilities Education Improvement Act (IDEIA or IDEA, Public Law 108-446) of 2004 has the objective of ensuring quality public education. Two amendments specify the role of teachers by placing greater emphasis on aspects related to teaching and learning processes, rather than administrative issues; at the same time, they encourage school-family collaboration and modify the procedures for applying for the Individualized Education Program.

1.2. The educational path of the student with disabilities

The Individualized Educational Program (IEP) is the tool with which the pupil's path is designed, in relation to the services available in the area in the context of ordinary and specialized education.

In some cases "accommodation" solutions are adopted (tools to facilitate the pupil's access to the learning context without changing the standards), in others, direct action is taken on the curriculum through an adjustment of the objectives, albeit with reference to the same contents. In severe cases, the evaluation system itself is adapted, in line with the path outlined in the IEP.

In terms of access to the curriculum, we can identify two categories of pupils with disabilities: with high or low incidence. For pupils with low incidence disabilities which hardly exceed 1% of the

school-age population (blindness, deafness, autism, serious delay, multiple disabilities) it can be difficult to find the necessary services, resources and staff in local public schools to guarantee full access to programs. Therefore, it is more common for these pupils to start education in less inclusive contexts (special classes, separate schools and residential structures).

A further incentive towards greater attention to the needs of pupils, also disabled, comes from No Child Left Behind Act (NCLB) of 2001, with which the US further empowers individual schools on the acquisition, for all students, of the basic skills necessary to ensure an effective education path.

1.3. Universal Design for Learning: a good practice for inclusion

With Universal Design we mean the design and composition of a space so that it can be used, understood and enjoyed as widely as possible by all people regardless of their age, build, ability or disability. The Universal Design for Learning (UDL) matured in the environments of the Center for Applied Special Technology (CAST), an independent research center that since 1984 deals with the application of assistive technologies in training contexts.

Initially, the research in collaboration with the best American universities, concerned the use of information technology to meet the specific needs of students with disabilities. Subsequently, the researches and interventions expanded to include all the possible differences between the pupils present in the classroom, in line with the orientation towards human variability that is at the basis of universal planning. Starting in the mid-nineties, the difficulties of individuals are definitively read as barriers to accessing learning and, consequently, the proposals move from individual solutions to contextual interventions. The aim is to make training courses flexible, fair in the possibilities of accessing information and, above all, learning processes; equity is measured on the levels of removal of barriers and on the degree of participation in educational contexts. UDL focuses its attention not on the teaching action but on the immediately preceding phases, that is, on the didactic design and on the production of the related materials.

Technologies are considered the preferential way to achieve the objectives of accessibility and flexibility of the courses because they allow to present the educational contents in different formats and media, to propose activities appropriate to the preferential ways of expression of each pupil and, finally, because they work on motivation to learn by adapting languages to various cognitive styles.

2. The different approaches to inclusive school in Europe

Based on the various researches and projects carried out to date in different national contexts, three different responses to the education of disabled people can be found in Europe:

- the first tends towards full inclusion of disabled people in mainstream schools: it is a "unidirectional" approach taken or in the process of being taken in particular by the countries of Southern Europe, such as Italy, Greece, Portugal, Spain, Cyprus and the Scandinavian peninsula, such as Sweden, Norway and Iceland;
- the second provides for the co-existence of specialized and ordinary services that operate separately but which provide relationships, exchanges and act in a perspective of continuity: it is a "multi-directional" approach to which Denmark, France, Ireland, Luxembourg, Austria, Finland, England, Lithuania, Liechtenstein, Czech Republic, Estonia, Lithuania, Poland, Slovenia belong;
- the third, on the other hand, consists in the implementation of two completely separate educational systems: it is a "bi-directional" approach. Some of the countries that have operated for a long time from this perspective are in a phase of transformation oriented towards the

multi-directional approach: this is the case for Germany and the Netherlands, while Switzerland and Belgium still maintain a bi-directional perspective.

