

EDUCATION

A BIENNIAL COLLECTION
OF RECENT GERMAN CONTRIBUTIONS TO
THE FIELD OF EDUCATIONAL RESEARCH

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EDUCATION
A Biannual Collection of Recent German Contributions
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The aim of the series EDUCATION is to keep educationalists and relevant institutions of higher learning in other countries informed on German studies in the field of educational research. To this end particularly important contributions with practical relevance are selected from German-language publications and translated into English, thus facilitating direct access for an international audience to articles originally written in German.

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APPROACHING EACH OTHER – SOCIAL INTEGRATION OF THE
DISABLED THROUGH FURTHER EDUCATION

by

ERIKA SCHUCHARDT and VIKTOR VON BLUMENTHAL

'40 Years Later': 1945–1985 Analysis of the Situation in the Federal Republic of
Germany

For the first time, the Bundesministerium für Bildung und Wissenschaft (Federal Ministry of Education and Science; BMBW) has commissioned a research project on the question of 'Social Integration of the Disabled through Further Education', whose findings were published in 1986 "Approaching Each Other", (cf. [4]), with a linked 'Academic Colloquium' and exhibition 1987, published 1988 "Mutual Learning" (cf. [10]). This signals a turning-point in the broadening of perception and awareness of the wearisomely long and crisis-strewn route which learning about these matters has taken, and also points to possible changes in attitude and approach.

This by no means contradicts something that we experience everywhere and every day: anyone confronted for the first time by disabled fellow human beings and matters concerning their further education inevitably imagines their deficiencies to be readily perceptible, as they are so blatant: physical infirmity, mental abnormalities, psychological peculiarities, impaired sensory perception. They arouse a subliminal primeval fear in the observer, fear that he/she might sometime be similarly be disabled, and at the same time inspire routine recourse to tried and trusted defence mechanisms: these are determined by the observer's own life story and learning experience, and to an extent by his/her social status, and consist predominantly of distancing, overprotection, pity, non-acknowledgement (following the irrelevance rule: 'one behaves as though the disabled person did not exist'); it is only rarely that natural relations (normality) are achieved. And it is also for this reason that the following statement is made with increasing volume and emphasis: 'understand each

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other, live with each other' as a national motto for Germany, or 'full participation and equality' as the international motto of the United Nations Year of the Disabled in 1981. Intensive concern with the reactions of non-disabled as well as disabled persons shows that possibly quite different aspects of the disablement question separate the disabled – regardless of the nature of their disability – from the non-disabled, or perhaps it is more telling to call them the as-yet-unaffected.

Light can be shed on this by a statement taken from source material from the Nazi Bethel Archive. When Dr. Brandt, a Nazi official, was negotiating with Chief Pastor Fritz von Bodelschwingh about the annihilation of 'life which was unworthy of life', the life of all disabled people, epileptics, mentally and psychologically disabled), he justified it by the so-called 'zero-point formula' for disabled people. When asked to describe the characteristics of 'zero' existence, Dr. Brandt is reported to have replied:

'Simply this: they have reached a point beyond which it is no longer possible to establish human community with the sick person,'

to which Fritz von Bodelschwingh is said to have replied:

'Professor, ability to establish human community is a *mutual* thing: it depends upon whether *I* am open to human community with the other person as well. I have never met anybody incapable of human community' (author's underlining) (quoted from [3] which includes further comments). Thus, already fifty years ago, Fritz von Bodelschwingh drew attention to a fact which has in recent years moved increasingly into the foreground of thinking about problems of the disabled. Psycho-social problems determining the disability have been increasingly recognized. Those affected express themselves in the following way:

'Problems of the disabled?! – Certainly not what you think. My disability – I can cope with that, but the bloody judgements other people make of me, they're the curse, that's what it is – being condemned to live forever as a disabled person. That's the problem.'

'A disabled person isn't something that you *are*, it's something you are *made into*. It's a complete package; there's no escape: pre-programmed, fully automatic, non-stop till you're on the scrap heap. It's almost like a living death!'

'Disablement, that's a life-sentence! – A life-sentence that condemns you to the role of being a disabled person without any prospect of release or reprieve – imprisoned in a disabled person's existence, it's a vicious circle, endless, no way out inescapable . . .' (after [4] and [5]).

40 years later our basic thesis can be built on this:

Basic Thesis:

It is not so much that our disabled fellow human beings *are* our problem, it is rather that we, the non-disabled persons, *become* a problem for them.

'40 years later' – that puts us in the Federal Republic of the 1985 accord! In retrospect we can discern trends, identify turning points and make out breaks with past practice both in the spheres under discussion here of Adult Education (AE)/Further Education (FE) and in the special aspect of education work with disabled persons. Thus today many German citizens accept as a matter of course that we are living in the first half of the 'International Decade of the Disabled Persons 1983-1992' proclaimed by the General Assembly of the United Nations; but very few of them are aware of the wearisomely long search for a learning-route that started again after 1945 and led to bitter controversy between different providers of AE/FE, institutions, agencies, voluntary organizations, associations and self-help groups for disabled persons. At the same time insights appear in retrospect which open up encouraging perspectives; in this context the following should be pointed out:

For many years now critics have attacked intensive individual care for the disabled, as it leads to separation and isolation. As far as the criticism is valid, the historical perspective would show links between the discriminatory and derogatory 'life unworthy of life' in the Third Reich, and intensively differentiated care for the handicapped after 1945, intended as reparation bordering on perfection: for example, instead of the traditional six special school types, this process of reparation finally produced almost ten different types of school. At the same time the law of supply and demand vindicated itself, and the number of so-called disabled schoolchildren increased dramatically; numbers in the Federal Republic almost doubled after 1945 – as Wilhelm Topsch showed in 1975.

