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Content

Introduction

Dear readers,
it is our kind duty to invite you to read the next spring issue of the Journal of Exceptional People. We believe that you will find what you are interested in in this issue and that the following contributions by Czech and foreign authors will captive you. For this issue, we have selected a total of seven articles with different topics from the world of "exceptional" people, i.e. people who struggle with their handicaps and who want to live their lives fully and with value despite their disadvantage.

The first article by Czech authors from the University of Olomouc introduces us to the problem of 3D audio tactile models, but their article does not focus only on 3D printing but mainly on the outcomes aimed at developing the spatial imagination of people with severe visual impairment. The following post refers to a project that was focused on mapping good practice in the system of support for the independence of young adults with disabilities in the Czech Republic and it was also sent to the editorial office by the authors from the University of Olomouc. The following post deals with a different topic, which introduces us to the problem of five key areas that can help maintain good mental health and prevent relapse in drug addicts.

In her contribution, the Japanese author Namiko Sakamoto reflects on the health consequences of social isolation at the time of the culminating Covid-19 pandemic, and the following article by the Czech authors Světlana Círová and Kristýna Krahulcová focuses on the matters of the so-called double exceptionality, often mentioned in the context of exceptionally gifted people. The next text by Martin D. Polínek considers the phenomenon of inclusive (specific) theater of actors with autism spectrum disorders from the audience's perspective. And the next part of our magazine includes the contribution of Slovak authors Barbora Kováčová and Stanislav Benčič, which is named "The book as a medium for parents with a disabled child as part of an early caregiving process".

As usual, the last three shorter articles are devoted to reviews of interesting publications that also relate to the matters we are following and which will surely find their way to their readers. We wish you a pleasant reading and believe that you will remain supporters of our magazine.

Pavel Svoboda and Jan Chrastina, executive editors, JEP

Possibilities of perceiving space and developing ideas about it through 3D audio-tactile models

(scientific paper)

Veronika Růžičková, Veronika Vachalová, Gabriela Špinarová

Abstract: *The following article aims to present partial outputs of the project TAČR (TL03000679) – Reduction of information deficit and development of the imagination of people with visual impairment through 3D models with auditory elements. The project is currently in the final part of its solution. This paper will not only present the project goals but mainly focus on the outputs and partial results achieved so far. The paper will focus not only on 3D printing but mainly on the outcomes aimed at developing the spatial imagination of people with severe visual impairment.*

Keywords: *people with visual impairment, 3D models, historical monuments, modelling*

1 Introduction

The following article summarizes the interim results of the TAČR project (TL03000679) – Reduction of information deficit and development of the imagination of people with visual impairment through 3D models with auditory elements. The project aims is to reduce the information deficit caused by the loss or limitation of visual perception in people with visual impairment and at the same time to develop their spatial imagination through the use of multisensory action. The goal is to be achieved through the creation and practical implementation of 3D audio-tactile models of historical and religious monuments. Based on educational and research work with them, it will be investigated how and whether information deficits in spatial imagination can be reduced in a wide range of respondents.

The implementation team consists of the members of the research team – members of the departments (Department of Geoinformatics at the Faculty of Science and the Department of Christian Education at the Sts Cyril and Methodius Faculty of Theology) and institutes (Institute of Special Education Studies at the Faculty of

Education) of Palacký University in Olomouc (Czech Republic) (and external experts from practice – historians, educators, and students. Such interconnection leads not only to an increase in the expertise of the whole team but above all to a broadening of the range of expertise, which is then promoted through workshops and online and face-to-face consultations into the key activities of the project.

The application partners of the project are the Grammar School for the Visually Impaired and the Secondary Vocational School for the Visually Impaired, the Kafira organization, and the Primary School for Pupils with Visual Impairment. All of the above-mentioned organizations have been providing their services – not only educational – to people with visual impairments for a long time. The facilities were selected with regard to the age group of their service users and pupils, but also, above all, with regard to the long-term quality of professional outputs towards the target group.

At the beginning of the project, extensive professional research was carried out in several areas – the RVP for primary and secondary schools and the curriculum for schools for pupils with visual impairment and architectural models of buildings in the Czech Republic and abroad. The first area of research provided us with answers to the questions which teaching subjects in primary and secondary schools our research can bring innovation to through haptic models, 3D haptic-acoustic models of historical and religious monuments. The second helped us to map the very low uptake of haptic models globally. At the moment, we can therefore conclude that due to the technology we intend to use and the complexity of the resources we are presenting, our outputs will be unique and, above all, comprehensive.

