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Logopaedics and inclusion

Abstract: Inclusive education constitutes one of contemporary paradigms of special pedagogy and is widely discussed by scientists from numerous countries. Is there a similar place for inclusion in logopaedics? Is inclusion perceived as a superior aim of speech therapy? Do speech therapists contribute to the discussion on inclusion and do they perceive the need to reevaluate the approach to persons with communication disorders? What is the difference between inclusive education and inclusion in logopaedics? The author attempts to answer these and other questions in the publication with the intention of highlighting his opinions in the discussion on inclusion in logopaedics.

Key words: logopaedics, inclusion, people with communication disorders.

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Logopedia a inkluzja

Abstrakt: Edukacja włączająca (inkluzywna) stanowi jedno ze współczesnych paradygmatów pedagogiki specjalnej i stanowi przedmiot ożywionego dyskursu naukowego wśród pedagogów w wielu krajach. Czy w logopedii inkluzja zajmuje podobne miejsce? Czy jest postrzegana jako nadrzędny cel oddziaływań logopedycznych? Czy logopedzi włączają się do dyskursu o inkluzji i dostrzegają potrzebę przewartościowania podejścia do osób z zaburzeniami umiejętności komunikacyjnych? Czym różni się edukacja inkluzywna w pedagogice specjalnej od inkluzji w logopedii? Na te i inne pytania autor stara się odpowiedzieć w publikacji, mając nadzieję, że w ten sposób zaakcentuje swój głos w dyskursie o inkluzji w logopedii.

Słowa kluczowe: logopedia, inkluzja, osoby z zaburzeniami umiejętności komunikacyjnych.

1. Introduction

Inclusive education constitutes one of contemporary paradigms of special needs education and is a subject of a spirited scientific discourse amongst pedagogues in many countries. It is universally acknowledged that the idea of inclusion gained its momentum after the UNESCO congress in Salamanca in 1994. However, the notion of *inclusion* itself had been present in international disputes long before the date. Thus, 1954 saw a court ruling in Pennsylvania, according to which inclusion of all pupils in state education was fair, ethical and equitable (Reinhold, Fletcher-

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Jansenová, 2000). In 1988, experts, parents of children with disabilities and disabled adults, alarmed by the slow pace of progress in integrative education, congregated in Toronto, Canada to develop the conception of inclusion. A year later, it was described in a book (Lechta, Janoško, 2011). In December 2006, the UN General Assembly in New York decreed a Convention of Rights of People with Disabilities (*Convention...*, 2006), which was within a few years ratified by a majority of EU countries. In article 24, the convention demands ensuring inclusive education at all levels, which was a cause for celebration and an occasion for jubilation for the interested experts, parents of children with disabilities and for disabled adults at that time.

However, there have been numerous misunderstandings in various regional and international discussions when it comes to the interpretation of the very nature of inclusion: it comes down to the fact that inclusion is sometimes considered to be forced upon prematurely and sometimes too late. Also, there is a question of whether the circles of experts and laymen are prepared for the instigation of inclusive education and whether there are funds for its implementation (Lechta et al., 2011). The voice of the representatives of speech therapy is rather poorly represented in the hustle and bustle of numerous questions and dilemmas brought up both by supporters of the idea of inclusion, as well as by its opponents, which is a pity, as it is their contribution that has managed to make the real difference. Yet, it still goes unnoticed and is constantly undervalued.

2. Multidimensional analysis of inclusion in speech therapy

A broader discussion on the question of inclusion has so far not been instituted within the circles of speech therapists, although some isolated voices randomly signal the presence of the problem (e.g. Lechta, 2011 et al., 2012). Simultaneously, there are numerous specific features related to inclusive education of children with disorders of communicative functions, which distinguish it from inclusive education of children with other disabilities and developmental disorders.

If we holistically compare the developmental trends in particular disciplines dealing with children with disabilities, as well as threats in their development, it becomes noticeable that speech therapy is pioneering in this field, being its most developed and go-getting actor. Thus, there is an interesting paradox: on the one hand, logopaedics, unlike other disciplines, has not insofar featured an extensive discussion on inclusive education, on the other hand, paradoxically, inclusion as a phenomenon has had the longest tradition. Not in terms of the notion itself, but rather in terms of its time framework and the intrinsic merits related to the implementation of its principles.

Time framework. In terms of care of people with disabilities, speech therapy is far ahead of other disciplines. Inclusion had been applied in speech therapy, even before it received its name. From the very beginning of schools for children with speech impediments, children were directed to them only in cases when their education at ordinary schools had failed or was unmanageable. Thus, the majority of them were “included”. In the history of logopaedics, schools for children with speech impediments themselves were usually founded much later, after clinical, programmatic care had been granted to them. The comparison of schools for children with different kinds of disabilities, reveals that schools for children with communicative disorders were founded much later than special schools for children with sensory, mental or motor impairments (Lechta, 2012).

Technical dimension. Moreover, technically, there are numerous types and degrees of communicative ability disorders which have always qualified children to education at ordinary schools and never has their inclusive/integrative education as such, been subjected to questioning. From the point of view of speech therapy, it is possible to distinguish two groups of children included within mainstream education.

Children with communicative ability disorders, who were included in education even before the term of inclusion had been formed, constitute the first group. These are pupils with dyslalia, stuttering, voice disorders, dyslexia or dysgraphia, who have been educated at ordinary schools as a rule and directed to classes or schools for children with communicative ability disorders only in the most acute cases. The statement that speech therapy is way ahead of other disciplines refers to this group of pupils. The group and their education have already constituted an object of adequate number of studies and publications, even within the framework of the concept of inclusive education (see: e.g. Lechta, Kerekretiová, Králíková, 2010). Unfortunately, in the case of children with such diagnosis, the statistics concerning the genuine growth in the number of included/integrated pupils has frequently been distorted. However, since these children have always learnt at normal schools, it is not possible to include them in the panel of “contemporary successes of the inclusive/integrative trend”, as it often is the case in numerous pseudo-statistics concerning inclusion (Lechta, 2011 et al.).