The insight derived from history is remarkable: the isolationist-segregationalist approach ascribed to the Federal Republic can also be seen as a way of managing a deep sense of guilt. Establishing a large range of specialized schools to improve individual education can also be interpreted as a response to failures in the Third Reich. The tragic fact remains that it was these very measures which caused scarcely avoidable discriminations – unintentional because intended to have precisely the opposite effect – that ways of living and learning for disabled and non-disabled people were increasingly separated by institutionalization, that the inevitable consequence was dividing human beings into first- and second-class citizens, and that we are only now – because of the time of history – confronted with the results of this policy, which are to an extent alarming.

Thesis 1:

The Federal Republic – more than almost any other state – has at its disposal a fully developed care system for disabled fellow human beings, but it is a system which can also isolate the disabled ‘from the cradle to the grave’.

In line with the different stages of life, the network of services is orientated to the specific needs and demands of the changing life situation in each case. Let me mention just a few facts: a network of genetic advisory centres exists for pre-natal detection of disabilities. For the early recognition, testing and assistance of disabled children or children who are potential victims of disablement there are currently – as well as 3,000 established paediatricians – about 50 social and educational establishments, 500 specialized pre-school centres and other decentralized regional bodies, and also special kindergartens – as an alternative to standard kindergartens – and experimental integrated kindergartens. For educational assistance there is – following the system laid down by the German Educational Council in 1973 – a network of completely differentiated types of disabilities with special school regulations in each case, for the mentally handicapped, physically handicapped, those with learning difficulties, the psychologically handicapped/those with behavioural disturbances, those with sensory deprivation/seeing or hearing difficulties, those with speech difficulties, which in each case show sharp regional distinctions. Certainly in parallel with this there are numerous experimental projects for the integration of the disabled into general institutions, but these are statistically insignificant. In the special field of vocational training, huge efforts in the last decade (1970-1980) have produced a total of 37 vocational training establishments (for first basic training) with 10,000 places and 21 vocational skill centres (for retraining) with 12,000 places for rehabilitation and 330 recognized workshops for 80,000 mentally handicapped adults.

It seems to me important – and I hope will serve as a pointer to the future – to establish here that currently we have still no system of special adult education, no special evening-school facilities, and no special andragogy for the disabled analogous to the basic education system. It is to be hoped, and in the last resort we must all stay alert, that potential new tendencies to exclusion can be constructively transformed into attempts at integration.

Thesis 2:

The connection between increased structured care and decreasing human concern is becoming ever more apparent.

40 years later we are becoming increasingly aware of the consequences of a dangerous total embrace by care as a tendency, of society to get rid of its disabled fellow citizens. We all agree with the formulation in the Constitution:

everyone – including the disabled – has the right to free development of the personality. This makes the disabled person part of the whole; but the whole is greater than the sum of its parts! Social integration of the handicapped is more than the creation of requirements like laws covering medical, educational and vocational assistance (care or integration). Such regulations imply – and this is by no means the intention of the legislator – the danger of social withdrawal from disabled fellow citizens because they are seen as rejected waste products. This again poses the key question of actual social integration as a future task for disabled and non-disabled citizens. In concrete terms, this means that the problem of mutual fear defence mechanisms must be made a central subject of discussion. Acceptance of others’ differences, or of the unique characteristics of disabled persons, must be rediscovered from and by further education, learned and not least taken up didactically and methodologically, or institutionalized in spheres of learning, in different places of learning, or on different occasions for learning. This must all be a learning process in the management of inevitable crisis situations, as shown by the author in her ‘Crisis Management – as a Learning Process in Eight Spiral Phases’ based on the analysis of more than 500 biographies (cf. on this [1] [2] and [4] [5]).

From the point of view of educational theory, it is clear that the Federal Republic, in comparison with other European and non-European countries, has pursued the development towards integration with some delay and – as shown in Thesis I – with repeated backward steps in the direction of increased segregation. From the USA we know that integrative development goes back to the beginning of the twentieth century, and from Sweden, England, Italy and France that intensive efforts towards integration were already made in the 50s and 60s (see also A. Bürli and his chapters on ‘Integration of the Disabled in Italy, a Model?’ – ‘Special Educational Needs in England’ – ‘Being Disabled in Denmark’, in A. Bürli, *Educational Policy for the Handicapped in Italy, England and Denmark*, 1985). In the Federal Republic it was not until the early 70s that a turning point in educational policy could be identified, announcing new developments and increased efforts. Adult education is legitimized for the first time in the ‘Strukturplan’ of the German Education Council, and Further Education and Educational Leave laws followed in the Länder. Between 1970 and 1975, chairs in Adult Education were created at almost every second institution of higher education. At the same time and along the same lines the specific aspect of the further education of the disabled developed, and a ‘Supplementary Strukturplan’ followed in 1973: this was the recommendations of the German Educational Council ‘On educational assistance for disabled children and young people and those at risk’, which was also to find its way into educational history as ‘Structure Plan for Integration’. Shortly after that, further education pioneers set up experiments in the further

