

UNIVERZITA PALACKÉHO V OLMOUCI

Pedagogická fakulta

Ústav cizích jazyků



Výuka anglického jazyka pro lidi s mentálním postižením

Bakalářská práce

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Olomouc 2020

PALACKÝ UNIVERSITY IN OLMOUC

Faculty of Education

Institute of Foreign Languages



Teaching of English Language to People with Mental Disabilities

Bachelor Thesis

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Olomouc 2020

Declaration

I declare that I worked on this Bachelor thesis on my own and that I used only the sources listed in the bibliography. The thesis contains author's own translations of the cited sources.

Prohlášení

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In Olomouc

Author's signature

Acknowledgements

I would like to thank to my supervisor, dr. hab. Konrad Szcześniak, for his patience and valuable advice during the process of writing the thesis. I would also express my gratitude to the respondents, for their cooperation in the research needed for the practical part of the thesis. Last but not least, I would like to thank my family and friends for their support.

Keywords

Mental disability, mental retardation, teaching English, inclusive education, students with mental disabilities, education, inclusion, teaching methods, special education, special education of people with intellectual disabilities, quantitative research

Klíčová slova

Mentální postižení, mentální retardace, výuka angličtiny, inkluzivní vzdělávání, žáci s mentálním postižením, vzdělávání, inkluze, výukové metody, speciální pedagogika, psychopedie, kvantitativní výzkum

Abstract

This Bachelor thesis deals on the whole with the topic of mental disability.

Theoretical part of the Bachelor thesis contains the definitions of the terms mental retardation and mental disability, characteristics of people with mental disabilities, and causes and classification of mental retardation. Then there is emphasized the language competence of people with intellectual disabilities and the last topic of theoretical part is education of students with mental disabilities.

Practical part of the Bachelor thesis consists of the research in the form of two questionnaires. The aims of the research are to detect the attitude of public and teachers towards teaching of English language to people with mental disabilities, to find out the public knowledge of communication with people with intellectual disabilities and the opinion of teachers on inclusive education.

Anotace

Tato bakalářská práce se celkově zabývá tématem mentální postižení.

Teoretická část bakalářské práce obsahuje definice termínů mentální retardace a mentální postižení, charakteristiku osob s mentálním postižením, a příčiny a klasifikace mentální retardace. Dále je zde znázorněna jazyková kompetence osob s mentálním postižením a posledním tématem teoretické části je výuka (vzdělávání) žáků s mentálním postižením.

Praktická část bakalářské práce obsahuje výzkum ve formě dvou dotazníků. Cílem výzkumu je odhalit postoj veřejnosti a učitelů k výuce anglického jazyka pro osoby s mentálním postižením, zjistit znalost veřejnosti ohledně komunikace s lidmi s mentálním postižením a názor učitelů na inkluzivní vzdělávání.

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Introduction

Czech inclusive education has changed the entire educational system, and children with all the levels of disabilities are currently able to attend regular schools and study along with children without disabilities. Children with mental disabilities differ from the general society in many aspects, not only in the matter of intelligence. That is why this Bachelor thesis deals with the explanation of mental disability, education of people with mental disabilities and other related topics.

Firstly, there is the theoretical part explaining terms such as mental retardation and mental (intellectual) disability, then there occurs the outline of overall personality and cognitive process of a person with mental disability. Afterwards, there is a mental retardation etiology that helps to understand why the occurrence of mental retardation has increased recently and what are the main causes of the mental retardation onset and then two major classificational systems of mental disabilities are mentioned. Followingly there is some basic information concerning the speech and language of people with mental disabilities and then the communication to people with mental disabilities is emphasized. The last and the most important topic of theoretical part is education to people with mental disabilities. There are explained many aspects like inclusive education, teaching methods, didactic principles for teaching students with mental disabilities etc.

In the end, there is the practical part consisted of the research in the form of two questionnaires. The main aim of the research is to reveal the attitude of the public and teachers to the education of English language to people with mental disabilities.

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Theoretical Part

1. Terms Mental Retardation and Mental Disability

The field of study concerning mental retardation and mental disability is called special education of people with intellectual disabilities. It focuses on not only mental retardation or other mental illnesses but especially people with mental retardation (mental or intellectual disability) and their enculturation, which is socialization in its broadest sense – in other words, success and satisfaction through the development of learned social skills.¹

The view of the subject of special education of people with intellectual disabilities has gone beyond the original somatopathologic conception of the entire special education. Originally, the subject of special education used to be primarily an organic or functional defect, but it crucially did not focus on the individual. The attitude, coming from an anthropologic paradigm, emphasized rather the normal functioning rather than the concrete person. This focus on the individual is now part of the job descriptions for caregivers such as psychiatrists, psychologists, special educators and social workers.²

Currently, the most frequently used term is mental retardation (freely translated as mental development delay) interchangeable with many other expressions. All these terms denote impairments of an individual's intellectual abilities. Term mental retardation has been widely used since the 1959 WHO (World Health Organization) conference in Milan and gradually replaced other relevant terms.³

Mental retardation can be defined as a developmental intellectual disorder with decreased intelligence demonstrated especially with a decrease of cognitive, speech, motor and social skills.⁴

For diagnostics of the mental retardation syndrome (and its depth), apart from establishing an intelligence quotient (IQ under 70), it is customary to evaluate a wide range of other personality aspects, especially, if the client fails in a majority of social expectations. It will not be proper to label a person as mentally retarded if it is for instance a gypsy child with IQ under 70. Although such a low score would normally be interjected

¹ Valenta, Milan, et al. *Přehled Speciální Pedagogiky: Rámcové Komentářové Oboru*, p. 22

² Ibid.

³ Ibid. p. 24

⁴ Ibid.

as an indication of a mental disability, it may be simply a result of incomplete schooling, as is often the case in gypsy communities. But it turns out that such children are often more independent and sociable than children with above-average intellect.⁵

A more general term than mental retardation is the practically oriented term mental (intellectual) disability. The term describes all individuals with an IQ under 85 (it means that this category includes individuals in the mental retardation zone and also ones in the borderline mental retardation with IQ 70-85).⁶

⁵ Valenta, Milan, et al. *Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru*, p. 25

⁶ Kozáková, Zdeňka, et al. *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 10

2. Characteristics of People with Mental Disabilities

This chapter offers general characteristics of personality structure of an individual with mental disability and its specific manifestations. The internal structure of the personality model and other elements is complex and discussing it in detail would go beyond the scope of the present study but briefly, the following elements can be mentioned.

2.1. Personality Model

When dealing with people with intellectual disabilities, we are supposed to describe their personality specifics based on a personality model. Personality has a specific hierarchy, where the highest structure is “ego“ with central phenomenon “myself”. The “ego” (self-esteem or self-consciousness) contains self-knowledge, self-evaluation, self-image etc.⁷

Lower structures include the motivational structure and operative structure (the lowest levels are particular psychic functions or cognitive functions – perception, memory, learning, awareness, imagination, thought, speech and fantasy).⁸

The motivational structure is concerned with the activity of personality. Its structural elements are motives (forms of these motives are, for example, instincts, needs, attitudes, values, hobbies, habits, life plans, aspiration – motives in experience occur as stimulating emotions).⁹

The operative structure contains psychic dispositions used for management and regulation of operations. These dispositions determine way of a person’s temperament, abilities and will. General personality traits are created by the cooperation of these structures.¹⁰

In an effort to define mental retardation globally, formal literature names following features, which can occur in all sort of variability and hierarchy: an increased dependence on parents, personality infantilism, anxiety tendency, suggestibility and a rigidity of behaviour, a lack of personality identification and “ego” development, psychosexual development delay, an imbalance of aspiration and operation, an increased need of satisfaction and security, a disorder of interpersonal relationships and communication, low adaptability to social and school requirements, impulsiveness,

⁷ Kozáková, *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 17

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

hyperactivity or hypoactivity, emotional excitement, slowed understanding, fixation to details, a low comparative ability, difficulty in logical thinking, desultory awareness, damaged movement coordination.¹¹

In general, it is necessary to mention that in the case of mental retardation, the problem is not only a delay of mental development but structural development changes, as well. Therefore, a child with disabilities cannot be automatically compared to a younger intact child, because there are not only quantitative changes, but qualitative ones can occur, as well.¹²

2.2. Deficit of Adaptive Ability

Concerning concrete personality specifics of people mentioned above, they are primarily influenced by damage of cognitive functions, secondarily by personality traits (immature or infantile personality usually conditioned by disability) and by environmental factors. A decreased ability of generalization, discrimination (differentiation) and verbalization (verbal expression of any phenomenon), taking place in the process of social learning, make it hard to use past experiences particularly during adaptation in society. In other words – a person (notably the one with mental retardation) is, because of his cognitive deficits, equipped is not as capable of dealing with ordinary social situations (difficulty using public transport, finding their way around the school building, etc.).¹³

2.3. Level of Self-Evaluation and Decision Making

Decreased social adaptability, resulting from the deficit of cognitive functions, is related with disharmonic development of the personality structure “ego“, becoming too rigid. For example, self-evaluation is negatively influenced. Self-evaluation can fluctuate – from significantly self-underestimating attitudes to overestimating (it correlates with aspiration – setting of future goals).¹⁴

Uncriticality and higher influence of emotions (e.g. sudden wish) are traits of people with mental retardation causing them to depend on the opinions of other people for their whole life. People with mental retardation accept these opinions completely as

¹¹ Valenta, *Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru*, p. 29

¹² Ibid.

¹³ Kozáková, *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 17-18

¹⁴ Ibid., p. 18

absolute truth, without correction. These people are easily influenced just because of their uncriticality and increased suggestibility.¹⁵

2.4. Motivation, Emotivity and Behaviour

Concerning the motivation of people with intellectual disability to any kind of activity, they are unreliable in the case of conditional motives (some hobbies, attitudes to ambient phenomena). On the contrary, as regards instincts, lower needs, habits and emotions – compared to motivation these traits tend to be relatively unimpaired. However, in the case of emotivity, the phenomenon is “deformed” to some extent – this “deformation” can be caused by two main reasons:

- The first reason might be damage to the central nervous system projecting to physiological mechanisms of emotions (e.g. to long-time unmuted manifestation of emotional reactions, to higher imminent manifestation of emotions).
- Or because of the reason of bad emotional development – it may be related to primary damage, or bad development can occur also with people in the intellect norm.¹⁶

Damaged emotivity of an individual with mental disabilities often follows various negative behaviour aspects – for instance passivity, taciturnity, eccentric or extravagant manners, aggressivity, fear, intense anxiety etc. A specific developmental cause of damaged emotivity could be (and usually is) emotional deprivation.¹⁷

When emotional aspects are considered, people with intellectual disability are equipped with lower ability to control themselves in comparison with intact people. In that case, emotional directness is related to controlling function of reason. With reason, it is able to temper or even re-value experiences. People automatically transfer positive emotions towards the situations, which they can deal with. People with mental retardation are unable to greatly develop their skills, that is the reason why in their behaviour, neurotic (e.g. enuresis), psychopathic (e.g. thefts) or emotional development issues can occur. Intensity of emotional reactions decreases proportionally with age, mental

¹⁵ Vágnerová, *Psychopatologie pro Pomáhající Profese*, p. 870.

¹⁶ Kozáková, *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 18

¹⁷ Ibid. p. 19

retardation is especially retardation of mental development, that is why children with intellectual disability suffer from untampered emotional intensity for a long time.¹⁸

Valenta offers this enumeration of emotional sphere peculiarities concerning person with mental disability:

- Emotions are not distinguished, and range of experience is minimal, unilateral satisfaction or dissatisfaction dominates, some features of emotions are missing
- Emotions are inadequate by its dynamics and intensity towards specific impulses, people perceive particular situations superficially and with minimal experience or excessively strongly and internally; seemingly insignificant insinuation can be a consequence of strong and long-term reaction, people with greater emotional lability can be extremely negative.
- Egocentric emotions essentially influence creation of values and attitudes.
- Considering emotions, person with intellectual disability is easily influenced by an affect – there is frequent occurrence of dysphoria (mood disorders that are very surprising when considering current situation) mainly case of people with traumatic etiology or people with epilepsy. Inadequate mood swings can be consequence of euphoria. Another form of dysphoria is apathy followed by indifference, or by “dark thoughts”, often as a harbinger of forthcoming illness (conniption).¹⁹

2.5. Cognitive Process

Let’s look at the personality of an individual with mental retardation from a view of mental functions necessary for cognitive process. Disability of cognitive process is primary specifics of mental retardation.²⁰

2.5.1. Perception

In a conformity with Kozáková, perception, as a basic cognitive – gnostic – mental function of people with intellectual disability, shows these following differences in contrast with intact people:

¹⁸ Valenta, Milan, et al. *Přehled Speciální Pedagogiky: Rámcové Komentářové Kompendium Oboru*, p. 32

¹⁹ Ibid. p. 30

²⁰ Ibid.

- Differences in the perception velocity – these differences are dependant for example on core processes, on difficulty of a perceived phenomenon and its position and background.
- Differences in the perception selectivity – these differences are related for example to amount of phenomena offer
- Differences in the perception focus - these differences are dependant for instance on specifics of a dominant choice ability (as a result of core specifics of fixation)
- Differences in the perception range and entirety - these differences are related for instance to a simplified perception (in other words, perception of lower number of phenomena, a smaller part of reality) and with deficits in an analytical-synthetic operation.
- Differences in the perception distinction - these differences are also dependant for example on a core process physiology and conditions of perception.
- Differences in the perception of space, time and movement – these differences are related both to a perceptive deficiency and to a mental equipment.
- Differences in the perception coordination – these differences are related both to perception features and to a disorder of mental functions integration.²¹

2.5.2. Awareness

Awareness is related to an imminent perception and knowledge. This phenomenon can be divided to a subconscious awareness (this one is focused on strong impulses, e.g. an intense sound) and a conscious awareness, that is connected with will.²²

A conscious awareness of the people with mental disability can be described with instability, tiredness and lowered ability to divide an activity to more actions. Considering conscious awareness characteristics, as the quantity of operation increases, the number of errors increases, as well. Person with mental retardation is able to uphold the conscious awareness for less shorter time (relaxation and rest must follow after concentration) than intact peer.²³

²¹ Kozáková, *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 20

²² Valenta, *Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru*, p. 32

²³ Ibid.

2.5.3. Memory

Memory of people with intellectual disability has rather a character of a mechanical (sometimes long-lasting) storing of phenomena – less efficient logical memory cannot be omitted, as regards people with a mild level of mental retardation. A damage of logical memory can namely exist in all the phases of a memory process. Characteristic features of the damage might be slowness and inaccuracy of memory traces recalling and low ability of an adequate use of knowledge in the every-day life.²⁴

Memory does not guarantee to learn new things over and over again, it is namely the storage keeping once learned phenomena. However, memory is selective – we remember just important things, so the function does not have a character of a technical recording. Memory does not only store but also generalizes experience. Memory of people with mental retardation has some specifics, as well. Disabled people can absorb new learned things, but the process is very slow and must be repeated many times.²⁵

2.5.4. Thought

Thought, a higher form of cognitive mental function, of people with intellectual disability often remains in the specific developmental level, that is developing through the manipulation with concrete perceived and imagined objects and phenomena.²⁶

Considering people with intellectual disability, they generally have problems in all thought operations (e.g. comparison, classification, analysis, synthesis, abstraction and generalization). Logical thought, which is the highest and simultaneously the most disabled type of thought, occurs only exceptionally - mainly in the case of people in a higher border of a mild level of mental retardation, who are able to use concrete logical procedures. Besides that, there are the also serious issues with abstract thought.²⁷

People with mental disability are unable of higher abstraction and generalization and also are highly inaccurate in analysis and synthesis. Their thought is characterized by weak controlling function and extensive uncriticality, outspoken terms are clumsy, and their judgments are very inaccurate.²⁸

²⁴ Kozáková, *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 21

²⁵ Valenta, *Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru*, p. 31

²⁶ Kozáková, *Úvod Do Speciální Pedagogiky Osob s Mentálním Postižením*, p. 21

²⁷ Ibid.