2 Site selection as part of the project solution

As part of the project, we have committed to creating at least 14 models of historical and religious monuments, in which locations a methodological investigation will be carried out to obtain information leading to further opportunities for the development of spatial imagination of people with severe visual impairment.

The sites were selected so that there would be at least one historical and religious monument in each region. The pre-selection was made by a historian based on the significance of the sites. The list was then passed on to the research team, who made a shortlist – taking into account the possibilities of modelling and 3D printing, and the whole implementation team made a final deliberate selection in an online workshop meeting. Representatives of all project partners commented on each monument and made a selection so that the monument and its historical, ecclesiastical, or cultural value could be further implemented in the pupils' learning.

The final list of monuments includes the following sites:

1. Moravian-Silesian Region – Church of the Assumption of the Virgin Mary in Opava
2. Olomouc Region – St. Morice Church (Olomouc), St. Wenceslas Hill (Olomouc)
3. Zlín Region – Buchlov Castle
4. South Moravian Region – Villa Tugendhat
5. Vysočina Region – Žďár nad Sázavou – Church of St. John of Nepomuk
6. Pardubice Region – Litomyšl Chateau
7. Hradec Králové Region – Kost Castle
8. Liberec Region – Trosky Castle
9. Ústí Region – Ploskovice Castle
10. Karlovy Vary Region – Chebská falc – fortified palace
11. Pilsen Region – Plzeň – St. Bartholomew's Cathedral
12. South Bohemia Region – Holašovice
13. Central Bohemia Region – Karlštejn Castle
14. Prague – Charles Bridge in detail + 3D map Klementinum, National Theatre

All these monuments were modelled and printed on both a P.I.A.F. thermal printer and a 3D printer and served as one of the main means of research.

3 Editing, modelling and printing of 3D models

A variety of materials were used to prepare virtual 3D models of historical and religious monuments, which were subsequently used in the creation of interactive physical aids for people with visual impairments. Since many of these monuments are not accurately spatially documented or their plans are difficult or impossible to access, publicly available data sources, floor plans, maps, photographs or other visualizations were used. The usefulness of primary GIS data in the form of digital elevation and surface models was also assessed. In the case of the land surface, these datasets were used, but for the representation of buildings and man-made objects, their detail was found to be a problem with respect to haptic response and model size. The order in which the 3D models were created was determined based on the availability of the underlying data, which was collected sequentially. The models were created in the modelling software SketchUp. 8. At the same time, the modelling had to take into account the specifics that are typical for individual buildings from different periods. For those buildings that allowed it in terms of scale, more emphasis was placed on capturing the characteristic elements of architectural styles. For larger complexes, on the other hand, it was crucial to convey an idea of their size through models. The modelling also took into account non-technological aspects in the form of specificities that are crucial for the target user group of blind and visually impaired people.

These include the absence of sharp edges that could potentially cause injury to users when handling the physical model. Thus, various open-source Blender tools were also used to smooth the Earth's surface. Furthermore, it was necessary to ensure that the models created were resistant to re-touching. Detailed or thin structures were therefore thickened or omitted. The specifics of 3D printing as a subsequent production method also had to be taken into account during modelling. When using a dual-extrusion printer, one of the nozzles is dedicated to a conductive material allowing the subsequent use of TouchIt3D technology to complement the audio-tactile interaction, while the other nozzle is dedicated to a non-conductive plastic string. There is no free nozzle left for any support material, so they must be designed to be completely self-supporting during the manufacturing process. At the same time, considerable effort had to be devoted to topological cleanliness and correction of geometric continuities on the model so that the model could subsequently be divided into conductive and non-conductive TouchIt3D elements. From the perspective of special education for people with visual impairment, the appropriate abstraction rates and levels of rendering (modelling) detail on the presented models were subsequently investigated with respect to the capabilities and needs of the target user group.

Printing of the models within the project was carried out on several printers. The printers were Ultimaker 3, Stratasys F170, CraftBot IDEX XL and Prusa MK3S. The individual printers were always chosen with regard to the detail required and the resulting size of the model. A very important parameter to keep track of was the resulting interactivity of the model. Testing of the different types of materials was carried out during the implementation. A number of parameters were considered with regard to the intended use of the models:

- the relationship between materials and the quality of the resulting 3D model,
- details at specific layer heights,
- material compatibility with conductive PLA material (Proto-pasta),
- construction of large models,
- mechanical durability,
- drop resistance,
- susceptibility to breakage of fine details.