education of the disabled, and opportunities for integration increased by leaps and bounds. Then came 1981, the International Year of the Disabled Person, and the high-point for further education for disabled learners. At the same time the 37 vocational training establishments and 21 vocational skill centres which have already been mentioned came into being, and also the 330 recognized workshops. The 'National Commission for the International Year of the Disabled' was established for the first time in Bonn on the occasion of the 'International Year of the Disabled', and 13 umbrella working parties were set up to deal with related questions. Participation and joint decision-making were the guiding principles, parity between disabled and non-disabled on every committee was the aim, and for the first time in history an 'Ombudsman for the Disabled of the Federal Republic' was set up; comparable ombudsmen were appointed in the Länder, and disabled people were appointed on to advisory councils at local and regional level. All in all, the disabled roundabout was spinning at great speed and under equally great illusions. At the end of the 'International Year of the Disabled', the decade which had just begun (1983-1992) was declared 'International Decade of the Disabled' by the 37th General Assembly of the United Nations. As early as 1980 another turning point in educational policy could be recognized; its characteristics were reflexivity, realism to the point of disillusionment, but also consolidation of what had been achieved.

Thesis 3:

Since the late 1970s the call for social learning processes for the social integration of disabled and non-disabled people has been getting louder in the Federal Republic.

This thesis is based on the one hand on an analysis of further education opportunities, and on the other on empirical examinations of research into the environment of disabled people and persons relating to them using analysis of biographies (500 life histories from European and non-European countries) for the period 1900-1986. Figure 1-4. This analysis looked at disabled people's interpretation of events – as determined by their interaction with others – in coping with their situation of 'being disabled/becoming disabled'.

The author's "Crisis Management as a Learning Process in Eight Spiral Phases" based on this states:

- Social integration is amongst other things the result of *learning*, just as conversely social isolation can be the result of a break in learning (this corresponds to Cloerke's 'contact hypothesis', according to which the possibilities of social intercourse are opened up by merely seeing and knowing a person, but prejudice against the disabled cannot be broken

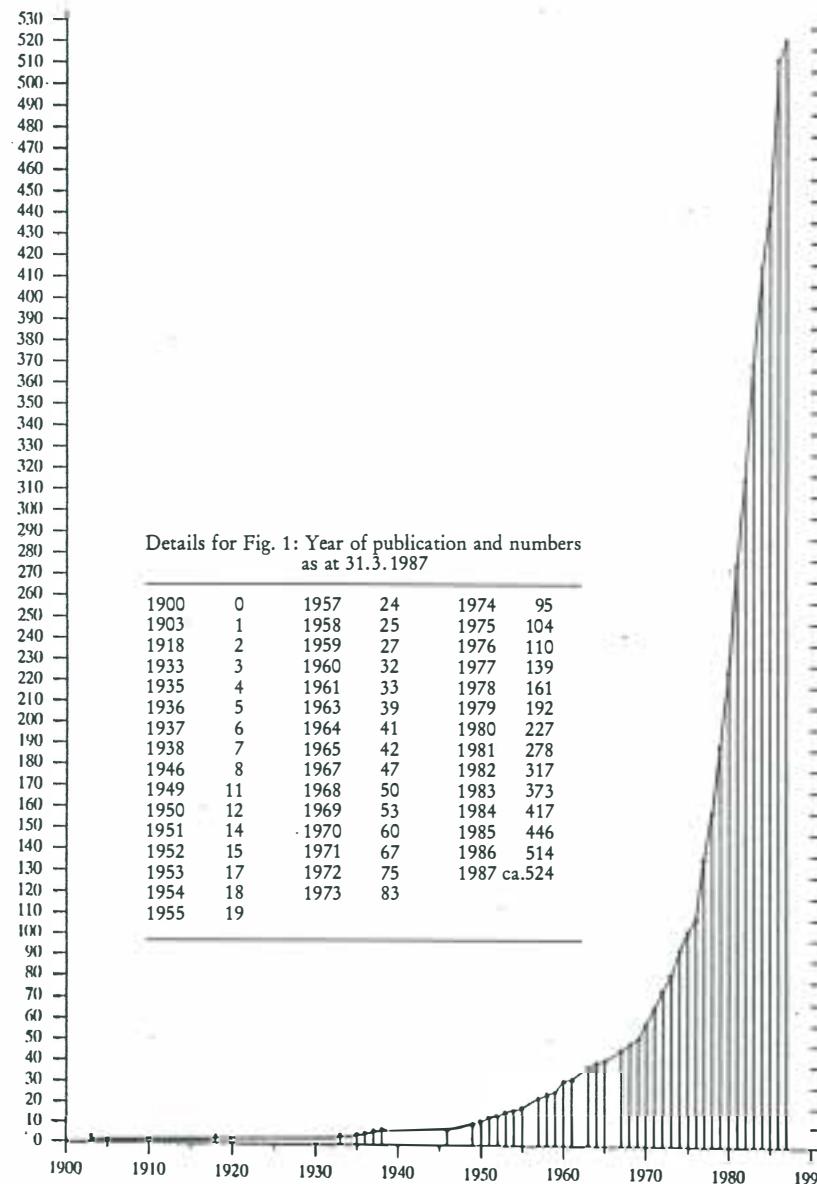


Fig. 1 – Year of publication and number of biographies including autobiographies, since the affected as well as their parents and/or partners always write biographically and autobiographically at the same time.