Another group is made up of children with symptomatic speech impairment. The chances of their effective inclusive education are assessed as much slimmer than it is the case of the first group of children. Symptomatic speech impairment denotes flaws which are classified as manifestations of another dominating impairment, disorder or illness. Thus, if we discuss e.g. blind or hard of hearing children in the context of inclusion, we tend to forget that without speech-therapy care, without its comprehensive accomplishment in cases of symptomatic speech impairment, genuine inclusion stands no realistic chance. Teachers or pedagogues working at ordinary schools, who are meant to communicate with the in-

cluded children with disabilities, do not possess adequate knowledge. Co-operation when teaching in heterogeneous groups, constituting the basic attribute of inclusive education, is unfeasible without proper communication (Lechta, 2010b; Lechta, 2011 et al.).

Unfortunately, the problem is not always sufficiently apparent to speech therapists. For instance, the studies conducted by E. M. Skorek (2012) demonstrated that the range of activities undertaken by Polish speech therapists for the sake of popularization of knowledge on the essence of stuttering and the specifics of functioning of pupils who suffer from it amongst teachers of ordinary schools, is very limited or virtually non-existent. Moreover, Polish speech therapists are scarcely interested in the so-called social education, aimed at preparing the society to inclusive acceptance of children with stuttering (Skorek, 2012).

Training teachers of ordinary schools on the subject of effective communication with children suffering from communicative ability disorders and symptomatic speech impairment within their inclusive education, as well as popularization of logopaedic knowledge in the society, should become one of challenges of contemporary logopaedics (Lechta, 2012).

3. Practical implications of inclusive education

The enforcement of the concept of inclusive education is running into an array of problems, which happen to be convergent in both disciplines: speech therapy and special needs education.

Inclusive pedagogy may be defined as a branch of pedagogy which deals with the optimization of education provided for children with disabilities or whose well-being is jeopardized within the framework of ordinary school institution and its regular facilities (Lechta, 2010a). The trouble is that our contemporary educational practice makes it difficult to instigate optimal conditions. Undoubtedly, we are dealing with a long-term trend, which is nowadays labelled as "segregational", and as such, lasted for approximately 200 years (from the formation of the first institutions and systematic education of handicapped children in the second half of the 18th century until the end of the 20th century). Accordingly, we may surmise the future life span for the novel trend of inclusion (Lechta, 2012).

Another problem is nested in the universal, ambivalent approach to novel concepts – ranging from uncritical enthusiasm to *a priori* rejections. The concept of inclusive pedagogy, similarly to all other radical concepts, features an in-built bipolar structure. On the one hand, it implies the indisputable direction of modern pedagogy, and on the other hand, it also threatens that in the case of inappropriate, too speedy implementation, it may harm those that is has been appointed to help, i.e. children with impairment, disorders or under threat (Lechta, 2009a, 2009b), and in case of speech therapy, children with communicative ability disorders. Moreover, one specific feature is rooted in terminology, which often causes consid-

erable communication problems between experts and laymen (see: Lechta, 2010b). Unfortunately, there is focus on the differences between integration and inclusion, whereas the dividing line is relatively straightforward, i.e. integration denotes the chance to learn in a normal school if a child meets the necessary requirements, and in the case of inclusion, it is the school that forms proper conditions for inclusive education of all children/pupils, however or whoever they might be.

If in the past homogeneous groups of children/pupils were favoured, now it is inclusive education with heterogeneous constitution of groups that is considered a “norm”, in other words: a natural condition of education. As the conditions for genuine, universal inclusive education are *in statu nascendi*, the ongoing trend of inclusion in our region may by no means be regarded as completed and fully implemented. We are rather dealing with a specific hybrid of “inclusion/integration”, forming a springboard for the future development of genuine inclusive education in its proper and finalized shape.

Inclusive education and social inclusion, if meant to be applied universally, may not be effectively implemented without special care pedagogues and speech therapists. Also, there are prevalent worries that special needs education without inclusive pedagogy has dangerously exploited its scope of incentive on account of the perspective of its intrinsic development, whereas inclusion has not made special needs education redundant and non-existing at all, but has rather widened and intensified its scope of influence (Horvath, 2008). Similarly, with reference to speech therapy, it is possible to pinpoint maybe not the newest, but definitely a newly discovered trend of inclusive speech therapy, which, having developed irrespectively of inclusive pedagogy, is ideally meant to provide support and assist in incentives related to children with communicative disorders, irrespective of the fact whether they appear independently or accompany other disorders.

4. Conclusions

So far, logopaedics has not seen an extensive dispute about inclusive education, encompassing children with communication ability disorders. However, since the beginning of implementation of logopaedic care, numerous principles of the concept, which is today labelled as inclusive education, have been executed. By no means does it imply that the discipline of logopaedics features inclusive education *en bloc*. There exists some room for application of practical implementation of inclusive education (also of inclusive speech therapy programmes), especially within the realm of communication ability disorders, about which teachers of ordinary schools, participating in inclusion programmes, have insufficient information. Therefore, the scope of influence of logopaedics should be extended by adequate information forwarded to the group of the involved teachers

(and also to wider social circles) on the nature of communication ability disorders and the way they influence the functioning of the affected pupils at school. The multidimensional analysis of inclusive education is meant to instigate more extensive disputes on the possibilities of implementation of inclusive education also from a logopaedic point of view.

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