Despite the attempt to compare the different school systems on the issues of special educational needs and disability, the emerging result is certainly a complex reading and, as underlined by the OECD, highlights several problems among which, in particular, that related to multiple definitions and the different values assumed by the Special Educational Needs (SEN), within the various national contexts.

The OECD defines three major supranational categories to which the numerous categorizations used in the various countries can be attributed:

Group A) SEN as a disability: includes those who have definable deficits in medical-health terms;

Group B) SEN as a difficulty: includes those who have emotional and behavioral difficulties or specific learning disorders;

Group C) SEN as a disadvantage: includes those with learning deficits, linked to the socio-economic and cultural background of origin.

3. The British Educational system

As regards the United Kingdom in particular, until the Eighties, the period of greatest development of disabled movements, the English school system maintained a strong separation between mainstream schools and special schools.

In the Warnock Report, in 1978, the concept of "Special Educational Needs" (SEN) was introduced for the first time and an opening direction was given towards integration into a system hitherto characterized by separation and organization based on skill criteria. The Report is today considered a turning point in this country in the path of adopting an inclusive approach that takes into account the education of all pupils. The legislative provision called Special Educational Needs and Disability Act (SENDA) was written in 2001 with the aim of increasing the right of pupils with SEN to be educated in ordinary schools, through actions aimed at contrasting any learning difficulties: use of different teaching methods, support of an adult, use of information technology and, if necessary, presence of a specialized teacher or a speech therapist.

Beyond the special schools, it must be said that the integration of a pupil with SEN in a school that is part of the mainstream system can also take place through his participation in special groups or classes. This multiplicity of options allows us to bring the English school system into the category of countries that adopt a multidirectional approach in integration policies.

The removal of barriers also passes through the training of school staff and it is precisely the updating of teachers and operators that has been discussed in the United Kingdom, where the Inclusion Development Program was introduced: this is a four-year update program in which since 2008/2009 particular attention has been paid to dyslexia, communication difficulties and autism. The achievement of the qualification of teacher is subordinated to at least a general knowledge of the identification, evaluation and reception procedures of disabled pupils in the ordinary classes. Aspiring support teachers are instead required a year of professional experience to access specialist training, mandatory for those working with sensory disabled people

It is the responsibility of each school to provide a curriculum large enough to make itself accessible to everyone and overcome the learning barriers that may arise.

Sometimes mainstream school is not considered able to meet the real educational needs of a pupil, in this case the family can opt for access to schools or special classes that are generally smaller than ordinary schools and can follow pupils from infancy to adolescence. Special schools can be daytime or

real boarding schools; they are attended by blind, deaf pupils with language and / or learning difficulties and by pupils with emotional and behavioral disorders.

4. The Italian school system

4.1.   The transformations of schooling

The development of formal education in Italy has been marked since the beginning by deficiencies and delays compared to other European nations. In the mid-Nineteenth century Italy was still a country with a predominantly agricultural economy and less than two thirds (60%) of the population between 6 and 9 years old were enrolled in compulsory schooling. Between the second half of the Nineteenth century and the first decades of the Twentieth century, the Italian school system became more closed and selective, but then the reform of 1962 introduces the compulsory middle school, and the Italian school becomes the most open European school systems at the lower secondary level.
Considering the overall development of the school system in Italy, three important phenomena can be grasped: illiteracy, the gap in schooling rates between North and South and elitism.
These three different phenomena that have accompanied the evolution of the Italian school system, rather than resolved, have been transformed:
- illiteracy left the place to the problem of school dispersion in the various levels of education and forms of neo-illiteracy;
- gap in schooling rates between North and South still remains especially in early leaving without having obtained any other qualification than the secondary school diploma;
- elitism assumes the most obvious characteristics of the selection and differentiation (or hierarchy) between the various addresses of the upper secondary school and between the different university faculties.