²⁸ Valenta, *Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru*, p. 32

3. Mental Retardation Etiology

3.1. Causes of Mental Retardation Increase

As far as a disability frequency is considered, people with mental disabilities are more numerous than other clients with severe psychiatric disorders. In accordance with statistics, in the Czech Republic live approximately 300 000 people with intellectual disabilities and 100 000 people with other mental disorder.²⁹

Concerning an occurrence of mental retardation, it is one of the most frequent disorders, at all. Generally, there are 3-4% people with mental disabilities in population. Compared with the past, number of people with mental disabilities has increased, however, causes of this phenomenon are greatly controversial.³⁰

As one of these causes is stated a medical care, because a medical technology has been improved throughout the time. Doctors are even able to keep alive the new-born who would have died after childbirth, in the past. Also, the diagnostics of mental retardation has developed in comparison with the past.³¹

Another reason of mental retardation increase could be the increasing dynamics of civilization development. General society is more and more understanding towards community of people with mental retardation.³²

3.2. Etiologic Categories

Etiology of mental retardation is categorized according to various aspects, they are called inner causes (endogenous) and outer causes (exogenous), or a congenital mental retardation and a developmental mental retardation. The most frequent causes of intellectual disability are divided by a time aspect to prenatal (affects before childbirth), perinatal (affects within or imminently after childbirth) and postnatal (affects after childbirth during the life).³³

²⁹ Valenta, "Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru", p.27

³⁰ Ibid. p.22

³¹ Valenta, "Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru", p.22

³² Ibid. p.27

³³ Ibid. p.26-27

It is necessary to mention, even if the science have made a great progress in the problematics of mental retardation etiology, we are still unable to detect 1/3 of the causes of mental retardation, yet.³⁴

3.3. Prenatal Etiology

There are many influences that affect during the prenatal period (a period of development of a fetus in the mother's body). The first of them are hereditary influences. Among the influences belong illnesses inherited from the ancestors (mainly metabolic disorders) and a lack of preconditions for doing some specific activity inherited from the parents. However, intellectual preconditions are not inherited from the ancestors - intelligence of children who have highly intelligent parents is by the statistics lower in comparison with their parents, and children with subnormal intelligent parents have statistically higher intelligence.³⁵

Specific genetic causes are considered as the prevailing factors. By the influence of the mutagenic factors (e.g. a radiation, a long-term starvation, chemical effects), there can occur a gene mutation, a chromosome aberration or a genome mutation (a change of the number of chromosomes). The largest group of mental retardation etiology are syndromes caused by a change in the number of chromosomes. Some syndromes are so severe that very few children born this way survive. The most common representative is Down's syndrome caused by a trisomy of chromosome 21 (the cause of 23% of severe mental retardations).³⁶

The last group of prenatal influences consists of environmental factors and maternal diseases during pregnancy, when the rule is that the sooner the pathology occurs, the more fatal the consequences for the baby's health. These include diseases of a mother with rubella, congenital syphilis, toxoplasmosis, lead poisoning and direct intoxication of the embryo or fetus, irradiation of the uterus, insufficient nutrition of the mother and a mother's abuse of addictive substances. Congenital defects of the skull and brain (microcephaly, hydrocephaly) can also affect the development of mental retardation.³⁷

³⁴ Valenta, "Přehled Speciální Pedagogiky: Rámcové Kompendium Oboru, p.27

³⁵ Ibid. p. 27-28

³⁶ Ibid. p.28

³⁷ Ibid.

3.4. Perinatal Etiology

Perinatal etiology includes a perinatal encephalopathy (an organic brain damage), hypoxia or asphyxia (i.e. the lack of oxygen), premature birth and low birth weight of the baby and also non-physiological severe neonatal jaundice.³⁸

3.5. Postnatal Etiology

Many factors can cause mental retardation at a birth phase (postnatal phase), including the inflammation of the brain caused by microorganisms (a tick-borne encephalitis, meningitis, meningocephalitis), mechanical effects such as a trauma, brain lesions in cancer (a tumor disease), bleeding into the brain, and especially, in the later period, diseases leading to intelligence impairment such as Alzheimer's disease, Parkinson's disease, alcoholic dementia, schizophrenia, epileptic dementia, etc.³⁹

³⁸ Valenta, *“Přehled Speciální Pedagogiky: Rámcové Komentář Oboru*, p.29

³⁹ Ibid.

4. Classification of Mental Retardation

According to the ICD-10 (International Classification of Diseases – Tenth Revision) the classification of mental retardation is as follows:

- F70 Mild Mental Retardation (IQ 50-69),
- F71 Moderate Mental Retardation (IQ 35-49),
- F72 Severe Mental Retardation (IQ 20-34),
- F73 Profound Mental Retardation (IQ under 20),
- F74 Other Mental Retardation,
- F75 Unspecified Mental Retardation.⁴⁰

Followingly, this is the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition) classification:

- 317 Mild Mental Retardation (IQ 50-55 to 70),
- 318.0 Moderate Mental Retardation (IQ 35-40 to 50-55),
- 318.1 Severe Mental Retardation (IQ 20-25 to 35-40),
- 318.2 Profound Mental Retardation (IQ under 20 or 25),
- 319 Unspecified Mental Retardation.⁴¹

⁴⁰ Zezulková, *Rozvoj komunikační kompetence žáků s lehkým mentálním postižením*, p.25

⁴¹ Ibid.

5. Introduction to the Speech of People with MD

5.1. Problems with Differentiation of Speech and Language

When trying to define terms such as speech and language, there is an inconsistency of terminology. In the view of psychology, speech is a sound material, that is formed by the organs of speech and language is an organized system of symbols. The ability to speak a language is manifested in speech.⁴²

From the pedagogical point of view, language is a system of sound means of communication that are expressed by signs and are able to express all the knowledge and ideas of people about life and their inner experiences. Speech is considered a language skill to use an acquired language (native or foreign) for communicative purposes.⁴³

Linguistics is of the opinion that speech is something more than language because it contains phenomena that are not found in the language system, namely the ability of the speaker to adapt the language to the conditions in which it is used.⁴⁴

Due to the inconsistency, the terms language and speech are often replaced by the term language competence. The term of language competence is associated with the shift of attention from the idealized language bearer (the main focus of grammar) to the person who actually uses the language.⁴⁵

5.2. Language Competence of People with MD

Regarding the language competence of people with mental disabilities and their specific manifestations, the following phenomena may occur at individual language levels:

- Lexical-semantic level = the people have a small active word-stock, the growth of the word-stock is very slow, they often do not understand the jokes and puns, they usually make mistakes in the word reproduction with a lack of understanding of the word meaning, they have a difficulty mastering the written form of speech.

⁴² Zezulková, *Rozvoj komunikační kompetence žáků s lehkým mentálním postižením*, p.11-12

⁴³ Ibid. p.12

⁴⁴ Ibid.

⁴⁵ Ibid. p.13-14

- Morphological-syntactic level = the sentence structure is developed very slowly (they often use simple sentences or short compound or complex sentences with the occurring dysgrammatisms).
- Phonetic-phonological level = the process of fixation and automatization is very slow, and the incorrect pronunciation of phonemes occurs.
- Pragmatic level = the people have difficulties with the application of communication models to the specific communication situations, question is answered with a part of the question, they cannot complete multiple tasks that follow one another.⁴⁶

⁴⁶ Zezulková, *Rozvoj komunikační kompetence žáků s lehkým mentálním postižením*, p.70-71

6. Communication with People with MD

These are some practical advices for communication with people with mental disabilities:

- Treat them appropriately to their age
- If you feel that a person with mental disability needs your support, you can offer it, but wait until your proposal will be accepted. Then agree with your partner on the best way to help, do not decide on your own.
- Remember that not all the people with mental disabilities necessarily have communication problems, and not all the people who have communication problems have simultaneously mental disabilities.
- Take the time to create a safe and pleasant atmosphere and to build trust.
- Actively listen, let your partner talk without any interruption, maintain the eye contact, show your interest and willingness to communicate.
- If you have stopped understanding your partner, if partner's monologue is too long or fast, interrupt him sensitively by a repeating of what he said (what we understood).
- Speak face to face, slowly, clearly and concretely - do not use abstract words, foreign words or long sentences.
- Do not give a lot of information at once.
- At first, use opened questions – if your partner does not understand, you can offer the person some answer options.
- Always give enough time to answer (do not be afraid of silence).
- Check if your partner understands you during the interview.
- If you do not understand your partner, ask again - if you still do not understand, ask for a different explanation.
- If the partner is losing the focus, take a break or end the conversation with a brief summary (conclusion) of what has been said so far.
- Ask the loved ones, who are able to communicate with the person with mental disability, how they communicate with the person.⁴⁷

⁴⁷ Valenta, *Psychopedie-Teoretické Základy a Metodika*, p.443

7. Education of Students with MD

Education of people with mental disabilities is governed by the Czech Education Act No. 561/2004 Coll. (and relevant Decrees of the Ministry of Education, Youth and Sports of the Czech Republic No. 72/2005 Coll. and No.73/2005 Coll., as amended).

7.1. Inclusive Education

Inclusion is nowadays the latest trend in education, that influenced the entire educational system.⁴⁸ It upholds values such as equality, cohesion, community, respect for diversity and social participation.⁴⁹ This topic is very important in the context of mental disability because it is the inclusive system that has enabled students with intellectual disabilities (and others) to study along with students without disabilities in regular school.

The concept of inclusion is very closely related to the concept of integration. These two concepts are defined inconsistently – some authors argue, the terms of inclusion and integration are completely identical, another view is that inclusion is upgraded version of integration, and the last one is the view that inclusion is a completely different approach.⁵⁰

Before the integrative education was introduced, Czech education had been purely segregative. The concept of segregation did not mean the exclusion or separation of people with disabilities from people without disabilities but rather the assumption of positive results in education and coexistence of homogenous individuals. In special education, segregation meant establishing an environment where maximum support and special teaching methods would have been offered to students with special needs.⁵¹

After the criticism of segregative way of educating, integrative education was established. Integration differed from the previous system of the opportunity to attend a regular school for students with special needs. Nevertheless, teachers were specialized in the teaching of major group of students, so a student with mental disability had to fit in the education of the majority. It means that students with special needs could integrate to a regular school provided, they had the abilities and knowledge to master regular school.

⁴⁸ Zilcher, *Inkluzivní vzdělávání – efektivní vzdělávání všech žáků*, p.29

⁴⁹ Ibid. p.47

⁵⁰ Ibid. p.30

⁵¹ Ibid. p.31

Student's special needs has been met in the individual education plan beyond the national curriculum. Nevertheless, this educational style had to deal with a great criticism, that is why the current inclusive education has been introduced.⁵²

Current inclusive education is not easy to define because this concept is understood in the several different ways. The following points represent several different perspectives on inclusive education:

- Inclusion as a concept with individuals with disabilities and others categorizing as those who "have special educational needs".
- Inclusion as a response to the segregation of children with behavioral disorders and inclusion as a concept of all those at a risk of exclusion = involving the students and overcoming the barriers to learning has proven to be more effective than categorizing and examining students' special educational needs.
- Inclusion as a support of the creation of the "school for all" and the "education for all" = this is a new approach to education and society that recognizes and values the diversity of its students and the main goal is the access to education for all the children around the world.
- Inclusion as a basic approach to education and society.⁵³

According to Zilcher, inclusion is about creating as low restrictive conditions in education as possible, so that all the students without any distinctions can be educated in it. Inclusion should be convenient for all the students, parents, teachers and the whole school community.⁵⁴

7.2. Recognition of Students with MD

Haddad mentions these signs indicating possible mental retardation (the author adds if the child displays one of two of these signs does not necessarily mean that they have a mental retardation):

- “The child experiences difficulties understanding what the teachers are saying even if all the other children seem to understand quite well.”

⁵² Zilcher, *Inkluzivní vzdělávání – efektivní vzdělávání všech žáků*, p.33-34

⁵³ Ainscow in Zilcher, *Inkluzivní vzdělávání – efektivní vzdělávání všech žáků*, p.40

⁵⁴ Zilcher, *Inkluzivní vzdělávání – efektivní vzdělávání všech žáků*, p.52

- “The child talks differently from the other children in the class or doesn’t talk at all.”
- “The child moves, speaks and learns more slowly than most of her/ his peers. The speech of the child is not understood by anyone else than her/his immediate family.”
- “The child does not play and interact well with other children her/his age.”
- “The child has poor motor coordination, is clumsy and moves very differently from other children her/his age.”
- “The child has a short attention span.”
- “The child has poor short – and/or long-term memory.”
- “The child is hyperactive, aggressive or disruptive.”
- “The child is apathetic and indifferent.”
- “The child has difficulties copying shapes, such as circles and squares.”
- “The child mixes up letters (although this is quite common among all school beginners).”
- “The child has problems when doing simple jigsaw puzzles and foam boards.”⁵⁵

7.3. Specific Manifestations of Students with MD

According to Haddad, these are specific manifestations of mental retardation in four general levels:

- Mild mental retardation = Students with mild mental retardation are able to communicate (talk and listen) but issues with expressing themselves and understanding certain concepts are apparent. These students can usually adjust to the general society (the author adds that growing up in an inclusive setting is essential) and can live independently after leaving school.
- Moderate mental retardation = Students with moderate mental retardation are able to communicate and have no problems with an active participation in classroom activities. For these students is very important to learn some skills of independent daily living and also to learn some social skills.

⁵⁵ Haddad, *Teaching Children with Disabilities in Inclusive Setting*, p.25

- Severe mental retardation = Students with severe mental retardation have difficulties expressing themselves verbally, but they can communicate and understand nonverbal signs and mimic. Majority of the students are unable to live completely independently but despite that, they can achieve some independence level.
- Profound mental retardation = Students with profound mental retardation have a great difficulty communicating - their communication is consisted of non-verbal sounds; they have a little speaking ability only exceptionally. They cannot live an independent life and need attention 24/7.⁵⁶

7.4. Didactic Principles for Teaching Students with MD

These didactic principles are valid for teaching students with intellectual disabilities as well as students without disabilities. However, these principles are even more important when teaching the students with intellectual disabilities:

- Principle of demonstration = This principle is especially important when teaching students with mental disabilities. It is necessary to realize that although these children have been acquainted with various subjects before, they cannot reflect them in the context of the educating process. Rather than verbalism, it is better for teachers to use their creativity.
- Principle of adequacy = This principle is related to the fact that the choice of the curriculum and teaching method must correspond to the age and level of disability. All of the teaching methods are based on a game, activities must change frequently, and motivational techniques are also used. Rehabilitation and relaxation in the form of a song, physical activities or some relaxation technique should always be included in the lesson.
- Principle of systematicity = This principle is based on the fact that lesson must be systematic. However, the habit of systematicity needs to be practiced for a long time with people with mental disabilities, as they often tend to be confused.
- Principle of permanence = This principle is based on the fact that people with mental disabilities should only learn the skills that forms a comprehensive structure and can be preserved for a longer period of time.

⁵⁶ Haddad, *Teaching Children with Disabilities in Inclusive Setting*, p.59-60

- Principle of awareness and activity of students = This principle states, the duty of a teacher is to lead students to consciously learn new skills, only then they are able to use the theory in practice. It is necessary to familiarize the students with the tasks and usability of curriculum in advance, otherwise they could soon lose their interest in the curriculum. The activity of people with intellectual disabilities can be induced in the form of a competition.⁵⁷

According to Haddad, these are three main principles for teaching students with intellectual disabilities:

- “Divide skill development into small steps and allow for slow progression.”
- “Make frequent repetitions.”
- “Give a lot of praise and motivation.”⁵⁸

7.5. Teaching Methods

The following teaching methods are applicable for all the students, but here are specified their modifications for teaching students with intellectual disabilities.