	European Countries										Non-European Countries					Total				
	Federal Rep. of Germany	Denmark	German Dem. Republic	France	Great Britain	Italy	Netherlands	Norway	Austria	Sweden	Switzerland	Israel	Japan	Colombia	Mexico		Soviet Union	USA		
German	281		26						8	9								324		
German Translations		1		39	45	2	4	4			4	1		2	1	1	1	6	89	200
Total																				524

Fig. 2 – Types of Society and Educational System of Biographies

down by this). Such learning takes place in the same interaction-conditioned way in the case of the disabled (those affected) as also with the non-disabled (not yet affected) and runs through three stages of learning, from the 'head' via the 'heart', to 'hand'-ling things, in other words from the head, the cognitive, externally controlled INITIAL stage, via the heart, the affective-uncontrolled TRANSIT stage, to 'hand'-ling things, the actional-self-controlled TARGET stage (cf. E. Schuchardt: Biographical Experience and Academic Theory. Social Integration of the Disabled, Volume 1, Bad Heilbrunn, 3rd enlarged edition 1987).

	Types of Disabilities						Long-term Illnesses				Total
	Mentally Retarded	Physically Disabled	Learning Disabled	Psycholog. Dis. Emotionally Disordered	Sense Disabl. Blind a. Deaf	Speech Disabl.	Cancer	Multiple Sclerosis	Addiction	Others	
Affected	-	60	-	38	39	7	43	7	50	38	282
Parents	35	7	-	12	3	1	10	-	4	10	82
Partners	-	-	-	5	1	-	12	-	1	8	27
Experts	11	11	1	38	16	3	12	2	5	34	133
Total	46	78	1	93	59	11	76	9	59	90	524

* Kinds of disabilities according to the Classification of the German Council of Education, Bonn 1973.

Fig. 3 – Biographers and Disabilities* / Disturbances of Life.

Affected	Women 154	Men 123	Both 5	Total 282
Parents	Mothers 54	Fathers 21	Both 7	Total 82
Partners	Females ptnr 12	Male ptnr 7	Both 8	Total 27
Experts	Female experts 46	Male experts 62	Both 9	Total 117
Affected together with experts	Women 6	Men 4	Both 6	Total 16
Total	272	217	35	524

Fig. 4 – Status of Biographers

- Social integration is the result of appropriate interaction between disabled and non-disabled people, who have gone through or learned all three stages of the learning process of crisis management.
- Social isolation manifests itself as the result of non-existent, therefore non-appropriate interaction in the course of socialization, especially when learning opportunities are inadequate or absent, with the result that the various phases of the crisis management learning process are either experienced inadequately, broken off too soon at the initial or transit stage, or stagnate.

What, as a consequence of this, could not be achieved in the course of 20-30 years of socialization through pre-school age, through school, vocational training and until university becomes increasingly difficult to learn, but still can be learned if it is recognized as a necessary item to be learned and as a consequence of this offered and advertised as a proper course or as part of other educational events, especially with adult education, but also supported by learning processes throughout society.

Thesis 4:

Further Education practice in the Federal Republic shows – parallel to the variety in its structure – a multiplicity of different conceptions of work working with the disabled and notable attempts at target group work which can be shown didactically and methodically as a mutual '3-step process' of stabilization-integration-participation.

An attempt to take stock of the different approaches for the integration of disabled people through further education reveals a variety of conceptions but these possibly aim at comparable goals. The large number of models can be classified didactically and methodically in each case as different steps in a