4.2. The Italian Model of school inclusion

In the last thirty years, in Italy the integration of minors with disabilities in the educational system - from the nursery school to the university, whatever the type of disability and the complexity of the personal condition - has been enriched with a multiplicity of meanings and contributions, among which we can recognize the "practical", the "praxic" and the "pragmatic" characteristics (Vico, 1984: 82).
The "practical" value concerns the moral dimension, oriented to promote the person to be herself, to find an "original" equilibrium in the presence of the deficit; this meaning constitutes the presupposition of other meanings.
The "praxic" character refers to the legal dimensions of the reception process in the school system. Once the presence of students with a deficit becomes normal, school policies are directed towards considering inclusion as a "dependent variable" of the system. The synergy between guidelines for people with disabilities, school policy choices and teacher training is reached through the recognized autonomy to educational institutions (Decree of President of the Republic 275/1999) and training related to disability for all teachers.
The "pragmatic" nature of the process refers to doing, to the way in which inclusion is translated into concrete organizational, didactic and relational modalities, that is, in individual and collegial professional behaviors.

4.3 Advanced management of integration

For educational institutions, the integration of students with disabilities represents a continuous tension towards improving innovation, rather than a goal achieved: the school must develop a lifelong learning experience, to be able to provide qualified services in response to pupils' educational special needs, in this way it is at the same time more suitable for everyone. In a school-community that qualifies itself as inclusive, the support is aimed at responding to the differentiated needs of all participants and not only to a particular category of students with "special measures" - specialized teachers, educational differentiation, and adapted subsidies. This community develops a "support network" aiding the students first of all, but also the teachers. This model recognizes the usefulness of involvement in the support activity of all teachers (considered individually or within official collegiate bodies), of specialists, parents, the head teacher and social volunteering and also cooperative learning activities, joint tutoring, by volunteering, the development of the sense of community and friendships among students.

Italian regulatory framework, substantiated by the Framework Law (article 15) and by the application provisions, explicitly adopts the collegial management of the educational project for disabled students, respecting their plural needs - educational, health and social - that can be better interpreted and signaled by the collaborative confrontation between professionals coming from their respective worlds. The GLH (Working Groups for School Integration) and GLHI (Work and Study Groups of the Institute) established by Article 15 of Law 104 of 1992 at the level of a single school institution, are now flanked by the GLI (Working Groups for Inclusion or Inclusiveness) which are other 'political-operative organs' with the task of carrying out the process of school inclusion.

5. What the Italian experience teaches

According to Vianello (1999), based on experimental research, the Italian experience teaches that:
- the class in which a child with disabilities is inserted should be small, with a maximum of 20 pupils;
- it is preferable to include only one child with disabilities in each class;
- the special need teacher should work together with the curricular teachers, not in a separate room;
- the special need teacher should also be an expert in teamwork, be able to collaborate with colleagues and it is important that they are not entrusted with more than four classes in which pupils with disability are enrolled;
- it is necessary to implement a teaching process that is the best not only for a student with a disability, but for all the students with differentiated, cooperative and cognitive goal; individualized programming requires adaptation with the search for essential contents, within the reach of the student's intellectual level. In other words, even the objectives are differentiated, however coordinated with what is proposed to the whole class;
- adequate planning requires first of all a good collection of information and collaboration also with families and health professionals;
- crucial is a good observation of the pupil and of his relations with his classmates and with the various teachers;
- it is necessary that the student is placed at the center of the information without having to treat him as an adult or give him too much responsibility. The child must be informed about the fundamental aspects of the programming, so that he / she is motivated to do this or that exercise;

- it is advisable to adopt a metacognitive educational approach, which enhances the activity and the initiative of the subject. The term metacognitive refers to the individual's awareness of how cognitive processes take place and the ability to use control processes suitable for promoting knowledge.