After tests with PETG, ABS, ASA, PLA, Polymaker PolyMax PLA was chosen as the starting material. It is a material with improved mechanical properties thanks to Polymaker Nano Reinforcement technology.

Different possibilities of realization of multimedia content of 3D models were tested to best meet the needs of the target group of users (viewing model, tutorial mode, working with the model in the field). The TouchIt3D technology, developed at Palacký University in Olomouc, applies to all 3D printing processes where it is

possible to 3D print by combining two or more materials, at least one of which is a conductive material, or where it is possible to create two independently printed models that are subsequently combined into one functional unit. The resulting models can be primarily thermoplastics (e.g., ABS, PLA, PETG), but other materials can also be used. The use of the created objects is very wide, they can serve for example to control smartphones, tablets, electronic book readers, navigation, remote controls, automotive displays or to control displays in industrial deployment. Primarily, it is the creation of spatial 3D models used for presentation and navigation, for example in shopping malls, hospitals, administrative buildings, which can become interactive when placed on a capacitive display. The technology is particularly suitable for teaching children and adults, games, conveying information and knowledge to the visually impaired, blind, or otherwise disabled, space presentation, and navigation. A crucial application is the use of the technology in the creation of interactive tactile maps. 3D audio-tactile maps represent an important facilitating element in the development of spatial imagination and the consolidation of spatial orientation skills of people with visual impairments. Its development is a key prerequisite for promoting the independence and personal self-sufficiency of 3D audio-tactile map users. For the successful implementation of this modern technological phenomenon, it is essential to follow a basic methodological hierarchy of the procedure. In order to implement a set of educational materials, a special technological procedure for the use of TouchIt3D technology for 3D models of monuments had to be developed. The technology uses a specially developed software tool TactileMapTalk, which was functionally extended and adapted to the required aspects of use in the presentation of 3D models of monuments for the needs of this project and the set of educational materials.