7.5.1. Motivational Methods

Initial motivational methods = students with mental disabilities are the most efficiently motivated by a motivational interview (imagine that... what would you do if...)⁵⁹

Ongoing motivational methods = these methods start at the moment when the initial motivation becomes less effective, we motivate with the help of the indicative questions or competitions among the students. The subsequent graphic demonstration brings a motivational effect both to the student performing the demonstration and to the whole class, as well . Examples from the practice also work as a good motivation.⁶⁰

7.5.2. Exposure Methods

Methods of direct knowledge transfer = these are monologue teaching methods (teachers transfer information verbally). A method of narrating is used in combination with a

⁵⁷ Valenta, *Psychopedie – Kapitoly z didaktiky mentálně retardovaných*, p.67

⁵⁸ Haddad, *Teaching Children with Disabilities in Inclusive Setting*, p.65

⁵⁹ Valenta and Krejčířová in Nováková, *Výuka angličtiny pro lidi s mentálním postižením*, p.23

⁶⁰ Ibid.

demonstration of pictures, photographs and films, then a method of description and explanation is also used.⁶¹

Methods of mediated knowledge transfer (methods mediating the knowledge through the opinion) are as follows:

- Demonstration methods = teachers lead the students to what they should focus on. Students need to be guided to the whole, then to the particular parts (but already with a knowledge of its structure). Students fix the essential things and that could be a problem within a demonstration because people with mental disabilities are equipped with only a little ability of abstraction. Demonstration uses the wall paintings, videos and audio recordings having both the educational and relaxation functions. The special form of demonstration method is excursion that is appropriate for its specificity, practicality and emotional impact.
- Practical methods = besides the fact that these methods are usable in everyday life, they are also able to educate and are the source of knowledge. An activity (e.g. work) has a relaxation influence on the students, it forms their attitudes and characters. Activities with jigsaws, building kits and also simple works at the school ground are recommended.
- Dramatic methods = these methods are based on the children's game. With the help of dramatization, children take over many social roles and learn to deal with some life situations. Dramatization of a text is also used.
- Heuristic methods = these methods create a pressure on the individual thinking of students and are based on their experience. This method is demanding on the intellect activity and is very exhausting, that is why it must be accompanied by a relaxation technique. If students find the solution of a problem on their own, they remember the result much better and the didactic value is much higher.
- Methods of individual work = it is necessary to consider these ones as the complementary methods in the lessons of exposure type or as a mean of knowledge fixation. Teachers must check and correct the work of students.⁶²

7.5.3. Fixation Methods

⁶¹ Valenta and Krejčířová in Nováková, *Výuka angličtiny pro lidi s mentálním postižením*, p.24

⁶² Ibid. p.24-25

Knowledge revision methods = the curriculum should be revised in the form of indicative questions. The question-and-answer method is the most common, but the tension must be created to keep the students active. One of the most used methods is also the five-minute quiz that repeats the most controversial knowledge of the previous lesson by a form of the questions. A proper method within the oral revision is that each student from the class prepare a question related on the current curriculum for the tested student. In the revision is possible to use demonstration, excursion and dramatic methods, written exams, paintings etc.⁶³

Skills training methods = mastering of skills depends on the number of repetitions, people with mental disabilities need namely up to several times more repetitions than the set norm. The training must be slow and then its speed can be gradually increased.⁶⁴

Valenta and Krejčířová stated that lesson should be based on a game. Their following statement is activities must be changed for several times within the lesson, work should be changed regularly with narration, artistic activities, dramatization, physical activities and music.⁶⁵ Within the fixation of vocabulary, Zelinková mainly emphasizes the activities with cards displaying pictures and the written form of the word in the picture. The most important is teacher's correct pronunciation of the word and then a collective repetition must follow.⁶⁶

7.5.4. Social Reading

Social reading is a cognition, interpretation and appropriate response to visual signs, pictures and symbols, words and groups of words that appear in a wider context or in the everyday life of the student with intellectual disability (e.g. if a child/student wants to use a vending machine, he/she learns the how it works and at the same time learns concepts such as a tea, coffee, sugar, milk, lemonade... if clients like to cook, using pictures depicting activities can be used to learn these concepts and names of ingredients, then we can put together a simple cookbook). It is effective to go out with clients to the "real world", where they can really learn many everyday-life activities. Social reading does not only develop students' vocabulary, but also enriches their activities.⁶⁷

⁶³ Valenta and Krejčířová in Nováková, *Výuka angličtiny pro lidi s mentálním postižením*, p.25

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Zelinková in Nováková, *Výuka angličtiny pro lidi s mentálním postižením*, p.25

⁶⁷ Valenta and Krejčířová in Nováková, *Výuka angličtiny pro lidi s mentálním postižením*, p.26

Practical Part

The practical part is consisted of two questionnaires. The first one has the aim to find out the general knowledge of mental disability and a public attitude towards the topic of education to people with mental disabilities. The second one is supposed to detect the attitude and actively used methods of teachers within the educating to people with mental disabilities.

Both of the questionnaires have various types of questions: multiple-choice questions represented by bar charts and single-answer questions represented by pie charts. The majority of these questions are closed questions, but there are also half-opened questions that offer the respondent a choice to write down his own answer, not only to choose the pre-set answers.

1. Public Questionnaire

The public questionnaire has overall 150 respondents, out of which 69 are men (46%) and 81 are women (54%). 126 respondents (84%) belong to the age category 18-30; 11 respondents (7,3%) are in the age category 31-45; the following 10 of them (6,7%) are 46-60, and the last 3 respondents (2%) are 61 and more.

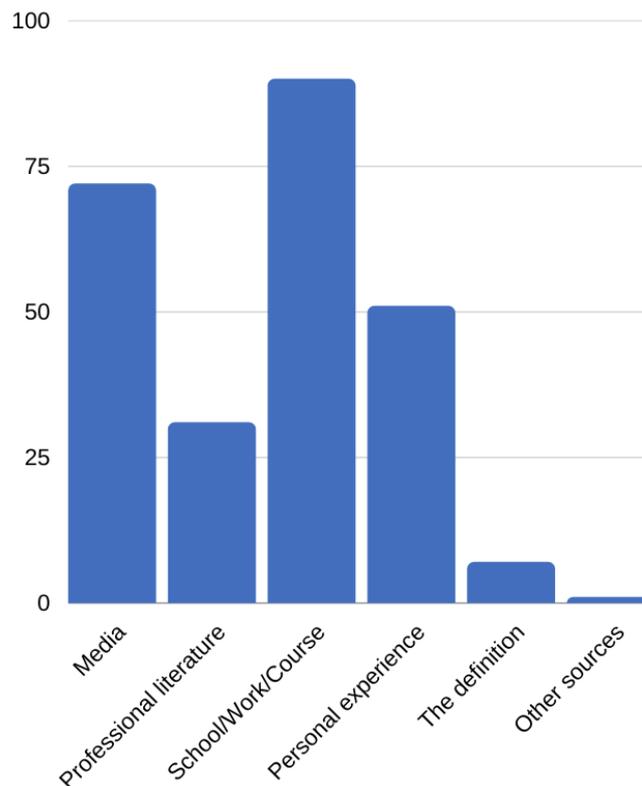
Considering respondents' educational attainment, 13 respondents (8,7%) have a primary education; 17 respondents (11,3%) reached a secondary /high school education with a certificate of apprenticeship; 94 respondents (62,7%) have a secondary education with Maturita/ A-Levels/ SAT exams; the following 4 respondents (2,7%) reached a higher professional education; 10 of them (6,7%) have a Bachelor's Degree and the last 12 respondents (8%) obtained a Master's Degree.

A hypothesis of the questionnaire is: People from the Czech society do not know how to properly communicate with people with mental disabilities and have neutral or even negative attitude towards the teaching of English language to people with mental disabilities.

Followingly, there are results of the questionnaire showing a public knowledge of mental disability and attitude of public towards people with mental disabilities.

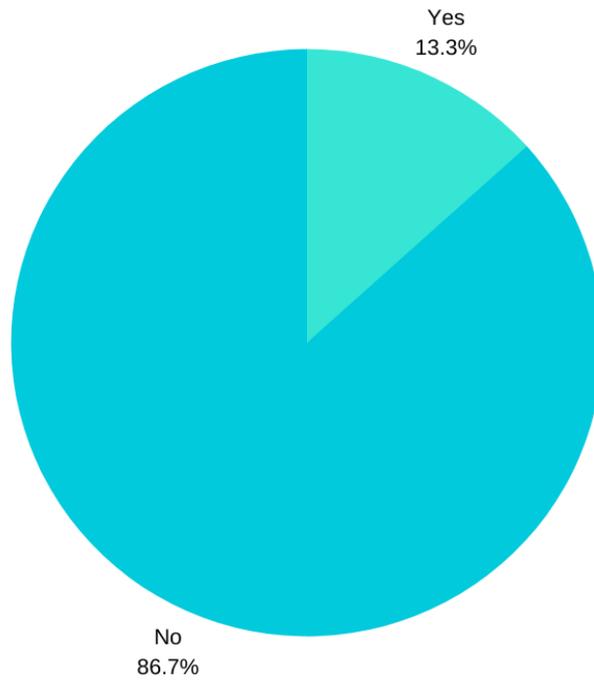
Multiple-choice question: Where did you get information concerning mental disability?

Definition: Mental disability (mental retardation) is a permanent intelligence decrease caused by organic brain damage. Therefore, mental disability cannot be cured, because it is not an illness, but a permanent state (e.g. issues in development of mental abilities, poor ability to adapt to other people).

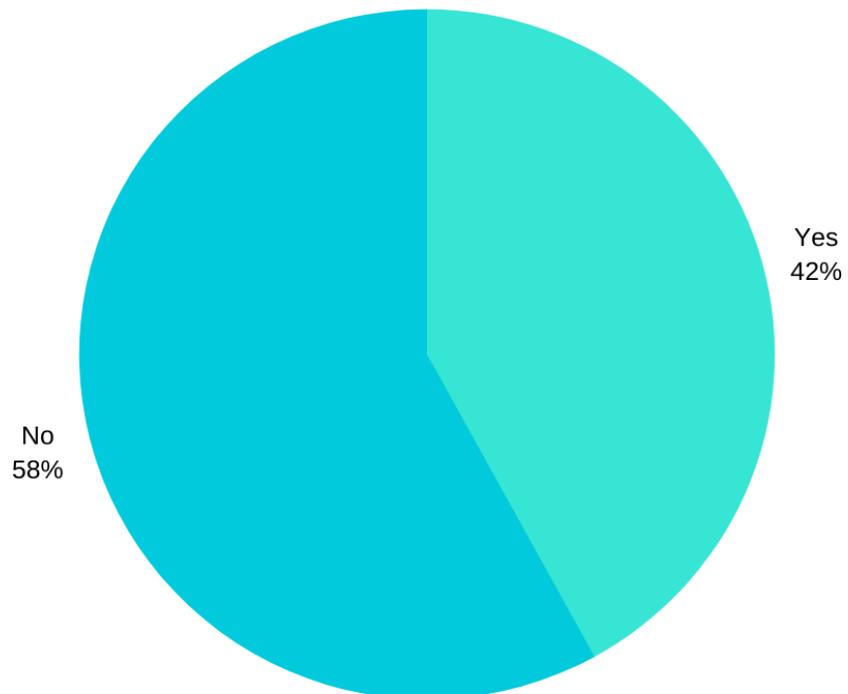


72 respondents answered that they have learn about mental disability via media (e.g. TV, Internet, radio); 31 respondents via professional/scholarly literature during their self-study; 90 respondents have heard about mental disability at school, work or course; 51 respondents have a personal experience with mental disability; 7 respondents learnt about mental disability via the definition above and 1 respondent has chosen the option of other sources.

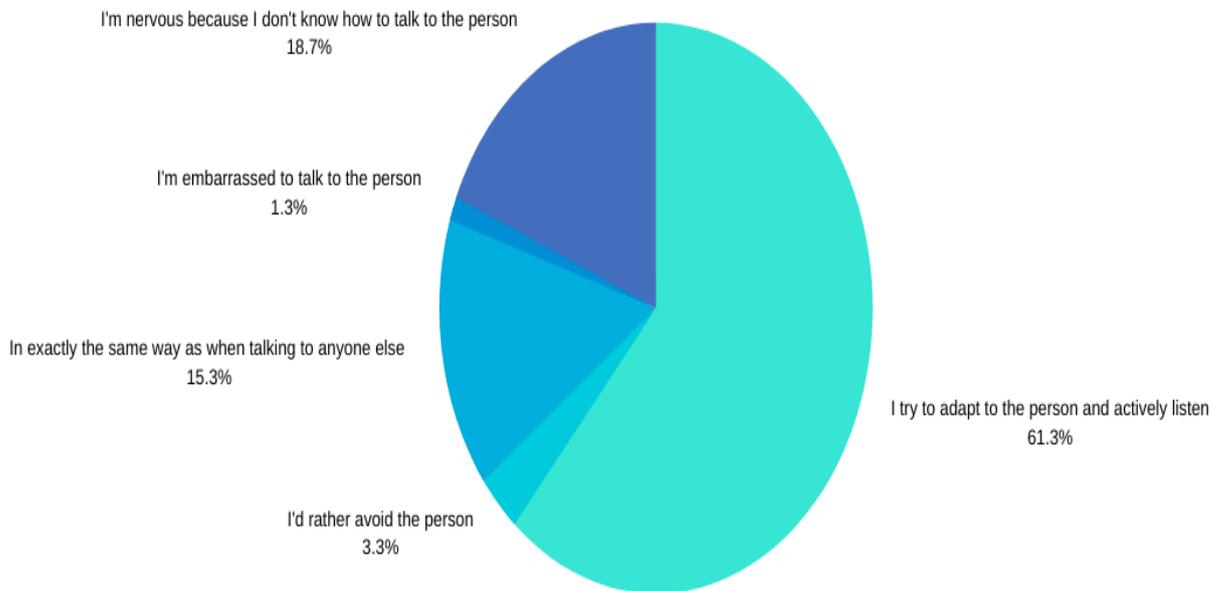
Single-answer question: Do you have a family member with mental disability?



Single-answer question: Do you know someone with mental disability?

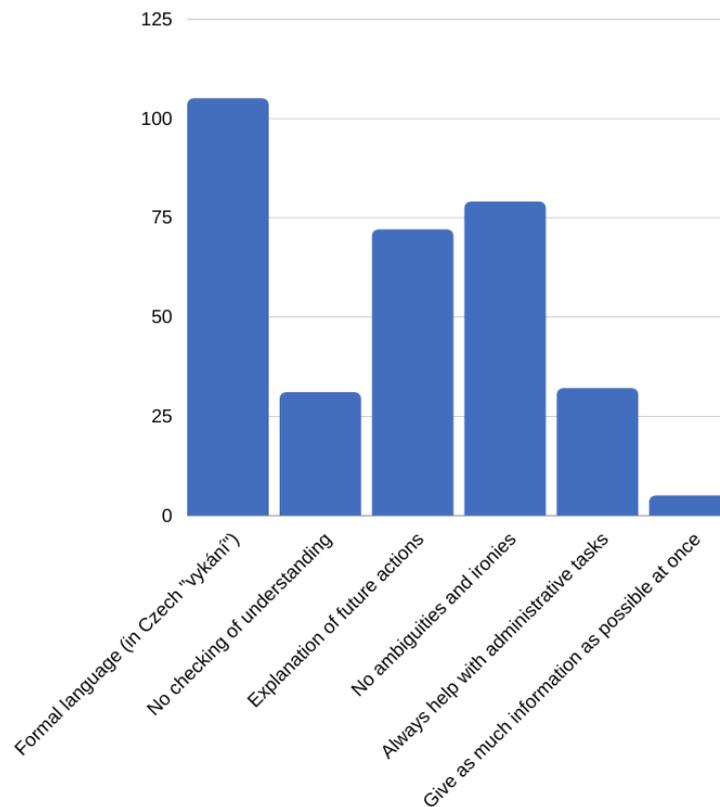


Single-answer question: How do you communicate with a person with mental disability?



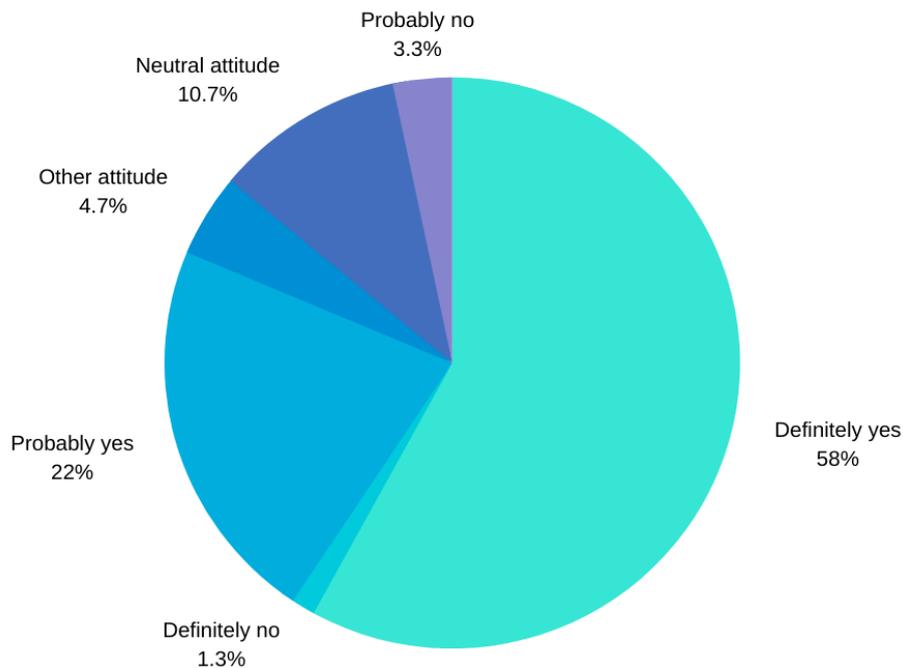
23 respondents (15,3%) answered, that during the interaction with a person with mental disability, they communicate in the same way as when talking to anyone else; 92 respondents (61,3%) answered that they try to adapt to the person with intellectual disability and they also actively listen; 28 respondents (18,7%) answered that that they are nervous because they do not know how to talk to the person with intellectual disability; 2 respondents (1,3%) answered that they are embarrassed to talk to the person with mental disability and 5 respondents (3,3%) responded that they rather avoid the person with mental disability.