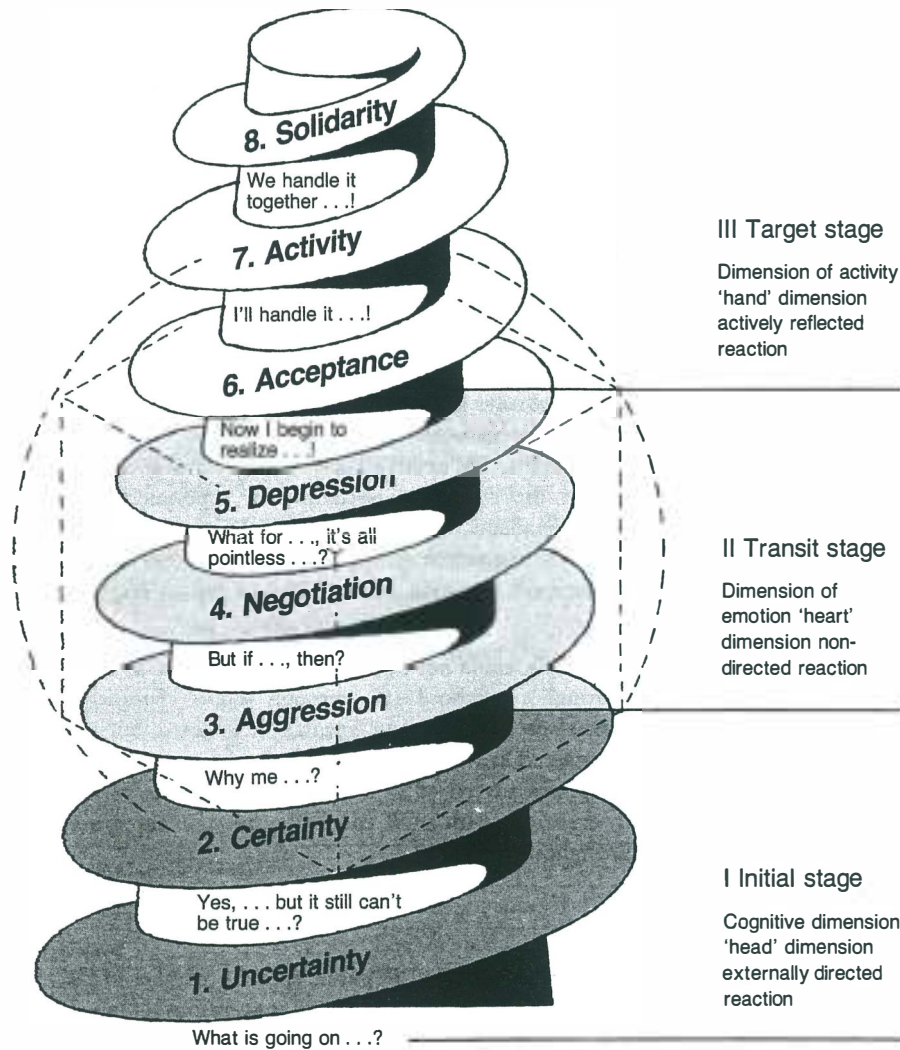


Fig. 5 – Crisis Management as a Learning Process in Eight Spiral Phases.

learning process corresponding to the three principal stages of the emotional state disabled person's experience, i.e. stabilization, integration and possible participation:

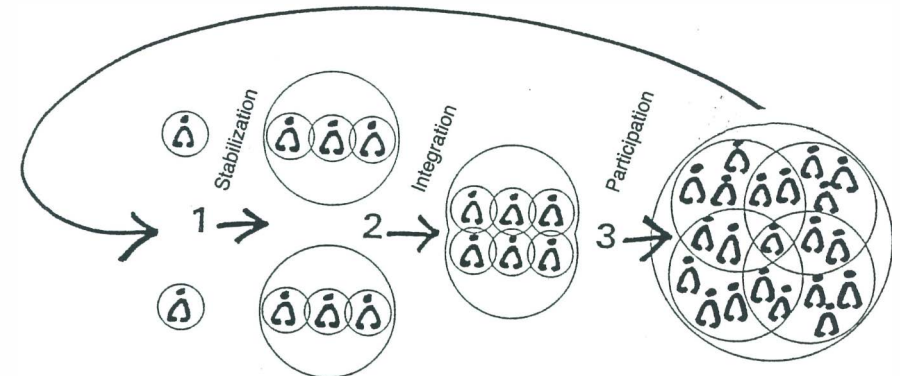


Fig. 6 – Target Group Interaction Conception as a Mutual 3-Stage-Process. Learning process in people affected – 'disabled persons'.

The learning process of so-called non-disabled people is analogous – although in precisely the opposite sequence – that is to say wrenched out of apparent participation during integration to stabilization. It opens up learning opportunities to the non-disabled of the kind that occur for persons affected as well:

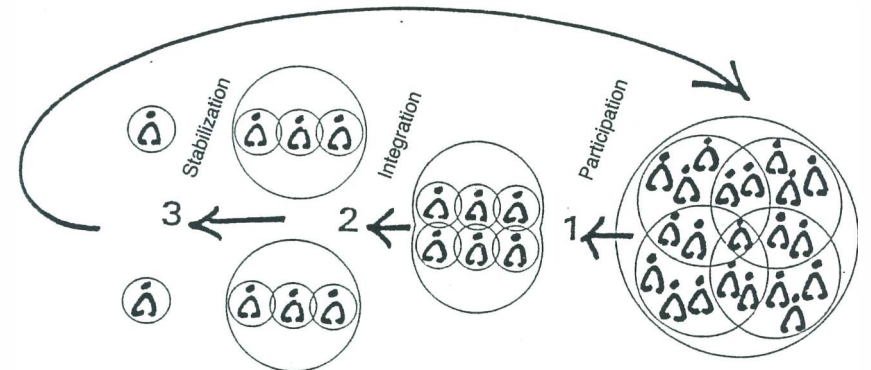


Fig. 7 – Target Group Interaction Conception as a Mutual 3-Stage Process. Learning process in not yet affected – 'non-disabled persons'.

Linked to this process is the conceptual shift towards the much-cited normalization, according to Wolfensberger in 1984 the 'reevaluation of the social role of the disabled'. Disablement is thus no longer seen as a physical defect, damage or failure (as previously reflected in the legislation on it, according to which a person was considered severely disabled if he/she had a permanent 'reduction of earning ability' of at least 50%, after 1986 remarkably amended to 'degree of disability'; there is, however, still nothing said about the reduced possibilities of the disabled to take part in society). Handicap is instead neutrally re-interpreted as an 'unique characteristic' of those affected (German Education Council 1973), and in the sense of 'competence' after a crisis which has been managed. Social integration is therefore no longer seen exclusively as a 'goal', but much more as the 'path' consisting of a life-long process of mutual learning, which in its development is dependent both upon the individual and personal factor of the type and degree of disability and, not least decisively, interculturality in the context of world society, upon the changing circumstances which accompany it, such as prevailing values and norms. In order to avoid misunderstandings arising from this condensed description I should like to indicate a fuller treatment in the following publications (see E. Schuchardt: *Further Education as Crisis Management. The Social Integration of the Disabled*, Volume 2, Bad Heilbrunn, 3rd enlarged edition 1987 and by the same author *Crisis as a Learning Opportunity*, Dusseldorf 1985).