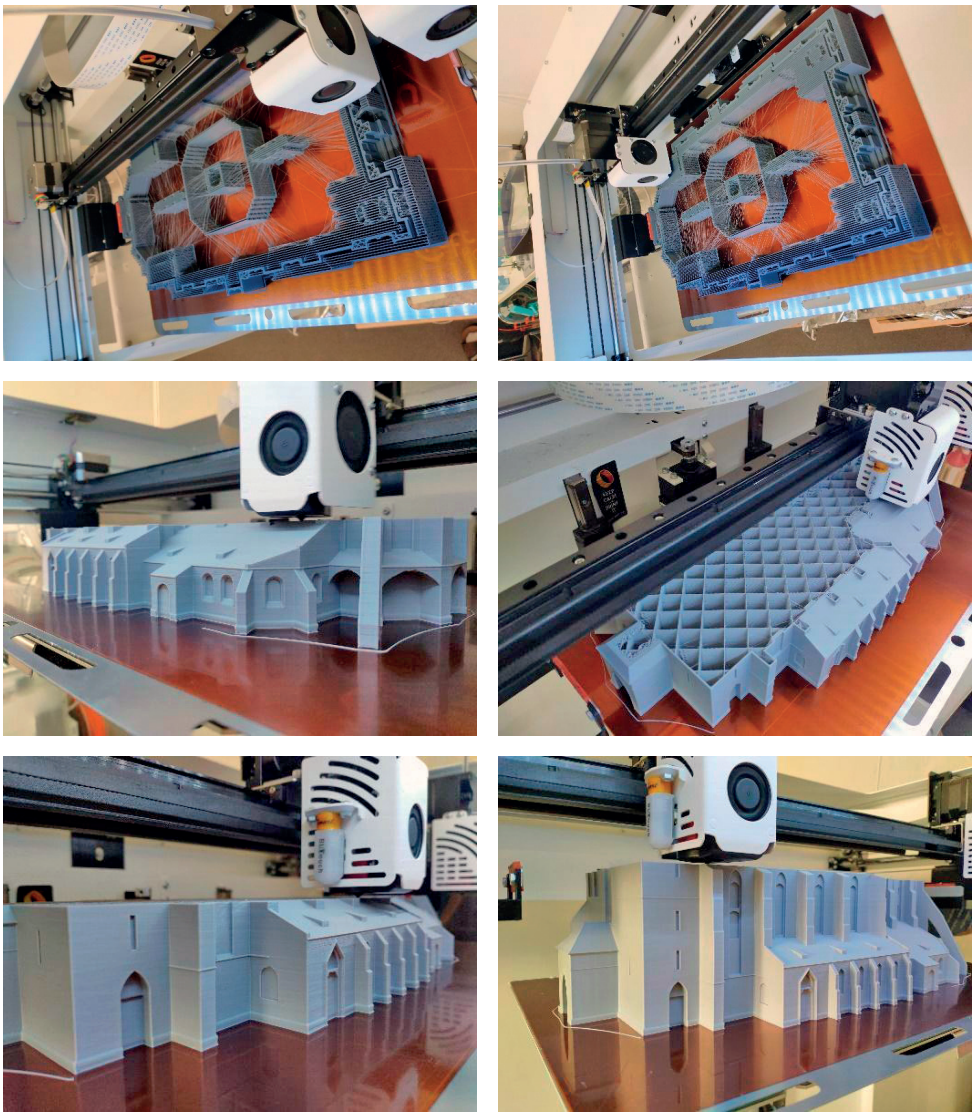

Figure 1a–1f: *3D Printing of the Monument*

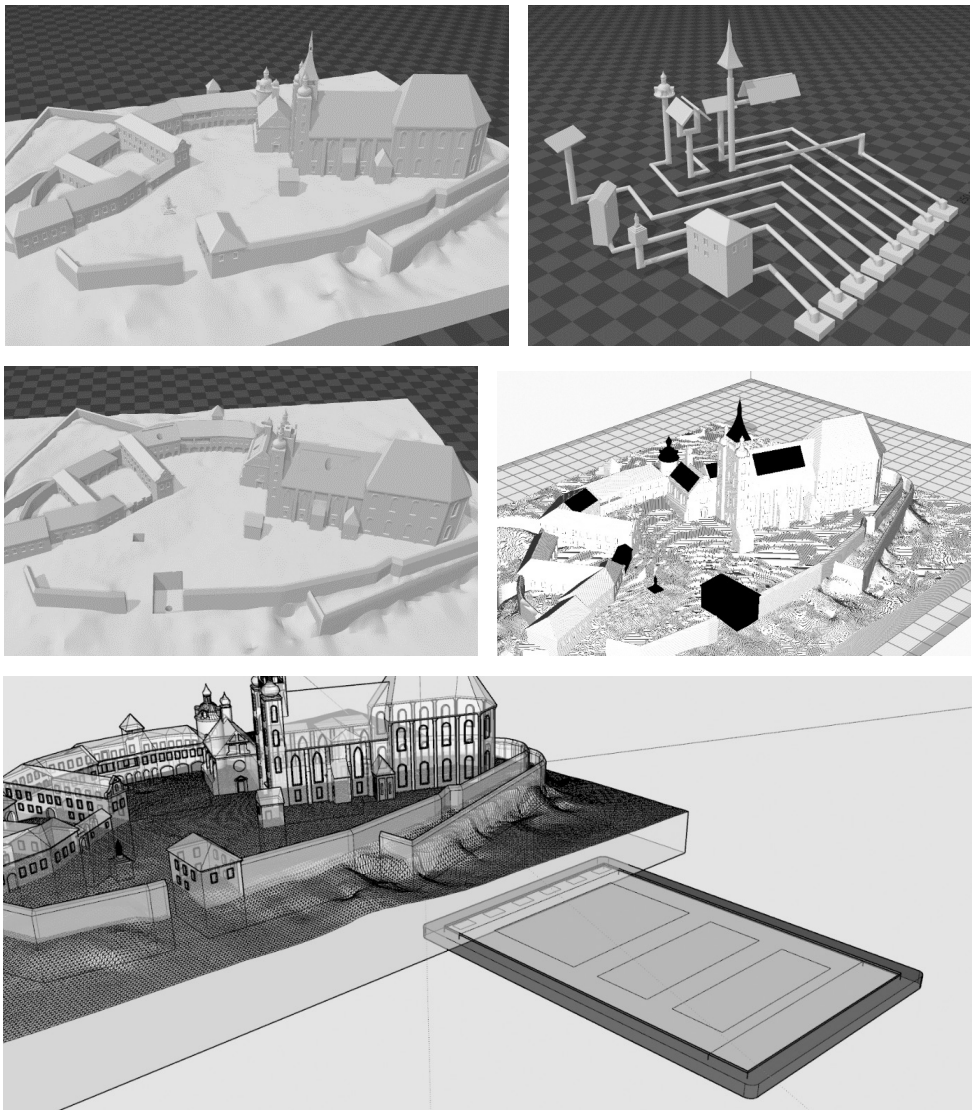

Figure 2a–2e: *Demonstration of modelling a 3D object and adapting it to a mobile phone application*

The course of the research and partial conclusions of the investigation

Different options for the multimedia content of the 3D models were tested to best suit the needs of the target user group (viewing the model, tutorial mode and working with the model in the field). The field testing is being carried out by all application partners of the project in proven successive stages, which are concluded with

a questionnaire for respondents and observers at the beginning and end, the final evaluation of which will be completed in September 2023, but we can already specify partial results.

Stages of the survey: work with 2D materials (this is the stable name for materials printed on ZyFuser thermal paper, which then include a map of the Czech Republic showing the location of the monument, the location of the monument in the surrounding terrain, a 2D plan of the object) → 3D model → verbal presentation of the monument (historical and geographical information about the object) → 3D multimedia model → visit the object (2D and 3D models still available) → 3D model and 3D multimedia model.

Partial conclusions of the investigation

1. Our set stages of investigation are valid and welcomed by the respondents.
2. The models and plans must be kept with us during the testing at the monument located in order to anchor ideas about space and spatial relationships, or to re-establish them.
3. People with disabilities need to be influenced not only tactilely, but also aurally and "locally" at the same time – describing and letting them feel in the moment.
4. People who are later blinded have a poorer orientation to plans and need models to create even basic ideas.
5. Primary school pupils with visual impairment appreciate the opportunity to link the idea of space to the plan and 3D multimedia aid – it is something new for them.