Multiple-choice question: What are the proper ways of communication with a person with mental disability?



105 respondents answered that they should use formal language (in Czech “vykání”) unless they, along with a person with intellectual disability, did not agree otherwise; 31 respondents answered that they should not check if the person with intellectual disability understood them because it could be humiliating for him; 72 respondents answered that one of the proper strategies to communicate with a person with mental disability is to always explain in advance what is going to happen, 79 respondents answered that they are not supposed to use ambiguities and ironies during their interaction with a person with intellectual disability; 32 respondents answered that during their interaction with a person with intellectual disability, they should always help with administrative task even if the person is able to manage that on its own and 5 respondents answered that they are supposed to give to person with intellectual disability as much information as possible at once because the person is not able to pay attention for a long time.

Single-answer question: In general, do you agree with educating of people with mental disabilities?



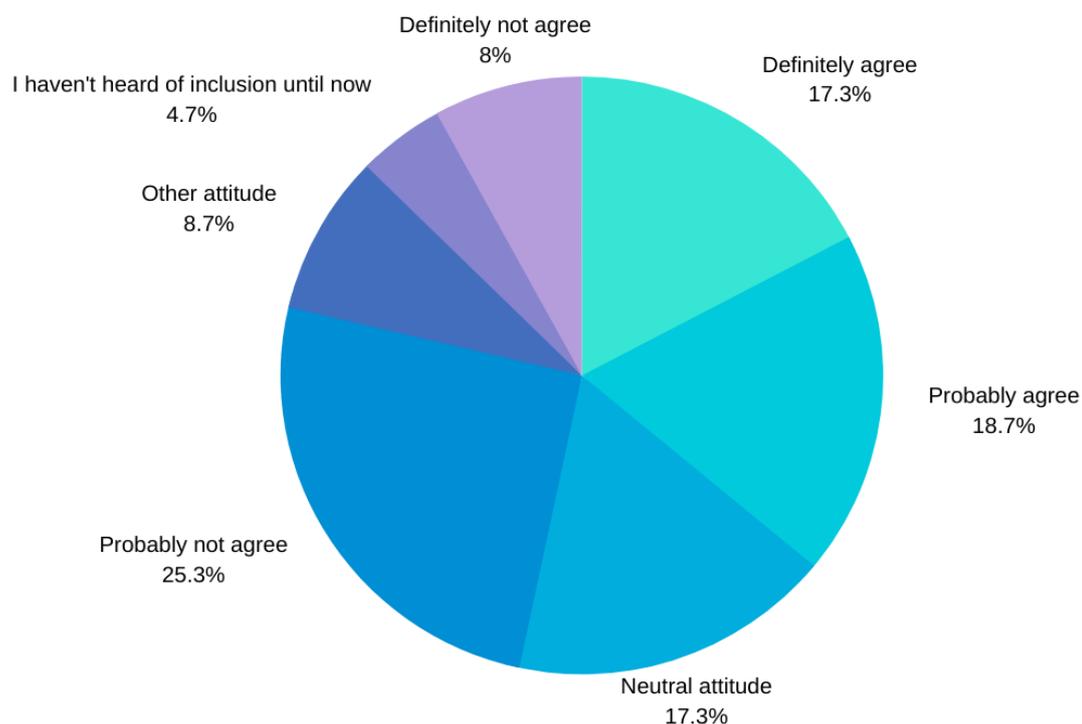
87 respondents (58%) have chosen the answer “definitely yes”; 33 respondents (22%) have chosen the answer “probably yes”; 16 respondents (10,7%) have chosen the answer “neutral attitude”; 5 respondents (3,3%) have chosen the answer “probably no”; 2 respondents (1,3%) have chosen the answer “definitely no” and 7 respondents (4,7%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- Yes, I do. However, pupils with intellectual disabilities should be educated separately from pupils with no disabilities, in order to not slow down the whole class.
- Yes, I definitely do. However, pupils with intellectual disabilities are supposed to be educated according to their intelligence and abilities.
- People with mental disabilities should be educated, indeed, but not within the inclusion.
- They should be educated only at the schools for the pupils with special needs.

Single-answer question: What is your attitude towards the inclusive education of people with mental disabilities?

Definition: Inclusion tries to set the educational system which enables to attend school to all the children without distinction. The main goal of inclusion is to encourage equal educational possibilities for children. Considering the problematics of mental disability, it means that children with mental disabilities can attend regular school.



26 respondents (17,3%) have chosen the answer “definitely yes”; 28 respondents (18,7%) have chosen the answer “probably yes”; 26 respondents (17,3%) have chosen the answer “neutral attitude”; 38 respondents (25,3%) have chosen the answer “probably no”; 12 respondents (8%) have chosen the answer “definitely no”; 7 respondents (4,7%) answered that they have not heard of inclusion until now and 13 respondents (8,7%) have chosen the answer “other attitude”.

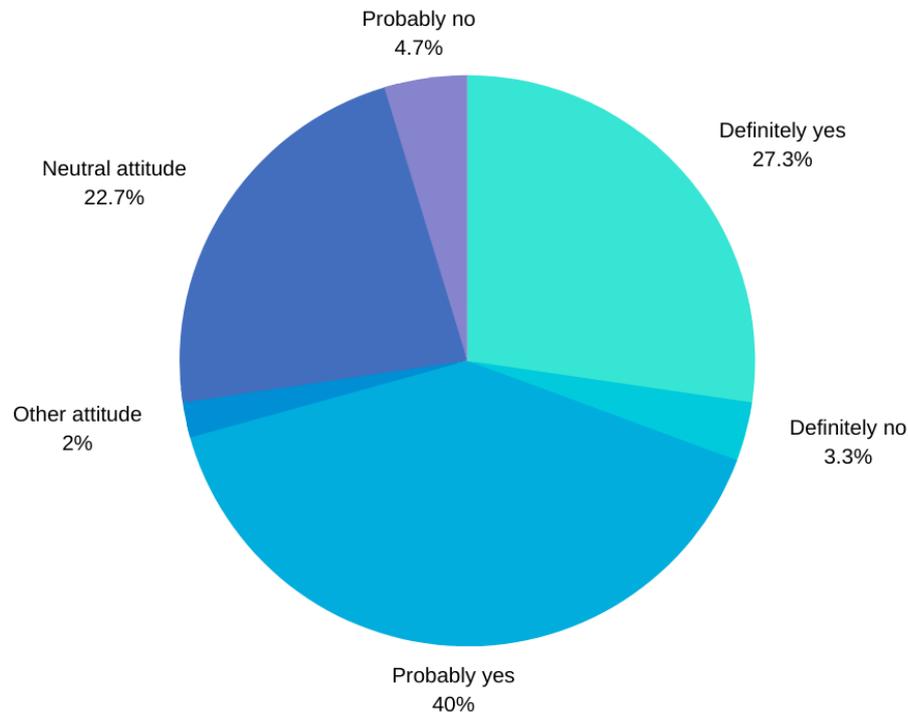
Respondents who chose the option “other attitude” have written following statements:

- Inclusion should be restricted only for the people without impaired intellect.
- It really depends on the level of intellectual disability. People with severe or profound intellectual disability would suffer at regular school.

- I agree only under the condition, that a class would have a teaching assistant.
- I agree with educating of those people at regular school but only under the condition, that they would be in the class for pupils with special needs.
- Inclusion is such a good idea. However, our school system is not ready for it.
- Sometimes inclusion can be counterproductive for a student with a mental disability and even for the rest of the class.
- In my opinion, inclusion has been set into the system way too fast and both teachers and neither students have not been ready for it. Some pupils with mental disabilities has been rather harmed by inclusion.
- It depends on the individual children with intellectual disabilities in particular. Each child has a different tolerance.
- I would rather choose the option of educating of the people with mental disabilities at school for pupils with special needs.
- It is very difficult to decide. I would not mind but what about teachers and schoolmates?

Single-answer question: Do you agree with educating of people with mental disabilities at high school with a certificate of apprenticeship?

Considering people with mild mental retardation (IQ 50/55-69)



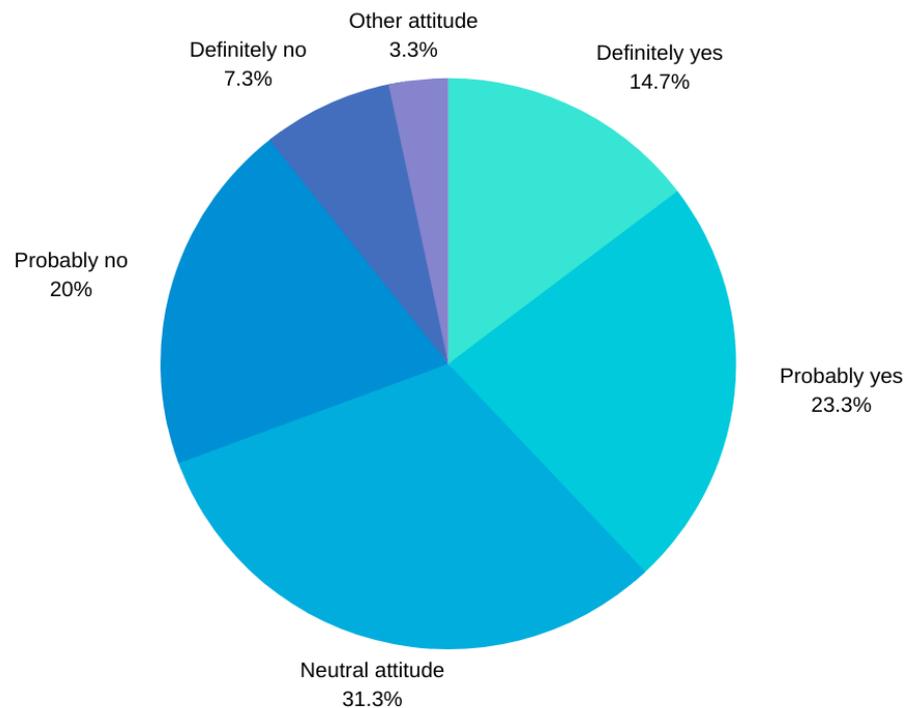
41 respondents (27,3%) have chosen the answer “definitely yes”; 60 respondents (40%) have chosen the answer “probably yes”; 34 respondents (22,7%) have chosen the answer “neutral attitude”; 7 respondents (4,7%) have chosen the answer “probably no”; 5 respondents (3,3%) have chosen the answer “definitely no” and 3 respondents (2%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- It depends on the level of mental disability, abilities and intelligence. In the case of moderate, severe or profound mental retardation, I would not consider a possibility of high school, at all.
- Yes, I do. But only at school for the students with special needs.
- I would agree only if those students handle the curriculum and internships without any modifications like everyone else.

Single-answer question: Do you agree with educating of people with mental disabilities at high school with Maturita exam?

Considering people with mild mental retardation (IQ 50/55-69)



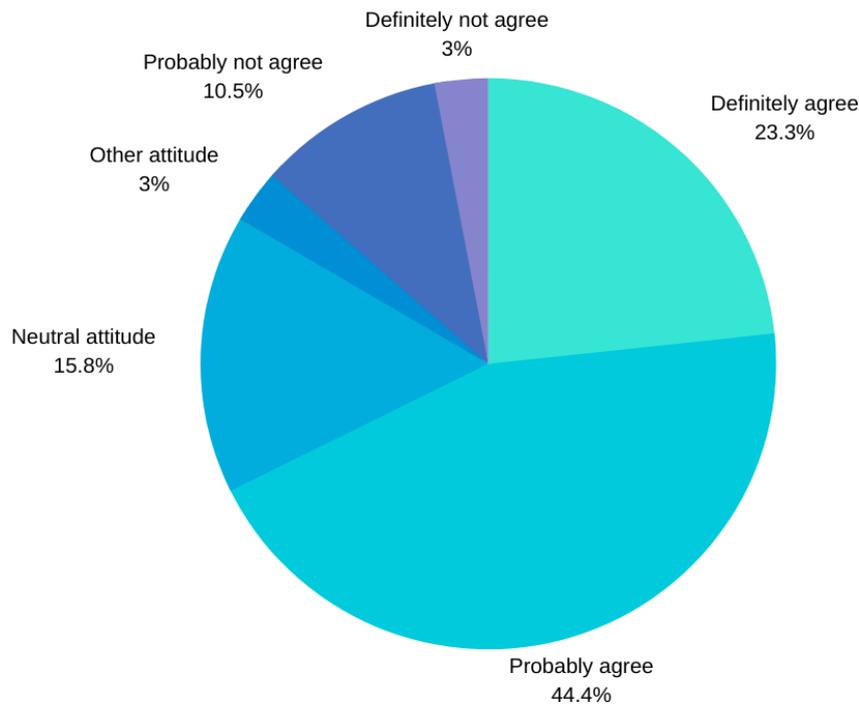
22 respondents (14,7%) have chosen the answer “definitely yes”; 35 respondents (23,3%) have chosen the answer “probably yes”; 47 respondents (31,3%) have chosen the answer “neutral attitude”; 30 respondents (20%) have chosen the answer “probably no”; 11 respondents (7,3%) have chosen the answer “definitely no” and 5 respondents (3,3%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- Again, it depends on the concrete case.
- Only at the school for the students with special needs, in order not to disrupt the education of the students without disabilities.
- I strongly disagree that students with mental disabilities should be taken into account at high schools with Maturita exam. If they handle all the subjects without any modifications, why not.
- I think, that the result of this will only be more work for teachers.

Single-answer question: What is your attitude towards teaching of foreign languages to people with mental disabilities?

Considering people with mild mental retardation (IQ 50/55-69)



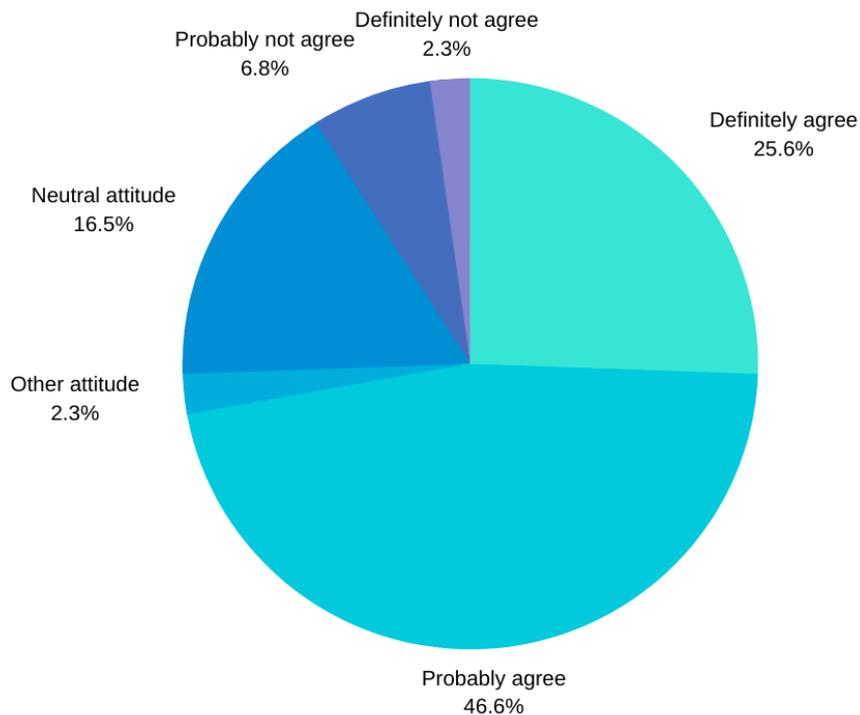
31 respondents (23,3%) answered that they definitely agree; 59 respondents (44,4%) answered that they probably agree; 21 respondents (15,8%) have chosen the answer “neutral attitude”; 14 respondents (10,5%) answered that they probably do not agree; 4 respondents (3%) answered that they definitely do not agree and 4 respondents (3%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- I would teach them only the basics of the foreign language.
- I would modify lessons of the foreign language according to abilities of the person with mental disability.
- Only with the personal teacher, in order not to disrupt education of others.
- If they are able to handle the lessons with others, why not?

