

CONCEPT OF SUBJECTIVE EVALUATION OF QUALITY OF LIFE IN INCLUSIVE EDUCATION

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***Abstract.** Quality of life – important area in health care system which requiring substantial adjustment of priorities and reallocation sources. It is necessary to allow welfare for recipients with disabilities to improve their quality of life too. World Health Organization, in defining the concept of quality of life, finds that it is a wide concept connected with person physical health, psychological state, level of independence, social communication and relationships with the environment. There is no consensus concerning the definition of Disability, Special Needs, inclusive education and concepts.*

***Keywords:** Inclusion, subjective evaluation of life, disability, biopsychosocial point of view, people with special needs, well-being, self-esteem.*

Introduction

Many countries review and update the legislation to remove the barriers in developing models of inclusive education. It is very important to have a new look to research facilities and research results through interdisciplinary approaches, bringing together education, health, social and information technology systems.

These persons who have some form of disability and do not meet the community's standards of communication are still not acceptable. This is especially for people with middle and/or deep intellectual disability. Many years intellectually disabled persons have been isolated from the society and their existence was known only for short circle of people /specialists (Ruškus, 2001).

In this article the author wants to offer the opportunity to look at the disability by biopsychosocial aspect to a better understanding how disability affects intellectually disabled person quality of life. At the same time it is an opportunity for educators and education professionals more effectively to apply new models of inclusive education for persons with special needs. However, the approach to disability and disabled people must change, the expansion of democracy and tolerance ideas in the world are acceptable in Lithuania too (The Act Equal Opportunity, 2005), more and more accomplished research works we can find on these people socialization problems (Kvieskienė, 2003; Ruškus, 2002).

Definitions and Concepts

A variety of concepts and definitions, which defines intellectual disability, special needs education, training, inclusive education or inclusive education

institution, health conditions and quality of life. Therefore, will try to overview certain concepts and definitions.

European Special Education Development Agency emphasizes that inclusive education activities are aimed at the special educational needs of persons with the educational development aspects of the examination.

Definition, defining what is considered special education in one country or another, is more diverse. So far there is no consensus concerning the definition of Disability, Special Need or Disorder.

Europe is currently prevailing trend, the need to develop an education policy aimed at developing individuals in need of special pedagogical aid, the inclusion of conventional educational institutions, providing pedagogue and education professionals in diverse aid: additional workers posts, teaching facilities, equipment, training opportunities.

The concept of Inclusion content from the time when it began to use educology context, another constant (Watkins, 2007). Inclusion can be seen as an attempt to push the same „education for all” idea. Studying together may mean that there will be realized simply integration action that meaning that the person with special needs are in the same physical environment with others. However, this do not means that he / she will be included in a single educational process where peers share their experiences, learn from each other. Inclusion means much more. It means that a lot of people with special needs able to train and improve in their limits of capacity and meet the best individual needs of the person.

Precise definition of the term „quality of life” is not easy. As mentioned by A. Moceviciene and I. Prudnikova (*Moceviciene & Prudnikova, 2015*) “each person is unique, with a distinctive system of value, peculiar needs and individual opportunities”. To select the measure of the quality of life most versatile factors, but the main factors are:

- individual personal health (physical, mental and social);
- the need to communicate;
- to realize his/her potential in the surrounding environment.

Satisfaction of both the disabled and the 'healthy' shows and describes the quality of living. Scientists recognize and affirms in the researches that handicapped people need to realize specific needs, then their quality of life would be optimal in the scoop of their abilities (Sutton, 1999; Bakk & Grunewald, 1997).

For optimization quality of life of people with disabilities are three very important indicators to personal self-concept, self-development and self-expression which develops other indicators: integration into society, socialization and self-realization.

We can mark the main indicators pertaining quality of life of persons with disabilities (Ruškus, 2002).

Table 1. **The Indicator of Quality of Life**

	<i>Indicators</i>	<i>Explanation</i>
1	Health	physical and mental health status
2	Mental condition	mental disorder
3	The financial situation of the individual	possibility to earn money, income
4	Living conditions	environmental characteristics, suitability for the individual
5	Family	family influence on the individual
6	Social relations	social support (emotional and material) status, social - emotional experience, the interpersonal relationship quality in the institution
7	Recreation, creativity	the quantity and way of leisure activities or creative activity
8	Participation in community activities	quantity of participation, method, or professional/ employment activities in the institution or outside institution
9	Self-assessment / subjective sense of personal well-being	mental, subjective state of the individual, comprising a common self-assessment, satisfaction of the being; optimism and approach to the life
10	Religion	formal (required) or the free practicing or spiritual activities
11	individual needs assessment	hobbies, self-esteem

Health is an important element of quality of life, but there is not the only determinant of the quality of life. Everyone realizes the quality of life distinctively, depending of age, social status, education, traditions and personal values. Not all people are able to adapt equally to the social, economic, environmental and other continuous operations and factors, changes, so of that increasing the gap between the different options and social status groups. And this has an impact on both: health and quality of life.