6. The 3D multimedia model needs to be set up to complement the information that has already been communicated, otherwise, it needs to be used as a 3D model first.
7. In testing, it became apparent that if the term is not known, there is no linking of the idea of the overall space, even if it is only a partial naming of a part of the object – especially for pupils there is the need to avoid verbalism and to give space for learning a new "concept" by explaining verbal explanation, as well as by demonstration on the model and then in the site (e.g. vestry, courtyard, "three-aisle church", etc.).
8. Well-guided excursion with the possibility of supplementing the verbal information with the tactile, olfactory, and locomotor effect of the monument leads to a quicker creation of an idea of the object, and its location in the terrain and also faster orientation afterward on the plan or model.
9. 3D multimedia model and its use in the conclusion – i.e. anchoring information about the object leads to a quicker internalisation of the idea of the object and its quicker equipping (both of the object itself, its parts, and the location where it is located).

Figure 3a–3b: *Photos from on-site testing of 3D models*

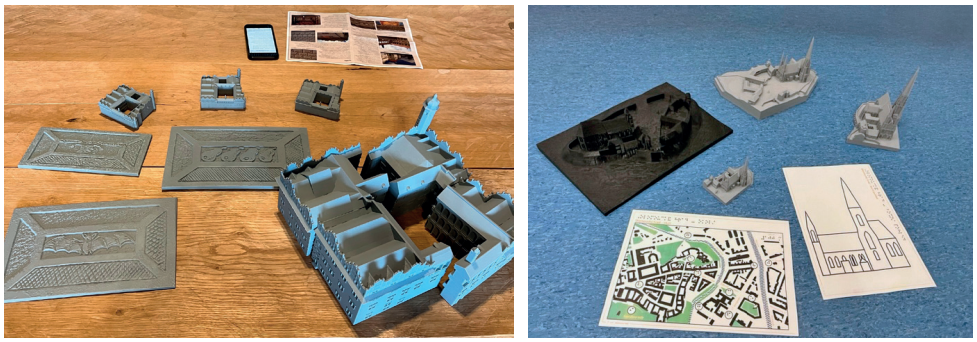

Figure 4a–4b: *Sample test set of some monuments*

4 Conclusion

The final stage of the project is currently underway, with models being printed according to the requirements resulting from testing with users with visual impairment. However, our project has already fulfilled several key activities (organizing a workshop, publishing a functional sample), and even surpassed some of them (publishing a guide to the monuments), while there are still more to come, among which are

mainly those resulting from the requests of the application partners themselves – adding a glossary of terms to the functional samples, publishing a monograph, organizing a conference, etc.