Single-answer question: What is your attitude towards teaching of English language to people with mental disabilities?

Considering people with mild mental retardation (IQ 50-69)

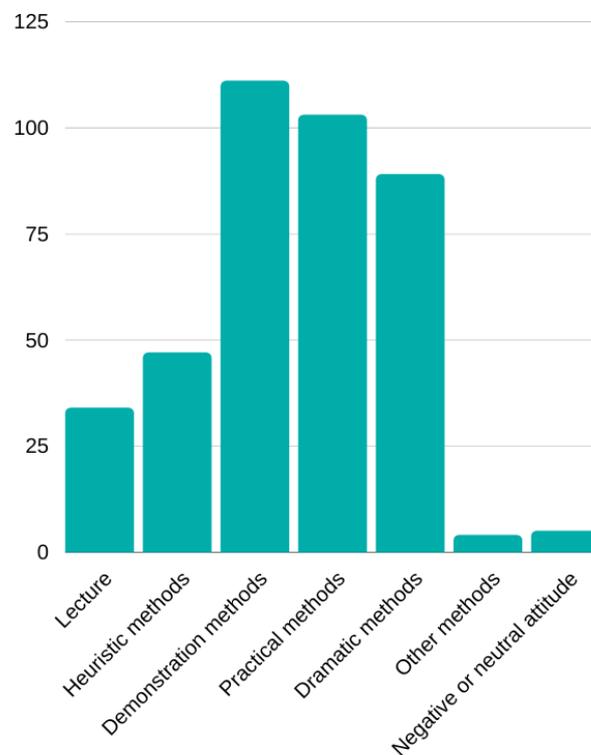


34 respondents (25,6%) answered that they definitely agree; 62 respondents (46,6%) answered that they probably agree; 22 respondents (16,5%) have chosen the answer “neutral attitude”; 9 respondents (6,8%) answered that they probably do not agree; 3 respondents (2,3%) answered that they definitely do not agree and 3 respondents (2,3%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- If they handle English lessons, why not?
- Only with the personal English teacher, in order not to disrupt education of others.
- Nowadays, English is so widespread that people even have a possibility to learn it at home or with a language teacher individually. So, I definitely agree.

Multiple-choice question: In your opinion, what teaching methods are effective and applicable in the education of people with mental disabilities?



34 respondents have chosen the option “lecture”; 47 respondents have chosen the option “heuristic methods” (motivation to solve a problem on their own e.g. via experiment); 111 respondents have chosen the option “demonstration methods” (e.g. pictures, videos or audio recordings); 103 respondents have chosen the option “practical methods” (e.g. jigsaws, building kits, cooking lessons, work on the school ground); 89 respondents have chosen the option “dramatic methods” (i.e. use of various games); 3 respondents have chosen the option “other methods” and 5 respondents have chosen the option “negative or neutral attitude”.

Respondents who chose the option “other methods” have written following statements:

- It strongly depends on the level of intellectual disability. Sometimes methods that are effective for one are very ineffective for the other.
- Combination of various methods.
- I do not dare to judge.

2. Questionnaire for Teachers

The questionnaire for teachers has overall 68 respondents, out of which 9 are men (13,2%) and 59 are women (86,8%). 9 respondents (13,2%) are in the age category 24-30; 38 respondents (55,9%) belong to the age category 31-45; 19 respondents (27,9%) are 46-60, and the last 2 of the teacher respondents (2,9%) are 61 and more.

If time of teaching experience of the respondents is considered, 4 respondents (5,9%) have taught for a shorter time than a year; 10 respondents (14,7%) have taught for 1 to 5 years; following 15 respondents (22,1%) have taught for 6-10 years; 10 respondents (14,7%) have taught for 11 to 15 years and the last 29 respondents (42,6%) have taught for more than 15 years.

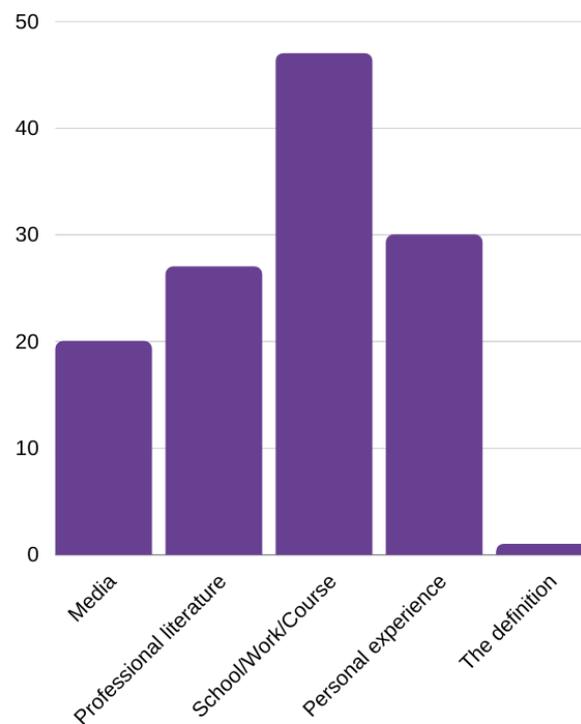
As regards a type of school where the respondents work, 40 respondents (58,8%) work at primary/elementary school; 2 respondents (2,9%) work at school established in accordance with §16 Act No. 561/2004 Coll. (in other words a school for children with special needs); 2 respondents (2,9%) work at school with a class established in accordance with §16 Act No. 561/2004 Coll. (in other words school with a class for children with special needs); 1 respondent (1,5%) works at practical school; 1 respondent (1,5%) works at high/secondary school with a certificate of apprenticeship; 11 respondents (16,2%) work at high/secondary school with Maturita/A-Levels/SAT exams; 1 respondent (1,5%) works at the university and the last 10 respondents (14,7%) used an option to define the job in their own words – some of them work at language school, kindergarten and one of them mentions that he/she used to work at elementary/primary school with a class for children with mild mental disabilities and now works at regular elementary/primary school.

A hypothesis of the questionnaire is: Czech teachers are not satisfied with current state of inclusive education but otherwise majority of them have positive stance towards teaching of English language to people with mental disabilities.

As follows, there are results of the questionnaire consisting information about teachers' stance towards inclusive education, teaching of English language to people with mental disabilities and their suggested teaching methods.

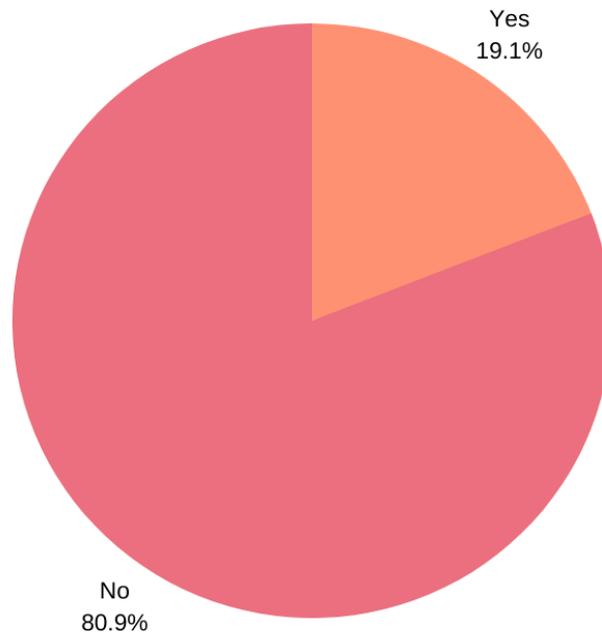
Multiple-choice question: Where did you get information concerning mental disability?

Definition: Mental disability (mental retardation) is a permanent intelligence decrease caused by organic brain damage. Therefore, mental disability cannot be cured, because it is not an illness, but a permanent state (e.g. issues in development of mental abilities, poor ability to adapt to other people).

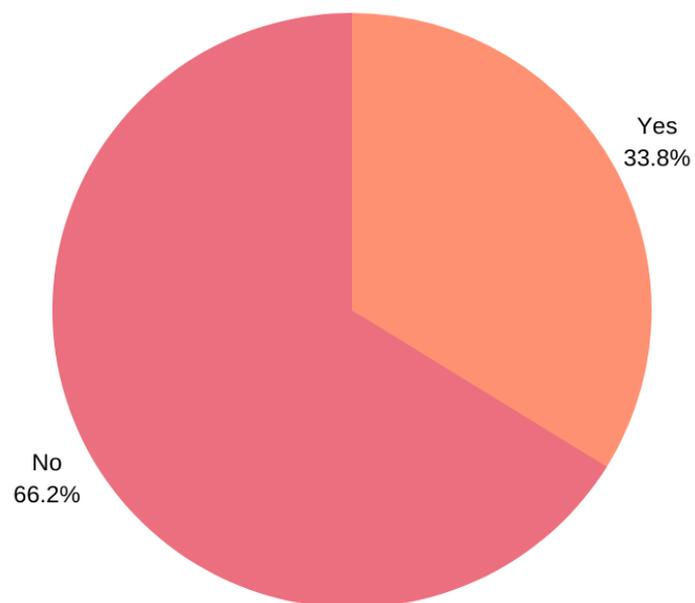


20 respondents answered that they have learn about mental disability via media (e.g. TV, Internet, radio); 27 respondents via professional/scholarly literature during their self-study; 47 respondents have heard about mental disability at school, work or course; 30 respondents have a personal experience with mental disability and 1 respondent learnt about mental disability via the definition above.

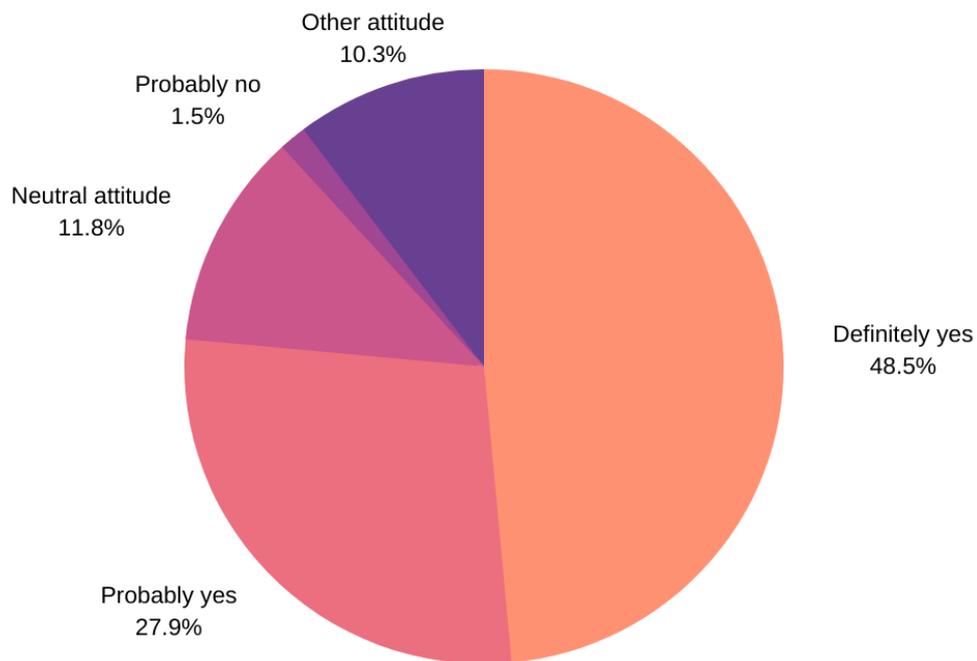
Single-answer question: Do you have a family member with mental disability?



Single-answer question: Do you know someone with mental disability?



Single-answer question: In general, do you agree with educating of people with mental disabilities?



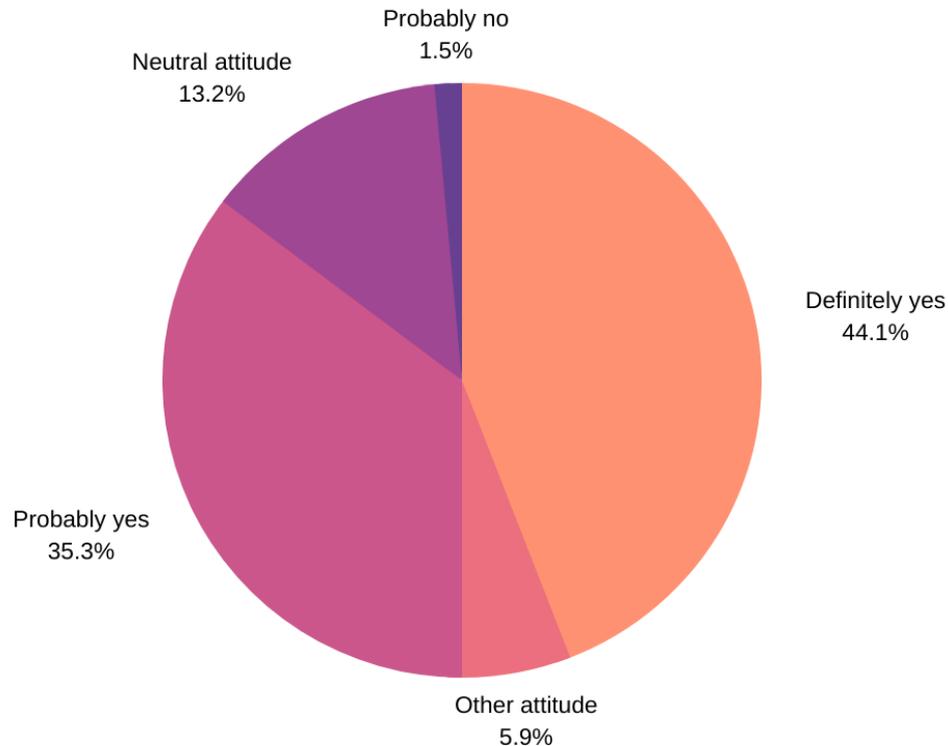
33 respondents (48,5%) have chosen the answer “definitely yes”; 19 respondents (27,9%) have chosen the answer “probably yes”; 8 respondents (11,8%) have chosen the answer “neutral attitude”; 1 respondent (1,5%) has chosen the answer “probably no” and 7 respondents (10,3%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- Yes, I do. However, current state of inclusion is way far from perfect.
- People with intellectual disabilities are supposed to learn things that are useful in practical life – not any unnecessary things.
- They should be educated in a group of people with similar skills and abilities.
- To my mind, current situation of education is very unfortunate for everyone.
- It depends on the level of mental disability.

Single-answer question: Do you agree with educating of people with borderline mental retardation?