The term „subjective evaluation of life” in the Article used in specific sense, it is important to justify the basic theoretical assumptions and to define the terms used. In a broad sense under the subjective evaluation of life notion are hidden the concept of disability and health. However, both the disease and the health are considered from the psychological, social and educational position and are based not only on objective medical criteria but also on subjective personal experience. The Article is based on the assumption that both the disability and health and / or the disabled person's quality of life has biological, psychological and social aspects are important to health, which correlates with the quality of life changes.

Scientific publications that deal with disability and subjective health indicators (eg.: quality of life, subjective life satisfaction, sense of coherence and so on) interface are pretty much. A comprehensive review provides

Demyttenaere, De Fruyt, Huygens (Demyttenaere et al, 2002), Papkostas and others (Papkostas et al, 2004).

WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 2004: 10). This is a very broad definition, which has received a lot of criticism, sometimes referred to as non-functional, meaningless, sophisticated (Bok, 2004). In conclusion S.Bok notes that this definition of health may be useful only as a historical document, showing the times in which it was stimulate the construction realities, but no way can be used to assess the health or policy-making (Bok, 2004).

WHO defines health as a state of well-being if health is defined as welfare, taking into account the complexity of human life and dynamism, the question arises whether such a generalized construct examination has any meaning. Thinking about the meaning, the importance the idea coming from the biopsychosocial model that a human exists in the context of the increasing complexity and the biological, psychological and social elements can be thought as a levels of hierarchical system (Pilgrim, 2002). Fully understand the man can be only when is covered the whole life of human (Zlatanovic, 2000).

According to the WHO definition of health (WHO 2001) health is not the opposite of disorder, but more complex phenomenon, covering all aspects of human life. In the broad sense of health is a person's life characteristic. Very similar ideas can be found in Lahtinen functional model of mental health (Lahtinen, 1999). Mental health is defined as a process that leads both - the past and present factors, personal resources, life and social events and a variety of consequences.

Mental health processes can be seen in everyday personal experience, relationships with other people, the environment, society and culture in which the individual resides (Lahtinen, 1999). So, while health is very broad and dynamic concept, encompassing many aspects of a person's life, it can also be assessed through a subjective personal experience. This supports the assumption of D. Basu (Basu, 2004), which claims that the best life expert is a person who lives his/her life. If health is a state of physical, mental and social well-being, then this level can assess the person, analyzing how successfully he/she functions in various spheres of life. Such assessment is always subjective and reflects the individual's own level of perceived health or mental health aspect.

Subjective health indicators importance especially well revealed in studies examining the criterias which customers have indicated as signs of recovery: self-confidence, joy of life, overall well-being feeling of optimism (Mueser, 2002), positive feelings, the ability to cope with life stress (McGlinchey, 2006), became the normal rhythm of life (Zimmerman, 2006).

E. Lahtinen (Lahtinen et al., 1999) indicates that the health process always involves two dimensions: positive and negative. Negative dimension shows

symptoms like illnesses, adverse events and other factors that affect health. Positive dimension includes resources that person can use in order to overcome the negative factors.

So when we talk about disability and health, we talk not only about each other covering events, but also about the interaction of these phenomena. Lahtinen (Lahtinen et al., 1999) consider the resources that person can use to overcome the difficulties are various: individual factors and experiences, social relations, public entities and resources, cultural factors and values. So health resources include a variety of personal life, so it makes sense to take into account the overall context of the person's life. On the other hand, negative factors and the interaction of health resources also change the two phenomena. To explain subjective factors values in clinical psychology used disorder by M. Perrez and U. Baumann (Perrez & Baumann, 1994)

Interface of Disability and Subjective Evaluation of Quality of Life

In summary possible to say that to select the measure of the quality of life most versatile factors, but the main factors are: individual personal health (physical and mental, and social), the need to communicate and realize their potential in the surrounding environment. Satisfaction of both the disabled and the 'healthy' shows and describes the quality of living. C. Sutton (1999), A. Bakk and K. Grunewald (Bakk & Grunewald 1997) and other scientists recognize and affirms in the researches that handicapped people need to realize specific needs , then their quality of life would be optimal in the scoop of their abilities.