Conclusions

Having explored all the history of the process of social consideration and integration in the normativity of disabled students, we have tried to enter into the dimension of society as a dynamic entity where hundreds of perspectives and cultural differences interact. The innovation of this work lies on the approach to society, school, family, medical and economic sectors, and the personal expectations of the students as a real new dynamic aspect of social relationships.

Conceptualizing disability in terms of social relationships therefore, allows us to explain the changes happening in the disable young students. For example, the fact that an increasing number of disabled people acted to achieve goals that the company or school did not believe could be possible within their possibilities demonstrated their compatibility with the presence of functional limitations. But this is only one aspect of a wider point of view on the limitations.

The evidence of the possibility that disabled people attend school, disabled people who make up a family, disabled people who work has led to a review of the concept of disability as a dominant status to which social expectations can be associated with them. This has produced a change in the structural normativity in Italy, with the transition from the logic of institutionalization and segregation, to the logic of integration through special classes in educational institutions and finally the inclusion. The outcome, however, was not so obvious; it has depended on the type of relationship established with the cultural and value orientations already existing in the country at local and regional level. The culture of certain relational systems could help to accommodate this change, as for example in the case of families and the education system, while in other systems they could resist with both inertia and precise intentionality. For the school organization, the relationship with disabled people is "normalizing", while this is not yet the case for the production system. The existence of this new structural normativity would lead to redefining the symbolic codes of disability existing at the cultural level through their differentiation. The emergence of codes without stigmatizing meanings and their generalization would provide new motivations to disabled people who, living their condition as "personal tragedy", have never pursued scholastic or occupational objectives. The transformation of the social representations of disability and its symbolization to the cultural level, over time could erode the legitimacy of some social normative guidelines based on some stereotypes rooted in common sense and that associate negative meanings to disability. Therefore, we hope that this work will contribute to a new step towards a new society of inclusion where the persons will be considered in a possible environmental relationship and where his or her future will not be only a question of ability but a common collective prosocial value in a human dimension.

Bibliography

Aber, J. L., Allen, J.P., The effects of maltreatment on young children's socio-emotional development: An attachment theory perspective, in "*Developmental Psychology*", 23, 1987, pp. 406-14

Archer, M. S., *Realist social theory: The morphogenetic approach.* Cambridge University Press, 1995, Transl. *La morfogenesi della società. Una teoria sociale realista.* Milano, Franco Angeli, 1997

Avanzini, B., *Dopo la famiglia nucleare. Modelli alternativi di famiglia tra simmetria e doppia carriera.* Milano, Vita e Pensiero, 1990

Barbagli, M., *Disoccupazione intellettuale e sistema scolastico in Italia.* Bologna, Il Mulino, 1974

Barberio, N., L'inclusione: un nuovo modo di concepire e gestire la diversità nella scuola negli USA. In *Orientamenti Pedagogici*, n.49, 1, January- February, 2002, pp. 27-38

Barnartt N., Altman B. M., *Research in Social Science and Disability.* New York, Elsevier Science, 2001

Berger, P., *In difesa della famiglia Borghese.* Bologna, Il Mulino, 1984

Berger, P., Berger B., *Sociologia. La dimensione sociale della vita quotidiana.* Bologna, Il Mulino, 1977

Bourdieu P., *Ragioni pratiche*, Bologna, Il Mulino, 1995

Brint, S., *Scuola e società.* Bologna, Il Mulino, 1999

Canevaro, A., *Quel bambino là.* Roma, Carocci, 1996

Canevaro, A., *Handicap e scuola,* Roma,Carocci, 1999

Canevaro, A., Balzaretti, C. and Rigon, G., *Pedagogia speciale dell'integrazione. Handicap: conoscere e accompagnare.* Firenze, La Nuova Italia,1997

Canevaro, A., Goudreau, J., *L'educazione degli Handicappati.* Roma NIS, 1993

Canevaro, A., Ianes, D., *Diversabilità.* Trento, Erickson, 2003

Cigoli, V., Mariotti, M., *Il medico, la famiglia e la comunità. L'approccio biopsicosociale alla salute e alla malattia.* Milano, Franco Angeli, 2002