Borderline mental retardation (IQ 70-80/85)



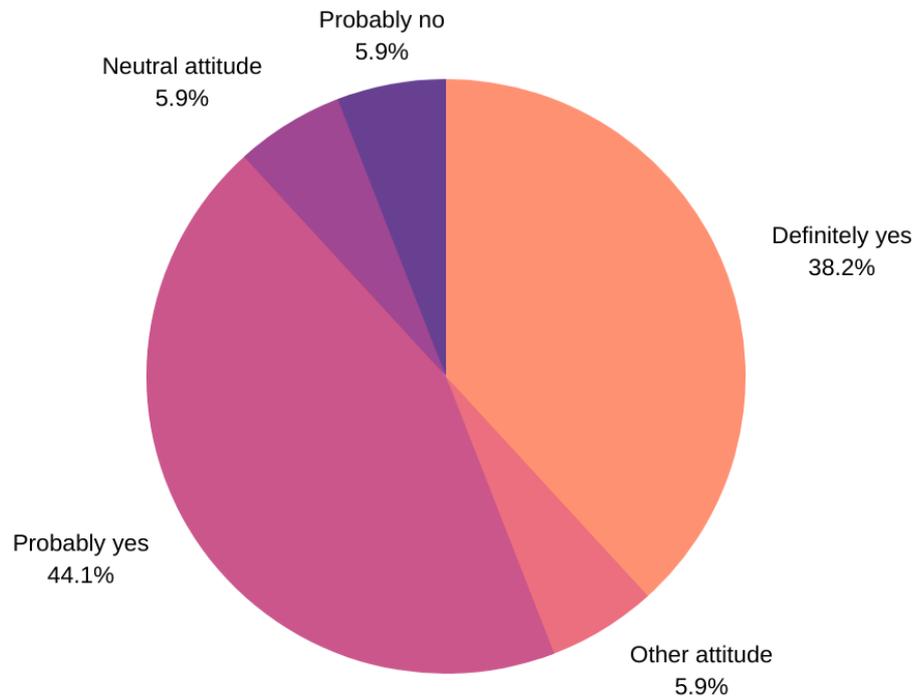
30 respondents (44,1%) have chosen the answer “definitely yes”; 24 respondents (35,3%) have chosen the answer “probably yes”; 9 respondents (13,2%) have chosen the answer “neutral attitude”; 1 respondent (1,5%) has chosen the answer “probably no” and 4 respondents (5,9%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- Yes, I definitely do. But I must have to emphasize current state of inclusion, which I do not think is set up correctly.
- I agree with the education that will prepare them to practical life.
- I agree but they must be educated in the group of children with the same disabilities.
- I would just like to add that these children are suffering because of the system. If the school curriculum is taken into account, despite their efforts, they usually do not manage it.

Single-answer question: Do you agree with educating of people with mild mental retardation?

Mild mental retardation (IQ 50/55-69)



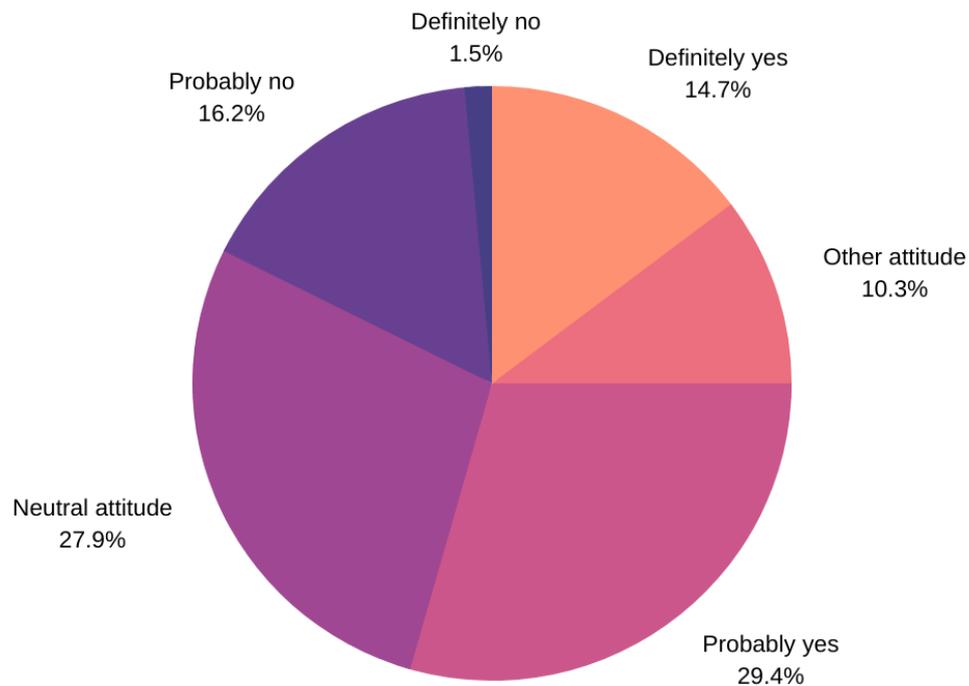
26 respondents (38,2%) have chosen the answer “definitely yes”; 30 respondents (44,1%) have chosen the answer “probably yes”; 4 respondents (5,9%) have chosen the answer “neutral attitude”; 4 respondents (5,9%) have chosen the answer “probably no” and 4 respondents (5,9%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- I agree with the education that will prepare them to everyday life.
- Yes, but these people should have a chance to be educated separately. They are not comfortable to be always different in the collective.
- Only in the schools for children with special needs.

Single-answer question: Do you agree with educating of people with moderate mental retardation?

Moderate mental retardation (IQ 35/40-50/55)



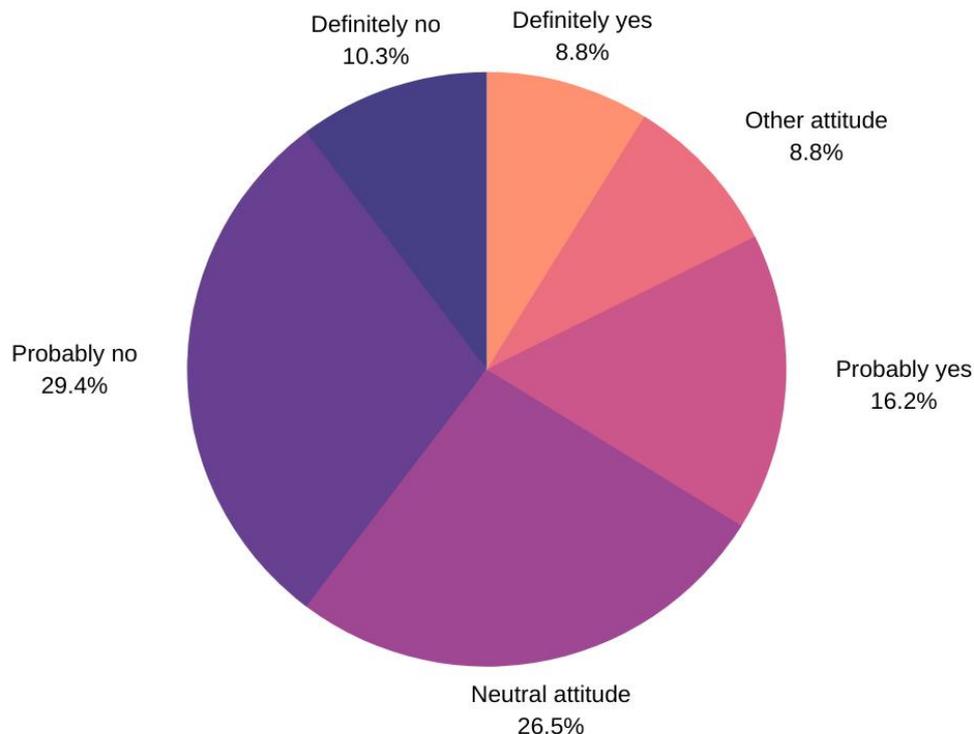
10 respondents (14,7%) have chosen the answer “definitely yes”; 20 respondents (29,4%) have chosen the answer “probably yes”; 19 respondents (27,9%) have chosen the answer “neutral attitude”; 11 respondents (16,2%) have chosen the answer “probably no”; 1 respondent (1,5%) has chosen the answer “definitely no” and 7 respondents (10,3%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- I agree that these people need to be educated but only to a very limited extent – they are only supposed to learn knowledge that is useful in everyday life.
- Yes, but they should be educated only at schools for children with special needs.
- Education of people with moderate MR should be complied with their skills and abilities.
- It depends on the concrete individual.

Single-answer question: Do you agree with educating of people with severe mental retardation?

Severe mental retardation (IQ 20/25-35/40)



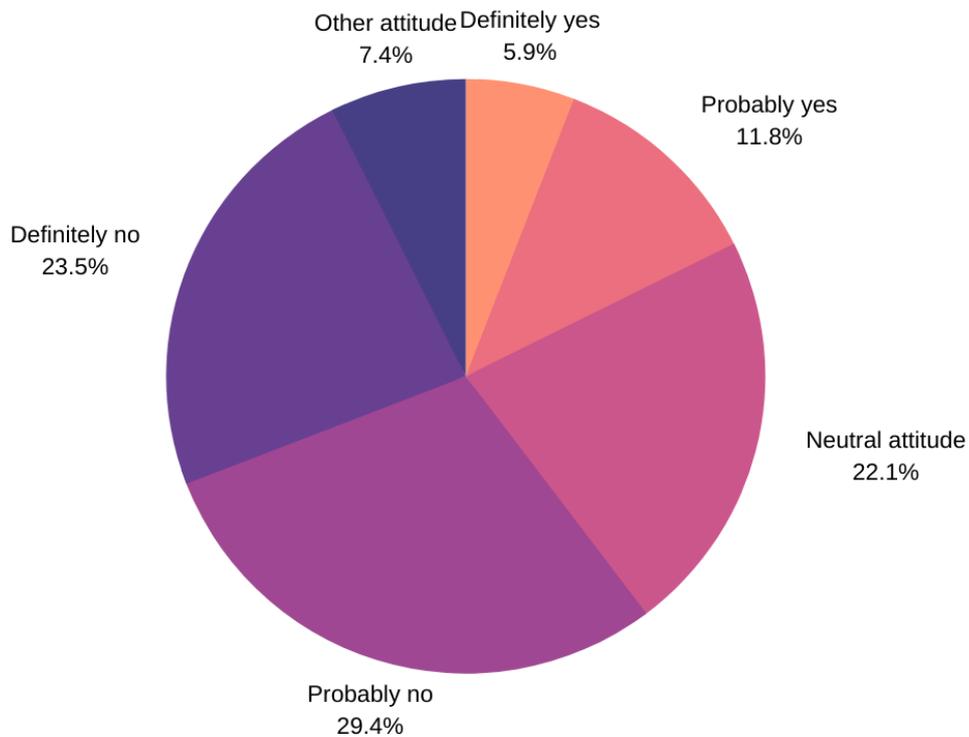
6 respondents (8,8%) have chosen the answer “definitely yes”; 11 respondents (16,2%) have chosen the answer “probably yes”; 18 respondents (26,5%) have chosen the answer “neutral attitude”; 20 respondents (29,4%) have chosen the answer “probably no”; 7 respondents (10,3%) have chosen the answer “definitely no” and 6 respondents (8,8%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- I am not sure if people with this IQ range are capable of being educate, at all.
- It depends on the concrete individual.
- It is necessary to choose the requirements corresponding to this level of retardation - people with severe MR should not be entrusted with tasks that are unmanageable for them.
- They surely need some special care – if you consider it an education, they definitely need it.

Single-answer question: Do you agree with educating of people with profound mental retardation?

Profound mental retardation (IQ below 20/25)



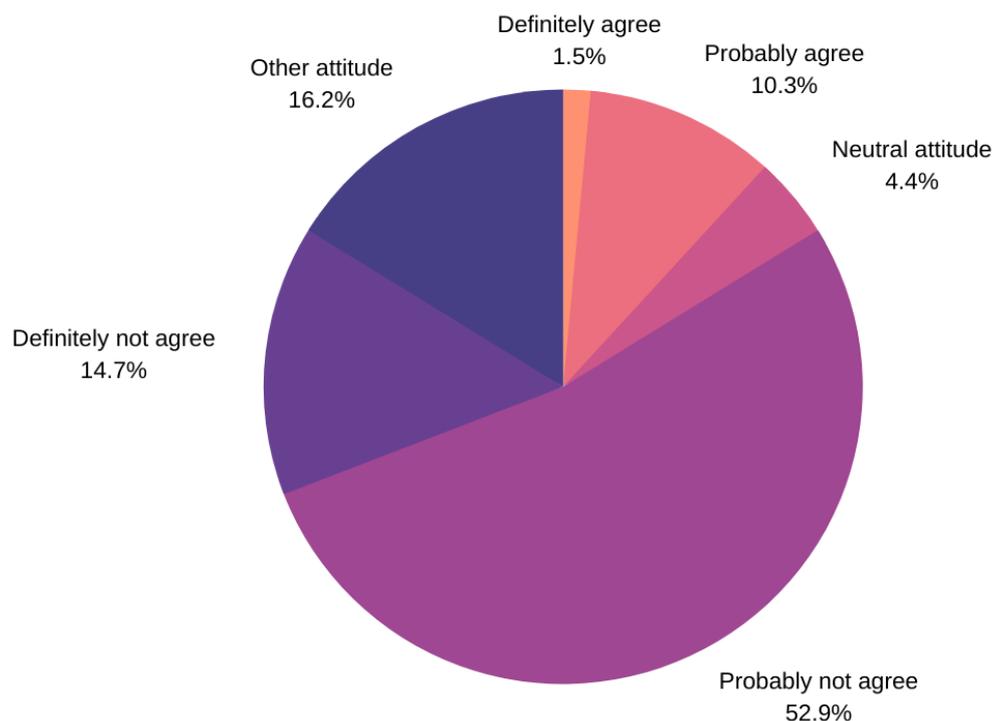
4 respondents (5,9%) have chosen the answer “definitely yes”; 8 respondents (11,8%) have chosen the answer “probably yes”; 15 respondents (22,1%) have chosen the answer “neutral attitude”; 20 respondents (29,4%) have chosen the answer “probably no”; 16 respondents (23,5%) have chosen the answer “definitely no” and 5 respondents (7,4%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- Are these people even educable?
- It depends on the concrete individual.
- I do not know.
- I think that people with profound mental retardation should be developed in some way, but I do not think it is possible to define educational goals.

Single-answer question: In general, what is your attitude towards the inclusive education of people with mental disabilities?

Definition: Inclusion tries to set the educational system which enables to attend school to all the children without distinction. The main goal of inclusion is to encourage equal educational possibilities for children. Considering the problematics of mental disability, it means that children with mental disabilities can attend regular school.



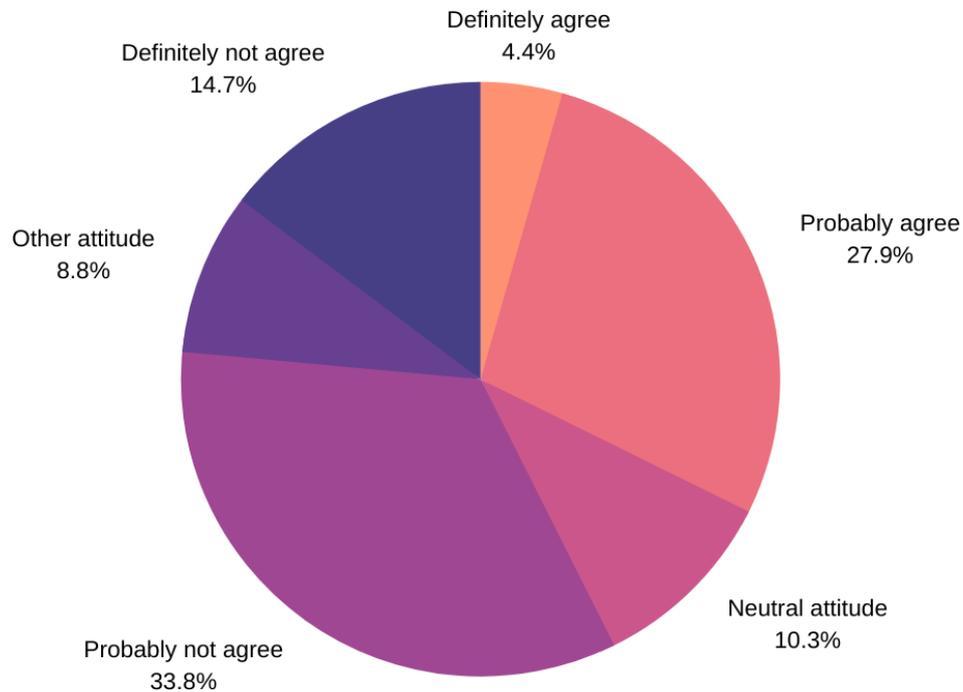
1 respondent (1,5%) answered that definitely agree; 7 respondents (10,3%) answered that they probably agree; 3 respondents (4,4%) have chosen the answer “neutral attitude”; 36 respondents (52,9%) answered that they probably do not agree; 10 respondents (14,7%) answered that they definitely do not agree and 11 respondents (16,2%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- We do not know much about inclusion within Czech education. It harms both children with special needs and children without disabilities – that is why I strongly disagree with a Czech concept of inclusion.
- I only agree if a teaching assistant is assigned to the child.