Many of the case studies from the Federal Republic of Germany quoted in 'Approaching Each Other', emphasize the *1st Learning Step*, the 'Stabilization' of those involved, i.e. self-discovery and self-determination by those involved in a reference group (see Case Study No. 5: 'TABS - all-the-year-round Day Education Centre' - Danish Residential Study model for mentally-handicapped adults). Other examples aim at the *2nd Learning Step of 'Integration'*, that is to say, they have a supplementary institutionalized learning process involving disabled and non-disabled people as their objective (see Case Study No. 1: 'Learning to grasp' - the Hephata In-patient Institution as a Learning Area for Adults, Case Study No. 2: 'Experiencing the winter together' - Cross-country skiing with blind people, or Case Study No. 3: 'When you play don't play alone' Child and Youth Academy, and also Case Study No. 7: 'Berlin Residential Project as an Alternative': Handicapped and non-handicapped people living together and Case Study No. 11: 'FID - Voluntary school for life' - Family relief services and integration aids for the severely handicapped, and not least Case Study No. 12: 'Why me . . .?' - Interaction model for the learning process of crisis management in further education).

Finally, many institutions succeed, or many experiments attempt, to

support the *3rd learning step* towards 'Participation', that is, independent and self-chosen participation by handicapped people in existing standard educational opportunities, or in regular courses altered by them. Remarkably, this shows that educational work with the handicapped as a 'bridge to education' has gradually made itself superfluous (see Case Study No. 4: 'From amateur acting to Crippled Cabaret' - theatre work for integration, Case Study No. 6: 'Club 86' - Learning disability, labelled for life! - Three learning steps from stabilization to participation, or Case Study No. 8: 'Where we meet: the Cafe Lahr' - a meeting place for mentally handicapped employees in workshops and citizens of the town and also Case Study No. 13: 'Hanover Fair' - a bridge between the disabled and non-disabled).

Thesis 5:

Despite numerous attempts at starting social integration through Further Education, many problems remain to be solved in the German Federal Republic in the future.

No matter how obvious and sensible the examples presented may seem, they cannot hide the fact that there are a large number of unsolved problems - apart from the limited effect of such projects on the public. These problems include:

- First, the defence mechanisms developed by non-disabled people, which are largely concealed and unadmitted. All too frequently there is a lack of willingness to learn because of unaffectedness. However, where unwillingness to learn is not admitted and not made a subject of concern, ability to learn cannot be assumed, and learning processes are detached from educational initiative possibilities.
- Secondly the hidden, unrecorded figure of disabled people is by no means a small problem. Naturally there is in the Federal Republic no obligation to notify - although this was originally demanded by the pre-war Insurance Regulations (RVO). Thus the number of disabled people remains relatively difficult to present statistically - also because of past abuses.
- Thirdly, increased financial cuts have a negative effect. It is still true that in crisis situations savings are first made in the educational sector, because there they are least noticeable in the short term. At the present moment attempts are being made to stave off social crises by means of special education programmes. Not only would it be more rational to act preventively and set aside necessary funds for crisis management in advance, but this would also avoid the reconstitution of further - possibly divisive - employment opportunities, the subsequent dissolution of which makes the necessary reintegration of those affected into society extraordinarily difficult, as the example of the disabled shows. Sensitization and reflection

must increase, in order to avoid dead ends and to transform unnecessary one-way streets into two-way streets reintegrated by dialogue, even at the planning stages.

- Fourthly – and in my view this is the core of the problem – further education training in the Federal Republic is inadequate or to a large extent non-existent, for those engaged in personnel in the sphere of target-group work with disabled and non-disabled participants in further education, further education trainees is similarly deficient. Last but not least it must be asked whether in the Federal Republic training is being provided at all, in colleges and universities, for experts to be qualified in the future as educationalists, university-trained educationalists, special educationalists, social educationalists for educational work with disabled learners in further education.

It is nevertheless encouraging that not least because of the project by the Federal Ministry of Education and Science which has already been mentioned, discussion on such questions has been restarted or intensified – both *with* and *between* the various bodies responsible for further education and *with* and *between* people who are ‘affected’ and ‘not affected’, and *with* and *between* colleagues with differing academic theoretical approaches – and in addition to this the first pioneer projects and models for the integration of so-called handicapped learners through further education have been brought to the public’s attention through expert colloquies held by the Ministry in May 1985 and December 1987. That means, however, that facts have been created behind which it is no longer possible to hide, and which even more, at the same time, upon up new perspectives.

The author would like to take the liberty at this point, on behalf of many affected people, multipliers, and colleagues, of thanking the representative of the Ministry, Ministerialdirigent Dr. Axel Vulpius, the initiator of the above-mentioned research project, who took official responsibility for confronting the question of ‘Social Integration of Disabled Persons through Further Education’ for the first time: Dr. Vulpius, responsible for Further Education, not only recognized this key problem as a priority task for further education even before the UNO Year of the Disabled in 1981: it is because of this tireless commitment, unbureaucratic and always looking for new alternatives, that all resistance has been effectively swept away and that despite several false starts the project has gone ahead. Dr. Vulpius is to be thanked for the fact that research has resulted in hope for the first lasting moves towards Further Education – so far the only research project for ‘Social Integration’ in the context of Adult Education and Further Education.

Social integration is possible wherever the learning-route of management of crisis-like life situations is not only permitted, but also lived through and

sought for, suffered and fought for at all levels – personal, social, institutional and educational-political – for where dialogue begins, confrontation ends, and ways out of the crisis become visible.

Analysis of the Situation in England, France, Italy, and Sweden

In 1984/5 the Research Centre for comparative Education of the University of Marburg took on a project commissioned by the Minister of Education and Science, intended to stimulate work in adult education centres and similar institutions in the Federal Republic. For this purpose the work of institutions of adult education in some of the countries comparable with the Federal Republic (England, France, Italy, Sweden, USA) was examined.