Corsaro, W.A., *The sociology of childhood*, Thousand Oaks, Pine Forge Press, 2005

Crow, L., Including All of Our Lives: Renewing the Social Model of Disability. In Barnes, C. and Mercer, G. *Exploring the Divide*, Leeds, The Disability Press, 1996, pp. 55 – 72

Cuomo, N., *Pensami adulto. Esperienze e riflessioni pedagogiche per l'integrazione degli handicappati nella scuola media superiore*. Torino, UTET,1995

Di Santo, R., *Sociologia della disabilità. Teorie, modelli, attori e istituzioni*. Milano, Franco Angeli, 2013

Donati, P., *Sociologia della famiglia.* Bologna, CLUEB, 1978

Donati, P., *Teoria relazionale della società.* Milano, Franco Angeli, 1991

Donati, P., La formazione come relazione sociale in una learning society. In Gili, G., Lupo, M., Zilli (eds), *Scuola e società. Le istituzioni scolastiche in Italia dall'età moderna al futuro.* Napoli, Edizioni Scientifiche Italiane, 2002

Erickson, M., Upshur, C.C., Caretaking burden and social support: Comparison of mothers of infants with e without disabilities. In *American Journal of Mental Retardation*, vol. 94, n. 3, 1989, pp. 250-8

Ferrucci, F., *La disabilità come relazione sociale. Gli approcci sociologici tra natura e cultura.* Soveria Mannelli, Rubbettino Editore, 2004

Fiorin, I., "La scuola luogo di relazioni e apprendimenti significativi" in Canevaro, A. (ed.), *L'integrazione scolastica degli alunni con disabilità.* Trento, Edizioni Erickson, 2007, pp. 129-157

Formenti, L., *Pedagogia della famiglia.* Milano, Guerini e Associati, 2000

Gallino, L., *Dizionario di sociologia.* Torino, UTET-Tea,1993

Gardou, C., L'handicap alla prova delle culture. In Goussot, A.(ed), *Il disabile adulto. Anche i disabili diventano adulti e invecchiano*. Rimini, Maggioli Editore, 2009

Goffman, E., Stigma: Notes on the management of spoiled identity. Englewood Cliff, Prentice-Hall, 1963. Trans. *Stigma. L'identità negata,* Verona, Ombre Corte, 2003

Goldfarb, L. A., Brotherson, M. J., Summers, J. A., Turnbull, A. P., *La sfida dell'handicap e della malattia cronica. Guida all'auto aiuto per la famiglia e gli operatori professionali*. Trento, Erickson, 1986

Gordon A. M., Huxley A. F., Julian, F. J., The variation in isometric tension with sarcomere lenght in vertebrate muscle fibres. In *The Journal of Physiology*, May n. 184, 1966, pp. 170-92

Hill, R., Familiy under stress. New York, Harper&Row, 1949

Jackson, R., *Curriculum Access for Students with Low-incidence Disabilities. National Center on Accessing the General Curriculum,* Wakefield, 2005

Kanizsa, S., *Il Lavoro educativo. L'importanza della relazione nel processo di insegnamento-apprendimento.* Milano, Mondadori, 2007

Ligorio, M.B., Pontecorvo, C. (eds.), *La scuola come contesto: prospettive psicologico- culturali.* Roma, Carocci, 2010

Mantovani, S., La relazione insegnante bambino nel contesto istituzionale, in Nigris, E. (ed) *La formazione degli insegnanti.* Roma, Carocci, 2004, p. 31

Masala C., Petretto D. R, *Psicologia dell'handicap e della riabilitazione: dall'"Hand in the cap" al funzionamento.* Roma, Edizioni Kappa, 2008