- I think, it depends on the type of school. If a particular school (along with teachers and classmates) accepts a child with mental disability, everything is fine.
- The wish of child with special needs or the legal representative is crucial. If the wish is to be at regular school at any cost, it should be allowed.
- The theory of equal educational possibilities sounds good, but in practice it is an unequal evaluation of the class and this is in my opinion completely unfair!
- No, I do not. Qualification of teaching assistants is more than insufficient, so all the work remains with the teacher.
- This phenomenon cannot be generalized. It is necessary to assess each individual person.
- These people need completely different kind of education and their educational chances will never be equal.
- There is a child with special needs at our school and the inclusive education have completely opposite effect on him.

Single-answer question: What is your attitude towards the inclusive education of people with borderline mental retardation?

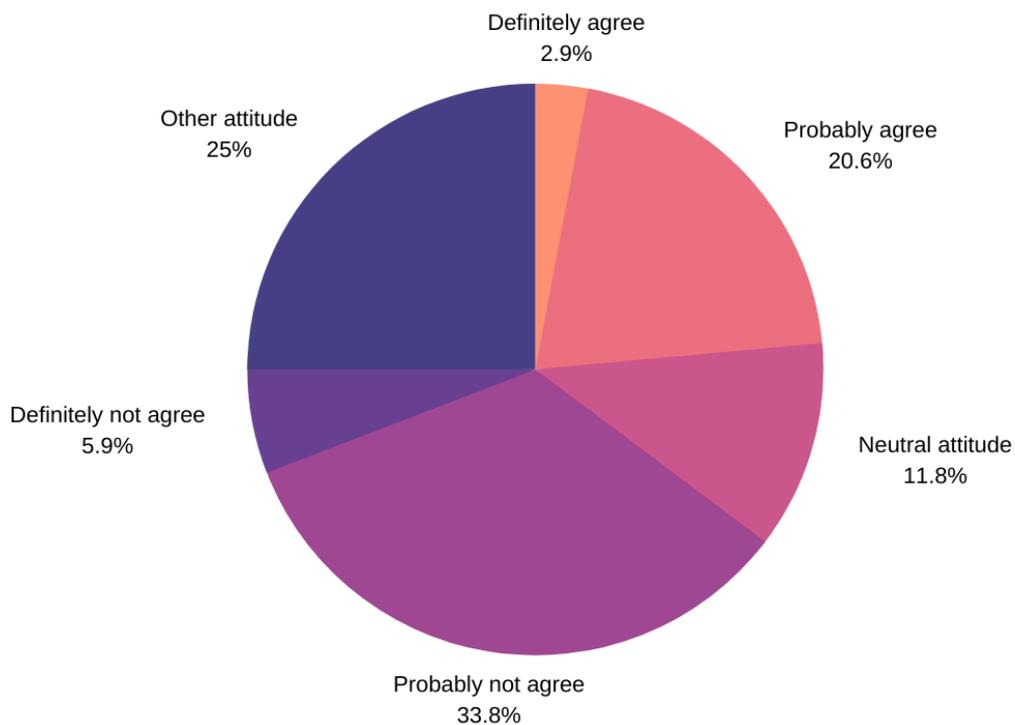


3 respondents (4,4%) answered that they definitely agree; 19 respondents (27,9%) answered that they probably agree; 7 respondents (10,3%) have chosen the answer “neutral attitude”; 23 respondents (33,8%) answered that they probably do not agree; 10 respondents (14,7%) answered that they definitely do not agree and 6 respondents (16,2%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- IQ is not the only phenomenon that matters. The child’s personality and class should also be considered.
- Parents should rather decide where their children will be educated. This decision is very difficult for teachers to make.
- There is no other option than to allow. These children have not been diagnosed with a disability.
- Yes, I do. But there should be some modifications to education.

Single-answer question: What is your attitude towards the inclusive education of people with mild mental retardation?

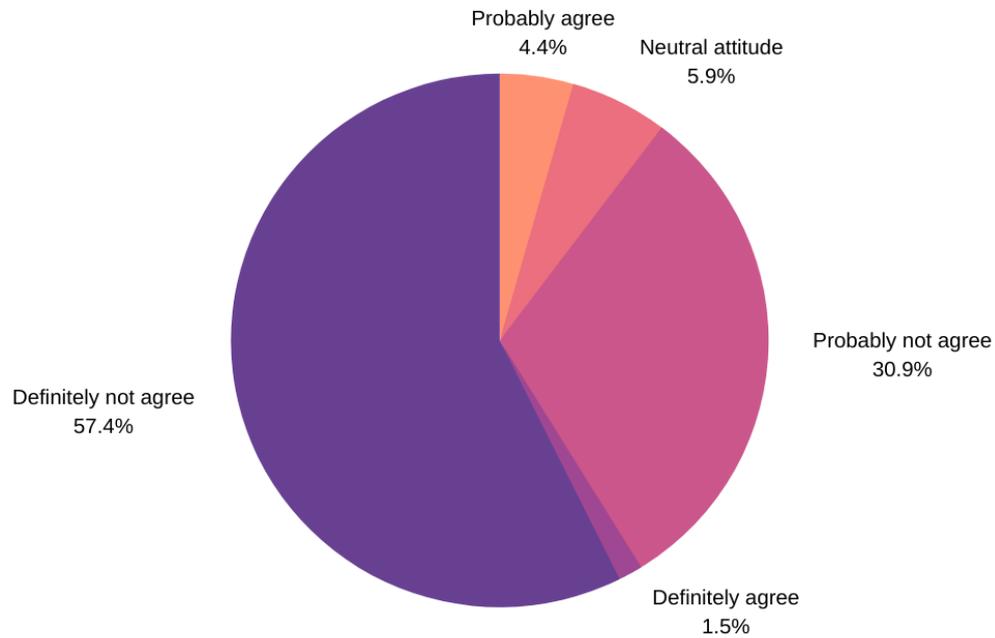


2 respondents (2,9%) answered that they definitely agree; 14 respondents (20,6%) answered that they probably agree; 8 respondents (11,8%) have chosen the answer “neutral attitude”; 23 respondents (33,8%) answered that they probably do not agree; 17 respondents (25%) answered that they definitely do not agree and 4 respondents (5,9%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

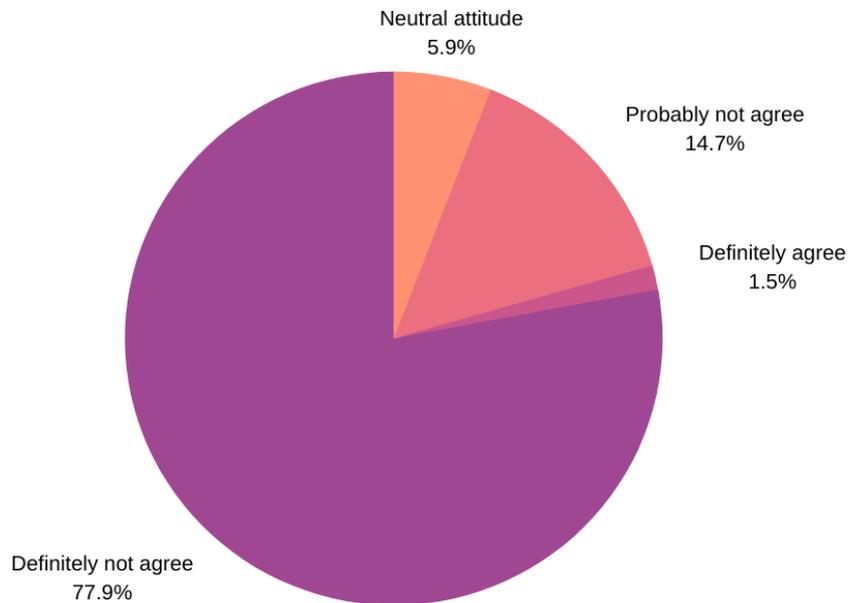
- Yes, I do. But there should be some modifications to education.
- IQ is not the only phenomenon that matters. The child’s personality and class should also be considered.
- Parents should rather decide where their children will be educated. This decision is very difficult for teachers to make.
- I agree with inclusion for children with mild mental retardation under the condition that these children would be educated in class for children with special needs. We have had these classes for a long time and the option has been effective so far.

Single-answer question: What is your attitude towards the inclusive education of people with moderate mental retardation?



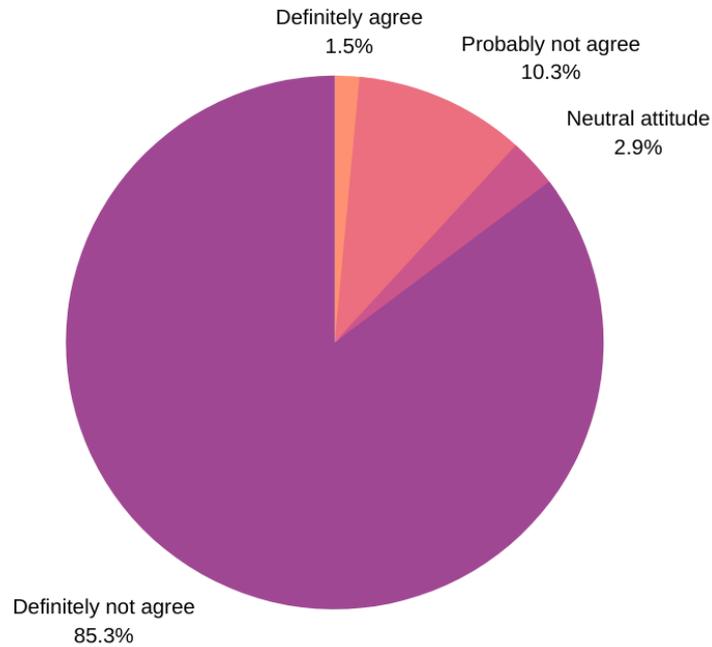
1 respondent (1,5%) answered that definitely agree; 3 respondents (4,4%) answered that they probably agree; 4 respondents (5,9%) have chosen the answer “neutral attitude”; 21 respondents (30,9%) answered that they probably do not agree and 39 respondents (57,4%) answered that they definitely do not agree.

Single-answer question: What is your attitude towards the inclusive education of people with severe mental retardation?



1 respondent (1,5%) answered that definitely agree; 4 respondents (5,9%) have chosen the answer “neutral attitude”; 10 respondents (14,7%) answered that they probably do not agree and 53 respondents (77,9%) answered that they definitely do not agree.

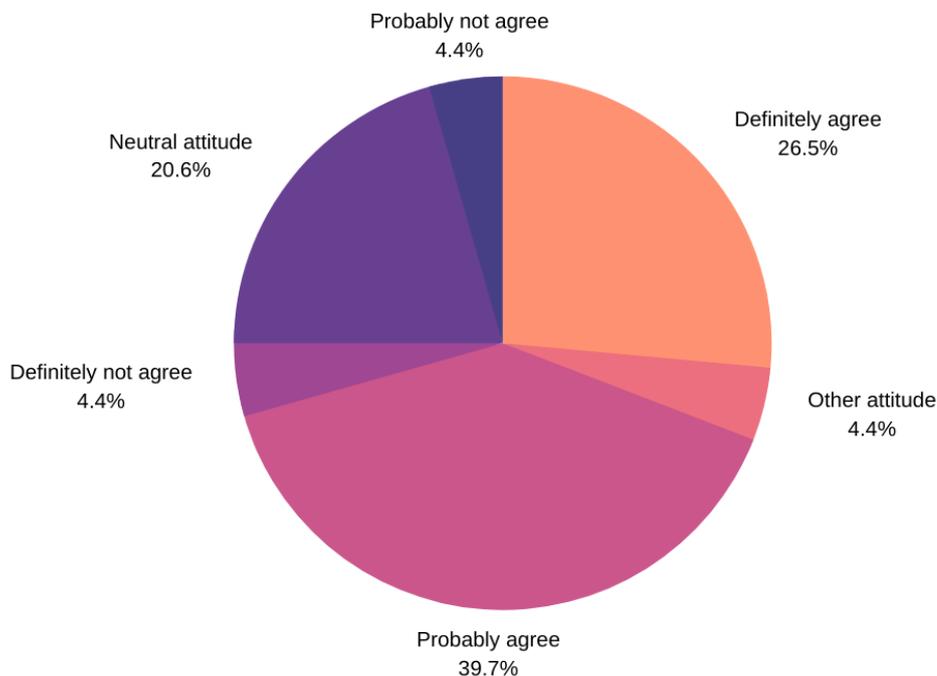
Single-answer question: What is your attitude towards the inclusive education of people with profound mental retardation?



1 respondent (1,5%) answered that definitely agree; 2 respondents (2,9%) have chosen the answer “neutral attitude”; 7 respondents (10,3%) answered that they probably do not agree and 58 respondents (85,3%) answered that they definitely do not agree.

Single-answer question: Do you agree with educating of people with mental disabilities at high school with a certificate of apprenticeship?

Considering people with mild mental retardation (IQ 50/55-69)



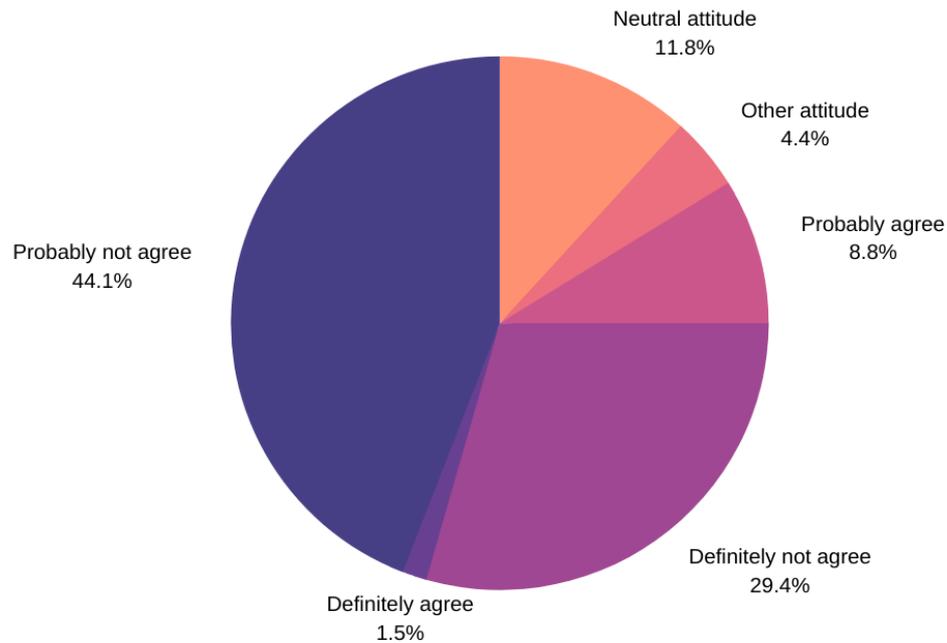
18 respondents (26,5%) answered that they definitely agree; 27 respondents (39,7%) answered that they probably agree; 14 respondents (20,6%) have chosen the answer “neutral attitude”; 3 respondents (4,4%) answered that they probably do not agree; 3 respondents (4,4%) answered that they definitely do not agree and 3 respondents (4,4%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- If they have enough intelligence and abilities to master the curriculum, why not?
- If they are interested, they should be given a chance.
- I agree, provided that conditions would be suitable for both teachers and students.

Single-answer question: Do you agree with educating of people with mental disabilities at high school with Maturita exam?

Considering people with mild mental retardation (IQ 50/55-69)

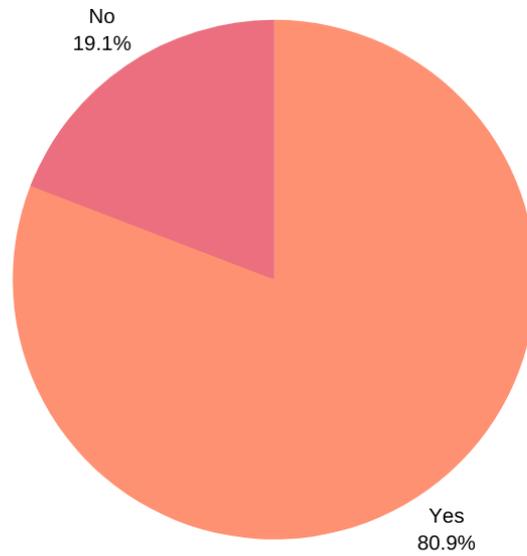


1 respondent (1,5%) answered that definitely agree; 6 respondents (8,8%) answered that they probably agree; 8 respondents (11,8%) have chosen the answer “neutral attitude”; 30 respondents (44,1%) answered that they probably do not agree; 20 respondents (29,4%) answered that they definitely do not agree and 3 respondents (4,4%) have chosen the answer “other attitude”.