The case histories in the project relate to a context determined both by differentiated institutions of adult education in the countries concerned, and also by the way in which the societies concerned handle the problem of handicap. For this reason each of the reports on a country opens with an introduction on adult education and in the accompanying section the outline conditions for the care of the handicapped are laid out.

For this study, a particular form of adult education was consciously not chosen as a reference point, and nor was a given form of care for the handicapped. The starting point was rather the question of problem solution, that is to say, in what form a society accepts the handicapped adults living in it, and by means of what kind of adult education.

I.

Despite persisting differences about the situation in the Federal Republic of Germany, as stated in the theme of the investigation, there are solutions to be found in the foreign case histories which have been examined which could stimulate further development in the Federal Republic. It also seems sensible and desirable to conclude from the picture gained of the different countries that hitherto the path trodden in the Federal Republic of primarily institutionalized and separate care for the handicapped, seen in the light of policies in other European countries and the USA, is clearly a necessary but problematic transitional stage which, as in the countries examined as well, must and will be followed by re-orientation in the direction of far-reaching integration of handicapped people into ‘normal’ life.

In the context of a process of this kind, progress so far in the Federal Republic of Germany towards ‘social integration’ of the handicapped must be seen both as evidence of such a development and also of the fact that we are

dealing with a similar process of development to that which is happening in Western Europe and the USA, even if we are out of phase. It is then also the task of institutions of adult education in the Federal Republic of Germany to examine whether and in what way the experience potential available elsewhere can be used within the process for the social integration of the handicapped which has been embarked upon in the Federal Republic.

II.

When foreign experience is taken over and adapted in this way, one must always take into account that tackling the integration of the handicapped is relatively recent in the Federal Republic of Germany, and this is not least the consequence of a Nazi policy which cannot be discussed here. In Sweden and the USA on the other hand, public discussion on the integration of the handicapped goes back as far as the immediate post-war period. In Sweden these discussions and their practical consequences were part of a general effort by the state to prevent the coming into being of social fringe groups or to integrate existing fringe groups into society. In the United States, where there were scattered attempts at integration in schools in the early twentieth century, these efforts were pursued with increasing vigour after the Second World War, all the more since, unlike most European states, there was no need here to spend money on the repair of war damage and the necessity for the reincorporation of war veterans encouraged academic research in the fields of medicine, medical technology, psychology and education.

It was not until the late fifties or early sixties that discussion about the integration of the handicapped started on a broader scale in the other European countries cited here (Italy, France, England). Consequent legislation, however, was frequently directed only at the integration of handicapped school-children into normal schools and the incorporation of adult handicapped people into employment.

The role of the handicapped associations in these confrontations is very different in the different countries. In the United States there has always been a policy directed aggressively towards integration, and separation has been fundamentally rejected. In countries like England, on the other hand, the associations seem to have reservations about integration, as for decades they have built and maintained special institutions and fear for the continuing existence of their work.

III.

Parallel to this process of increasing integration of the handicapped, the basic concept of 'handicap' and the predominantly medical and technical

standpoints manifest within it are also being questioned. First, handicap was used to describe restriction of individual life or working functions on the basis of physical, mental or emotional damage, but now social dimensions of handicap are increasingly being included in their causal relationship to the fundamental deficiencies or lacks. Discussion of social integration and the consequent introduction of the lifting of segregation and isolation of the handicapped in the countries examined has led to a more differentiated understanding of the concept of handicap. Being handicapped is increasingly perceived as a phenomenon which does not represent an absolute quantity, but which is in a constant state of change in relation to the life situation current at the time. Social conditions under which a handicapped person lives and acts determine the extent and nature of his handicap. This view is expressed, among other ways, in the English expression 'handicap', originally drawn from sport, and now used in the languages of all the countries examined and in which the relativity and changeable nature of the given handicap are reflected.

At the same time as the concept of handicap changed it also became unified. In Italy this was particularly emphasized in the terminology of legislation: the handicapped are identified by stressing the fact that there is an impairment, and so they are listed as 'portatori di handicap'. Elsewhere the functional aspect of handicap is emphasized, i.e. the limitations experienced by the handicapped person in the performance and perception of 'normal' functions, by the use of the term 'disabili'. In French too the common concept of 'handicap' has replaced words like 'invalidé', 'mutilé' and 'infirmé', with their obvious implications.

Unification of the concept of handicap has, however, not led to an undifferentiated way of looking at the handicapped. The overall designation of a person as handicapped is avoided to a large extent, in order not to reinforce notions of an absolute boundary between being handicapped and not being handicapped, or 'being normal'. Instead, as stated by Karin Lundström of the University of Uppsala in Sweden, correct and adequate descriptions are applied by means of which incorrect attitudes and prejudices which might hamper the progress of integration can be dismantled. While handicap has hitherto been understood particularly from medical-technical points of view, and individual forms of handicap were named correspondingly, the inclusion of social consequences in the concept of handicap has moved the terminology of handicap in the direction of expressing specific needs in respect of help and assistance more strongly. In the USA the Independent Living Movement with its demand for 'demedification' has encouraged rejection of the perception of the handicapped as sick and coined a new concept of rehabilitation aiming at a greater degree of independence and self-realization.

IV.