Mashburn, A. J. , Hamre, B. K., Downer, J. T., Pianta, R. C., Teacher and Classroom Characteristics Asso- ciated with Teachers' Ratings of Prekindergartners' Relationships and Behaviors, in "*Journal of Psychoeducational Assessment*", 24, 4, 2006, pp. 367-80

Medeghini R., Valtellina E., *Quale disabilità? Culture, modelli e processi di inclusione.* Milano, Franco Angeli, 2006

Mercier, M., Represéntations sociales du handicap mental. In Mercier, M. et al (eds), *Approches interculturelles en déficience mentale. L'Afrique, l'Europe, le Québec.* Press Universitaires deNamur, 1999, pp 49-62

Morvan, J. S., *Repreésentations del situations de handicap et d'inadaptation chez les éducateurs spécialisés, les assistants de service et les einsegnants spécialisés en formation*. Paris, P.U.F., 1988, pp. 45-50

Nochi, M., Loss of Self in the narratives of people with traumatic brain injures: A qualitative analysis. In *Social Science and Medicine*, 46, 1998, pp. 869-78

Oliver, M., *The Politics of Disablement.* Basingstoke Macmillans, 1990

Oliver, M., Disability, empowerment and the inclusive society. In Zarb G. (ed), *Removing disabled barriers.* London, Policy Studies Institute, 1995

Parsons, T., The social system. London, Routledge, 1951, Transl. *Il sistema sociale.* Milano, Edizioni di Comunità, 1996

Parsons, T., La classe scolastica come sistema sociale. In Cesareo, V. (ed.), *Sociologia dell'educazione.* Milano, Oepli, 1972 pp. 237-54

Parsons, T., Bales, R. F. , *Famiglia e socializzazione.* Milano, Mondadori, 1974

Piven, F. F., Cloward, R. A., Assistenza e ordine sociale. In Ciacci M., Gualandi, V. (ed), *La costruzione sociale della devianza.* Bologna, Il Mulino, 1977, pp. 308-30

Rocher, G., *Introduzione alla sociologia generale. L'azione e l'organizzazione sociale. Il cambiamento sociale.* Milano, SugarCo Edizioni, 1980

Ryan, J., Thomas, F., *The politics of mental handicap.* Harmondsworth, Penguin Book, 1980

Sanford, A. R., Zelman J. G., *Test LAP. Diagnosi di sviluppo.* Trento, Centro Studi Erikson, 1987

Saviola D., De Tanti A., *Trauma cranico e disabilità. Esperienze di psicoterapia,* Milano, Franco Angeli, 2009

Scabini, E., *L'organizzazione famiglia tra crisi e sviluppo.* Milano, Franco Angeli, 1985

Schultz, I. Z., Gatchel, R. J. (Eds.), *Handbook of Complex Occupational Disability Claims: Early Risk Identification, Intervention, and Prevention*. New York, Springer Science + Business Media, 2005

Simmel, G., *Sociologia,* Milano, Comunità, 1998

Soresi, S., *Psicologia delle disabilità.* Bologna, Il Mulino, 2007

Stilo, S., *La disabilità nella storia – Unità 1.* Roma, Unimarconi, 2013

Tomada, G., De Domini, P., Tonci, E., Cherici, S., Iannè, S. Gli affetti a scuola: la relazione alunno-insegnante e il successo scolastico alla fine della scuola primaria, in "*Psicologia clinica dello sviluppo*", XIX, I, 2015, p. 102

Tortello, M., Pavone, M. (ed.), *Pedagogia dei genitori. Handicap e famiglia. Educare alle autonomie.* Torino, Paravia, 1999

UPIAS, *Fundamental Principles of Disability.* Union of the Physically Impaired Against Segregation, London, 1976

Valtolina, G. G., *Famiglia e disabilità.* Milano, Franco Angeli, 2000

Vianello, R., *Difficoltà di apprendimento, situazioni di handicap, integrazione.* Azzano San Paolo, Edizioni Junior srl, 1999