The Author of the Article provides a model that could be applied in relation to persons with disabilities (intellectually disabled) or with special needs. This model shows the interfaces of how disability influence to person health and / or social well-being and subjective well-being evaluation (Fig.1).

The subjective evaluation of life shows the psychological well-being level of the disabled person's, which affects not only the disabled but also additional criteria such as self-esteem, social environment, the ability of building up personal/social relationships and understand the received information and make interpretations. The subjective evaluation of life naturally can deteriorate due to disability or exacerbation of additional psychological factors influence that affect the additional disability symptoms. This causes negative consequences in many areas of person's life (for example, decreases efficiency, increasing disagreement within the family, inadequate behavior).

So the evaluation of life objectively changing the context of life. However, subjective evaluation of life may also can change because of the negative personal approach to his/her disability changes the same evaluation process, evaluation becomes increasingly negative. If a subjective evaluation of life remains good enough, i.e. a person has, or believes he/she has enough resources, which are not

affected by a disability, it is possible that this could be some sort of advanced (i.e., psychological, disability symptoms) barrier formation. So you can expect the strongest connection between the subjective evaluation of life and psychological well-being components.

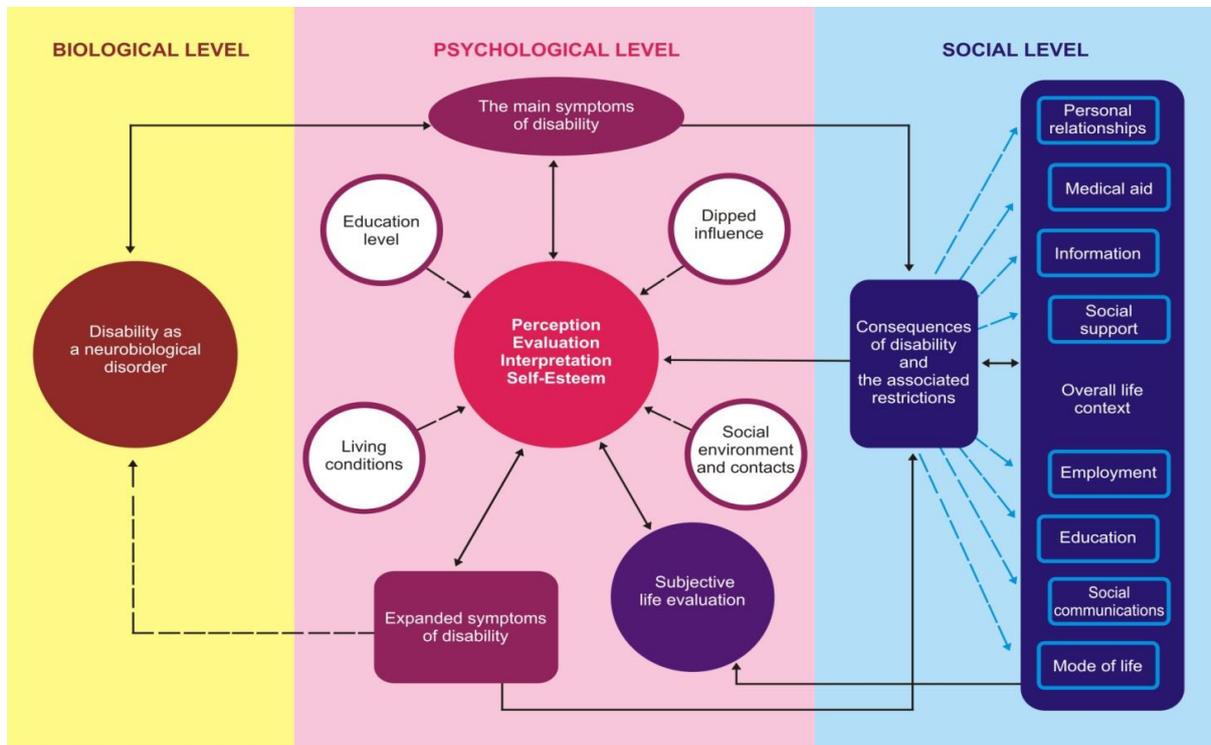


Figure 1. The scheme of the Interface of Disability and Subjective Evaluation of Quality of Life

The studies are follow-up in order to justify this hypothetical model of interface of disability and subjective evaluation of life.

All these theories are very important in terms of inclusive education and development opportunities for people with disabilities knowledge and skills upgrading in the Lifelong Learning Program context. This would be another step in the development of educational models and methods for assessing personal characteristics and enabling everyone to improve their subjective quality of life within the limits of their possibilities. Inclusive education is a dynamic phenomenon, which develops gradually and progressively gaining new variety of forms and the process is continuing (Watkins, 2007).

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