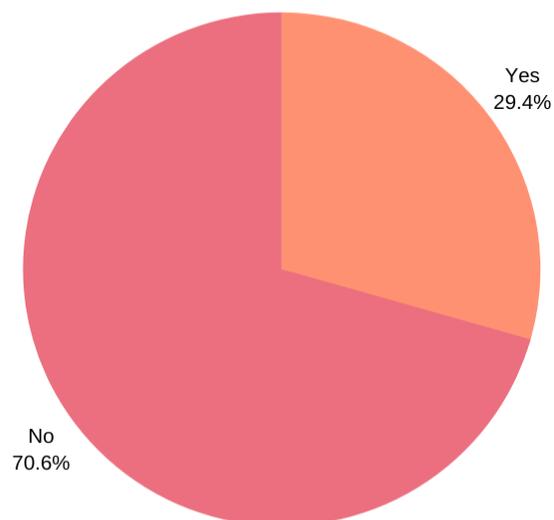
Respondents who chose the option “other attitude” have written following statements:

- If they master the entrance exams, let them study.
- It totally contradicts itself.
- I am afraid that people with special needs can already study there.

Single-answer question: Do you teach or did you teach a foreign language?

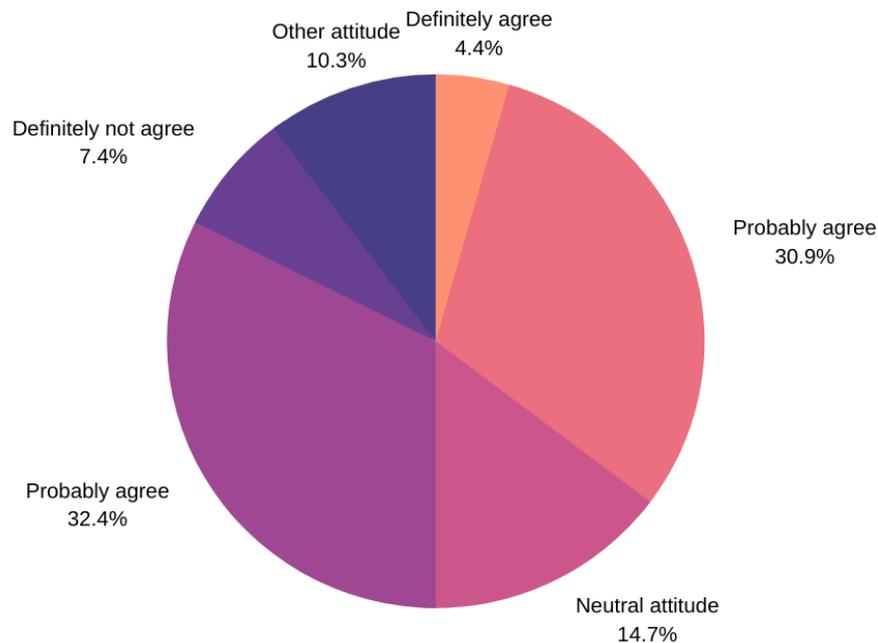


Single-answer question: Do you teach or did you teach a foreign language to people with mental disabilities?



Single-answer question: What is your attitude towards teaching of foreign languages to people with mental disabilities?

Considering people with mild mental retardation (IQ 50/55-69)

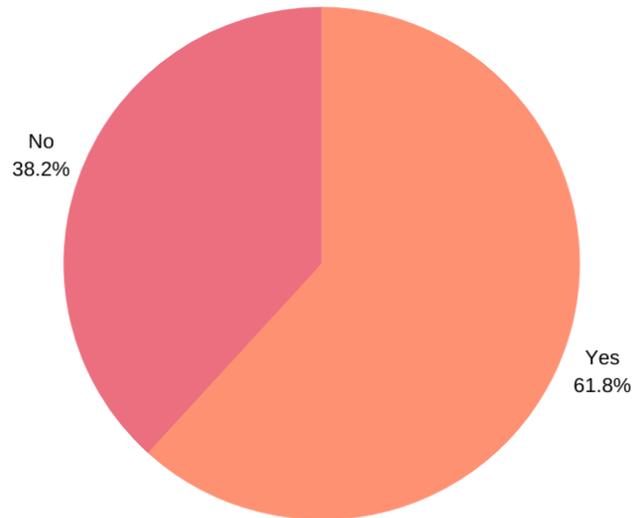


3 respondents (4,4%) answered that they definitely agree; 21 respondents (30,9%) answered that they probably agree; 10 respondents (14,7%) have chosen the answer “neutral attitude”; 22 respondents (32,4%) answered that they probably do not agree; 5 respondents (7,4%) answered that they definitely do not agree and 7 respondents (10,3%) have chosen the answer “other attitude”.

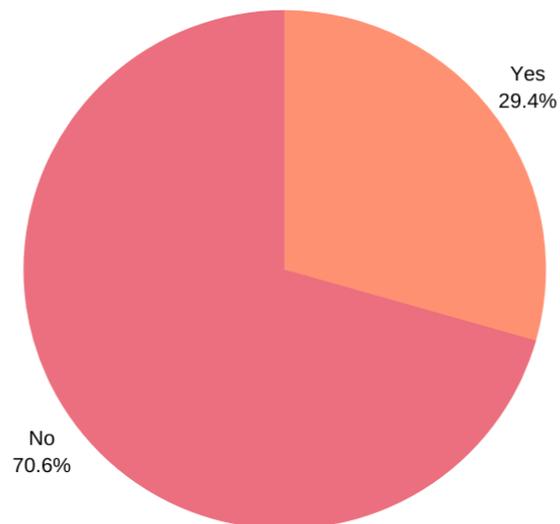
Respondents who chose the option “other attitude” have written following statements:

- The previous system was more efficient. Students learned a foreign language when they reached the second stage (sixth grade) of primary school and lessons were focused mainly on communication.
- I teach Czech language to students with mental disabilities and I see they have considerable problems, then someone had the idea to teach them even foreign languages. I have a suspicion some people have lost their minds.
- It is a waste of time. They are not even able to use the languages in everyday life.
- I think that education of foreign languages should be available for everyone.

Single-answer question: Do you teach or did you teach English language?

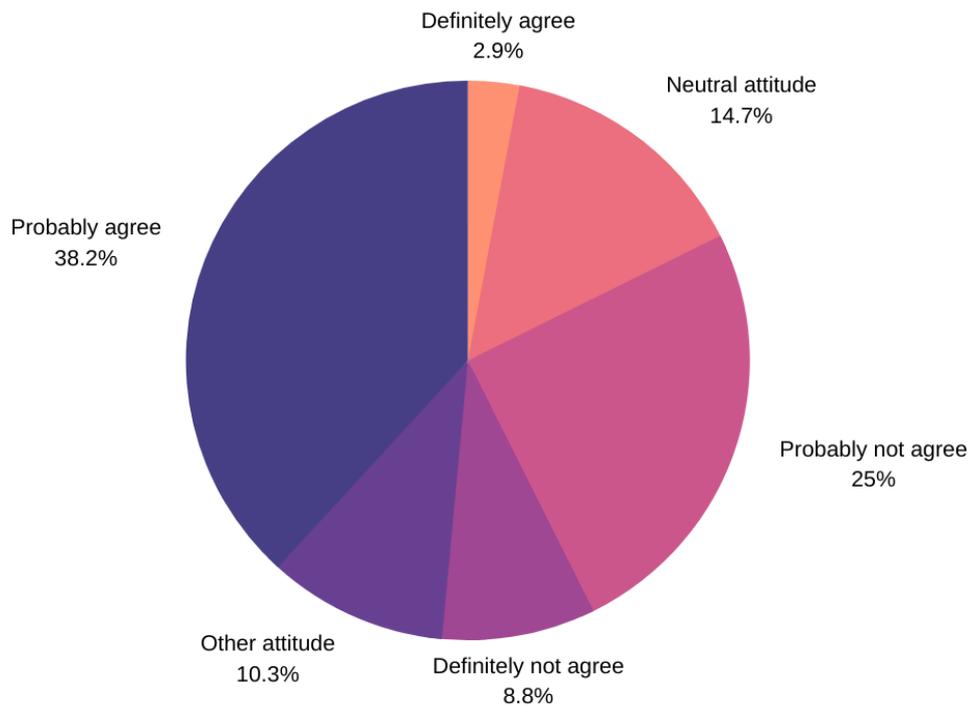


Single-answer question: Do you teach or did you teach English language to people with mental disabilities?



Single-answer question: What is your attitude towards teaching of English language to people with mental disabilities?

Considering people with mild mental retardation (IQ 50/55-69)

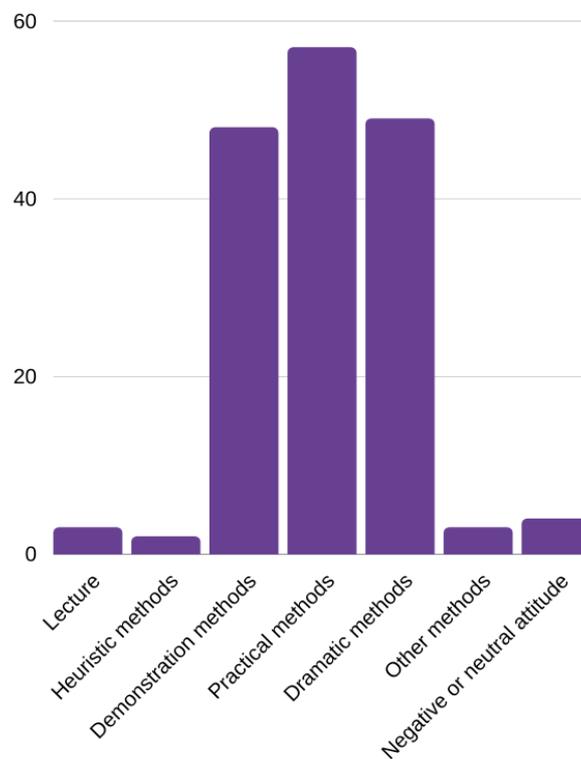


2 respondents (2,9%) answered that they definitely agree; 26 respondents (38,2%) answered that they probably agree; 10 respondents (14,7%) have chosen the answer “neutral attitude”; 17 respondents (25%) answered that they probably do not agree; 6 respondents (8,8%) answered that they definitely do not agree and 7 respondents (10,3%) have chosen the answer “other attitude”.

Respondents who chose the option “other attitude” have written following statements:

- It only makes sense at the A1 level.
- I am an English teacher for children without disabilities and I do not dare to judge. But I am probably not interested in teaching these children.
- I think teaching English to children with intellectual disabilities only makes sense in the upper grades and these children should only learn how to communicate in English, e.g. via game.
- They cannot even communicate in Czech and we are supposed to teach them some foreign language?

Multiple-choice question: In your opinion, what teaching methods are effective and applicable in educating of people with mental disabilities?

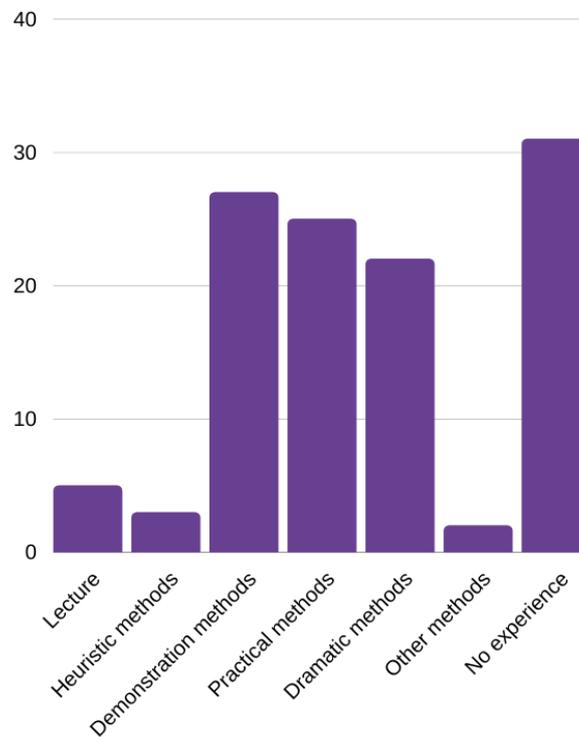


3 respondents have chosen the option “lecture”; 2 respondents have chosen the option “heuristic methods” (motivation to solve a problem on their own e.g. via experiment); 49 respondents have chosen the option “demonstration methods” (e.g. pictures, videos or audio recordings); 57 respondents have chosen the option “practical methods” (e.g. jigsaws, building kits, cooking lessons, work on the school ground); 49 respondents have chosen the option “dramatic methods” (i.e. use of various games); 2 respondents have chosen the option “other methods” and 4 respondents have chosen the option “negative or neutral attitude”.

Respondents who chose the option “other methods” have written following statements:

- TPR (Total Physical Response), songs or nursery rhymes.
- Famous fairy-tales in English.

Multiple-choice question: What teaching methods do you actively use in educating of people with mental disabilities?



5 respondents have chosen the option “lecture”; 3 respondents have chosen the option “heuristic methods” (motivation to solve a problem on their own e.g. via experiment); 27 respondents have chosen the option “demonstration methods” (e.g. pictures, videos or audio recordings); 25 respondents have chosen the option “practical methods” (e.g. jigsaws, building kits, cooking lessons, work on the school ground); 22 respondents have chosen the option “dramatic methods” (i.e. use of various games); 2 respondents have chosen the option “other methods” and 31 respondents answered that they have no experience with teaching of English language to people with mental disabilities.

Respondents who chose the option “other methods” have written following statements:

- TPR (Total Physical Response), songs or nursery rhymes.
- Simple exercises with word completion or drawing.

3. Overall results

Firstly, it is important to mention, the results of the questionnaires might be affected by some distortions. One of these distortions could be the sample size that is a total of 218 people throughout the Czech Republic, especially from Moravia. This means that these two questionnaires only indicate what attitudes and opinions regarding mental disability Czech people might have.

The second distortion could be the response bias as some of the respondents may have responded untruthfully or in accordance with the opinion of the majority society, but this phenomenon cannot be prevented in any quantitative research.

The last possible distortion that must be mentioned is misunderstanding of terms like “inclusion”, “mental retardation” and names of particular teaching methods. This distortion has been at least partially eliminated by definitions and descriptions of these terms.

Then it is crucial to evaluate hypotheses of both the questionnaires. The public questionnaire’s hypothesis “People from the Czech society do not know how to properly communicate with people with mental disabilities and have a neutral or even negative attitude towards the teaching of English language to people with mental disabilities.” has been rejected by the responses on the question “How do you communicate with a person with mental disability?” where the majority of respondents answered that they use technique of active listening. Then the hypothesis has been rejected by majority of respondents expressing a positive stance towards the question “What is your attitude towards teaching of English language to people with mental disabilities?”

Followingly, the hypothesis of the questionnaire for teachers “Czech teachers are not satisfied with current state of inclusive education but otherwise majority of them have a positive stance towards the teaching of English language to people with mental disabilities.” has been supported by the most of respondents having a negative stance towards all of the questions about inclusive education. Then can be seen mixed opinions of respondents within the question “What is your attitude towards teaching of English language to people with mental disabilities?” but eventually the hypothesis has been supported by more respondents agreeing.

Conclusion

The teaching of English language to people with mental disabilities is quite a controversial topic and people have mixed opinions about it.

Generally, the main reason of disagreement with teaching of English language to students with mental disabilities was according to the research current inclusive education or lack of communication of people with mental disabilities in their native language.

However, the majority of respondents reacted positively to teaching of English language to students with mental disabilities and some of them even suggested that everyone should have the equal opportunities.

Considering the results of research, the hypothesis of public questionnaire has been rejected, so the final thesis is that people from the Czech society know how to properly communicate with people with mental disabilities and have a positive attitude towards the teaching of English language to people with mental disabilities.

On the other hand, the hypothesis of the questionnaire for teachers has been supported by respondents so the final thesis remains that Czech teachers are not satisfied with current state of inclusive education but otherwise majority of them have a positive stance towards the teaching of English language to people with mental disabilities.

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