Vico, G., *Handicappati*. Brescia, La Scuola, 1984

Williams, S. I., Is anybody there? Critical realism, chronic illness and the disability debate. In *Sociology of Health and Illness* n.21, 1999, pages 797-819

World Health Organization, *International Classification of Impairments, Disabilities, and Handicaps - A manual of classification relating to the consequences of disease*, 1980

Scientific contributions of the dissertation work

The scientific contributions of this study consist of:

1.   Exploring the disability context through the prism of the disabled person needs when entering the school environment to become a citizen. In this regard, an in-depth analysis is proposed, integrating the European and global perspective.

2.   Summarizing the most important perspectives on disability context and analysis of approaches to disabilities in school and in society by major sociologists underlining how the progressive passage of the capacity to understand and integrate social models to the needs of the person with disabilities in the different phases of his/her life is demonstrated.

3. The third scientific contribution concerns the aspects of relationality in disability and its power over the individual. This aspect has its main development in Italy intrinsically linked to the world of school. The approach focuses its attention on the relational perspective, connected to various factors: exogenous, endogenous, psychological, of social growth, of attention towards others linked to prosocial values, bringing a perspective of further development linked to social welfare models (Donati 1991).

4. A particular attention towards the very person rather than towards his/her contribution to the welfare state or the impact on the policies that disable people lobbies can exert in a specific country, is basically determined by a model of society that puts human values first and sees the person not as a mere economical and structural contribution to society itself, but as a substantial fundamental element of the community.

5. The relational aspects identified in this research allow highlighting the degree of satisfaction, the possibilities of self-realization of a disabled child or adult not linked only to the peer group perspective but harmonized, not divided by stigma and invisible barriers, but totally participatory in the individual's society.

6. This research aims to stimulate a sociological debate on still unexplored aspects of social inclusion, in a global perspective of the disabled individual from early childhood, within a new different approach to the observation, perception, participation and actions of the person in his entirety.

7. The school and the education are an extremely important moment for the development of the future persons, considered in their globality as a whole of aspirations, desires and possibilities. Approaching to this perspective, there is no distinction between ability and disability of a person but the possibility to valorize these new social and human identities.

Publications

Cobello, S., Modern symbolic invisible barriers for the inclusion in real life of disable people 13-15th, June 2017 FGBOY, East Siberian Governmental Institute of Culture, Respublica Buriatya, Gorod Ulan-Ude – ob. Baikal, Ulan-Ude – Publising House FGBOY BO VSGIK 2017 ISBN: 978-5-89610-263-2, pag. 238 – 243

Cobello, S., Каково будущее людей с ограниченными возможностями в постиндустриальном обществе? Образование и наука. 2016;(9):153-165. DOI:10.17853/1994-5639-2016-9-153-165

Cobello S., "When the society does not see the future – what does «disability» mean?" in The Education and science journal. 2016;(9):153-165. (In Russ.) DOI:10.17853/1994-5639-2016-9-153-165

Cobello, S., Perspectives of developing a common educational space. Обучение и педагогическое сопровождение одаренной личности: инновационные подходы и технологии. Сборник научных статей Международной научно-практической конференции (23-24 ноября 2017 г., г. Саратов). – Саратов: ИЦ «Наука», 2018. – 182 с. ISBN 978-5-9999-2987-7

Standen, P.J., Brown, D.J., Taheri, M., Galvez Trigo, M.J., Boulton, H., Burton, A., Hallewell, M.J., Lathe, J.G., Shopland, N., Blanco Gonzalez, M.A., Kwiatkowska, G.M., Milli, E., **Cobello, S.,** Mazzucato, A., Traversi, M. and Hortal, E. (2020), An evaluation of an adaptive learning system based on multimodal affect recognition for learners with intellectual disabilities. British Journal Educational Technology,51:1748-1765; https://doi.org/10.1111/bjet.13010; ISSN:1467-8535;