The tendency which can be recognized in the shifts in the concept of handicap towards no longer primarily stressing the lack of certain functions or deviations from 'normal citizenship' goes hand in hand with an attitude which increasingly attempts to understand the fact of 'integration of the handicapped' not primarily as adaptation to prescribed norms but bases itself on a premise embracing the right of all to education and training, and the recognition of their special nature.

This tendency is made explicit in differing ways. In the last resort, it can be said, attempts at integration of the handicapped into adult education are based on a principle of normalization. They are intended to make available to the handicapped the possibility of arranging daily life in the same way as is customary in the society in which they grow up and live, and to help them to live largely independently, like any other citizen.

V.

A way of reaching this goal, or at least of getting closer to it, is the removal of hindrances which prevent handicapped people from taking part in educational and leisure activities – concretely by the removal of architectural barriers, as attempted in the Adult Education Centre of Merano, for example. In this case concern to improve access to public buildings and to inform handicapped people adequately about measures of this kind proved to be an important contribution to the striven-for process of normalization.

A related attempt was followed by concepts which also see first of all the removal of obstacles as an essential step on the road to normalization, but also offer a large number of different aids intended to make it possible for the handicapped person to take part in normal events, even in cases of severe handicap. In conformity with this, separate arrangements for the handicapped are rejected, and instead every attempt is made from the beginning to remove anything likely to lead to separation, to as large an extent as possible.

Whilst in these models 'integration' is seen to a certain extent as a 'natural' result of living and working together by the handicapped and the non-handicapped, in other experiments the integration process itself is made the subject. Examples of this are the short-term integration courses at the Southwark Adult Education Institute in London, in which groups of handicapped and non-handicapped people are quite consciously brought together with the aim of removing mutual prejudices by common activity and arriving at an anxiety-free association with one another. Here integration is seen less as the result of a lengthy process and more as a subject of efforts within the curricular and extra curricular process from the beginning.

Alongside this there are also institutions in which the leaders or those responsible for certain leisure or educational activities are of the opinion that handicapped people – as a preparation for being with non-handicapped people – should first of all be stabilized within their reference group. This concept is also followed in the Southwark Adult Education Institute, where special courses have been developed for mentally handicapped adults intended to make it easier for them subsequently to take part in the regular courses offered. Here the process of integration runs from first attempts at spatial integration through the co-existence of handicapped and non-handicapped people in the same building, and via a phase of social integration, i.e. intensive contact between handicapped and non-handicapped outside course work, to functional integration, including participation with equal rights by handicapped and non-handicapped people at the Adult Education Institute's regular education and leisure programme.

Similar initiatives can also be seen in care for the handicapped at centres responsible for rehabilitation in Milan, in which introduction to various spheres of social life, in the world of work for example, and in adult education, leisure, professional training and independent life in the city, are attempted as essential elements in the therapy of handicapped people. In this case as well the multiplicity of support measures in the last resort leads to opening up for handicapped people the possibility of leading their lives in a society which essentially takes account of their individual interests and needs.

Measures aimed at the same direction are seen in the programme of reform of psychiatric care in France. The example of the cultural and creative workshops shows how attempts are being made to open up access for artists and others creative in the cultural sphere to the closed world of the institutions. Work with the patients is intended to give the patients access to a creative life from which they would normally be excluded. Here a cultural activity which breaks down isolation in the institution is carried into the institution itself, with the aim of not only altering the patients' life situation but at the same time also presenting the results of the work done 'outside', whether in the form of common workshops in cultural centres or in exhibitions presented to the public.

All in all, it can be seen that initiatives in other countries attempting to achieve social integration and psychological and social stabilization of the handicapped show major differences – but they all have in common the fact that integration or normalization represent undisputed socio-political aims and perspectives in work with the handicapped, in which the principle of normalization is stressed to varying degrees.

VI.

The situation of the non-handicapped seems problematic in most of the examples. The impression is given that less is thought about their role and what happens to them in the context of various events, or that institutional interest is predominantly concentrated on the needs of the handicapped. Integration is however, not just a problem for the handicapped, who should be enabled to live in 'normal' surroundings, but is just as much a problem for non-handicapped people, who have to learn to come to terms with their handicapped fellow-citizens in a way which is both freer of prejudice and 'more affected' at the same time.

VII.

In their depiction of these various concepts the authors have paid no attention to the question of what happens to people who – for whatever reason – are considered incapable of participating in such events, and who are 'kept' in closed institutions. There are still institutions of this kind in the countries examined, as there always have been, and those who are involved in various spheres of work with the handicapped work on the principle that a certain number of handicapped people cannot be adequately cared for using the models which have been presented here. Certainly it is also clear that the standards by which severe handicap is measured and judged have changed significantly in the last few years. People of whom ten years ago one would have said that they were totally unsuited to take part in the educational and leisure events described here – as for example shown by the mentally handicapped project at the Southwark Adult Education Institute mentioned above – are now commonly found taking part in programmes of this kind, and the results of the work have disproved numerous negative prophecies. To this extent, decisions against involvement of handicapped people in adult education events should be subject to constant re-appraisal, and merit a new response on each occasion with a view to the possibilities available.

VIII.

All the examples show that managing problems of handicap is not just a problem of handicapped people themselves, but also essentially of the way in which society learns to deal with the handicapped. Integration of the handicapped into adult education institutions also means participation by handicapped people in social life. In the context of crisis management of problems presented by handicap it is necessary to go through a process which leads via stabilization of the group of people concerned to integration and finally participation. At all stages of this process, support – also from adult education – is required.

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