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(reviewed twice)

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Promoting independence for people with disabilities

(scientific paper)

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Abstract: *The following post aims to present partial results from the ongoing research, which is based on the initiative of the Abakus Foundation. The main objective of the project is to map good practice in the system of support for the independence of young adults with disabilities in the Czech Republic. Supporting the independence of people with disabilities is one of the important areas that contributes to improving the quality of life. This concerns both the disabled individual and the person caring for them. In this paper, we will offer a brief insight into the issue of independence and partial results of the research carried out.*

Keywords: *independence, disability, intellectual disability, physical disability, deaf-blindness*

1 Introduction

The concept of independence can be viewed very broadly, in different ways and at different levels. For example, it is also referred to in the Convention on the Rights of Persons with Disabilities as one of the general principles of access to people with disabilities (MoLSA, © 2020). Independent living takes into account several areas, such as independence from family or institutional care, access to independent housing, food, the ability to find and keep a job, and the provision of sufficient financial resources to cover essential living costs. It also includes independence in activities of daily living such as transport, shopping, self-care, advocacy for individual rights and interests, provision of all essential needs, pursuit of hobbies and entertainment, participation in social life, starting one's own family or partnership (Jurkovičová, Růžičková, 2022).

Ensuring the highest possible level of independence for people with special needs is a key element in achieving the highest possible quality of life. Independence brings with it a greater level of satisfaction and happiness (Haigh et al., 2013). It is also a factor that helps the individual to work better with themselves, have control over their actions and be more self-sufficient (Sexton, O'Donovan, Mulryan, McCallion & McCarron, 2016). Thus, a number of studies speak of a lifelong process of education and support towards strengthening independence. All of this is done with the support of family and professionals who assist the individual with a disability (Hale et al., 2011; Young et al., 2012).

The very nature of a disability means that it restricts an individual in certain activities of their normal life. The degree and type of disability also determines the degree of dependence on the help of others. Particularly in the case of severe disabilities such as mental or physical disabilities, there is more support from parents, teachers, carers or other professionals who work with the individual. However, in the field of special education, the goal is to achieve the maximum development and possible degree of socialisation, which leads to support and independence for individuals with disabilities. However, it is not entirely impossible to achieve at least partial independence that is optimal and achievable for the individual (Sandjojo et al., 2018).

Below we describe a list of disabilities that are inherently considered some of the toughest severe forms.

Intellectual disability

According to the ICD-10, mental retardation is characterized as "A condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, skills which contribute to the overall level of intelligence, i.e. cognitive, language, motor, and social abilities. Retardation can occur with or without any other mental or physical condition." Intellectual abilities and social adjustment can change over time and even disabilities can be improved through exercise and rehabilitation.

Independence and self-sufficiency will be affected by the degree of mental retardation. Individuals with a milder degree of mental retardation may achieve full independence in self-care and practical skills of daily living. Difficulties may occur particularly in managing more complex tasks and situations. With a higher degree of mental retardation comes a limited ability to perform self-care activities, manual tasks and self-sufficiency. They need support both in managing the household and in living independently. Individuals with the most severe degree of mental retardation already require constant supervision and support in all areas of life (Huang, 1997; Glidden, 2021).

Physical disability

Physical disability can be defined as a persistent or permanent impairment of motor skills with a permanent or significant effect on cognitive, emotional and social performance (Gruber, Lendl in Vítková, 1999).

Physical disability causes a reduction in independence and reinforces dependence on other people. Limited physical abilities can make self-fulfilment more difficult. The degree of self-sufficiency and independence is important and is related to the maintenance of acceptable motor function of the upper and lower limbs.

Deafblindness

Other severe disabilities undoubtedly include combined hearing and vision impairment, i.e. deaf-blindness. Vision and hearing are essential components in obtaining information, communication, orientation, self-care and education. The reduction or complete loss of both senses brings with it quite extensive problems not only in these areas, but in the overall life of such an individual. Limitations in hearing and visual perception entail a number of specific adjustments to the services provided which are to such an individual, as well as to the environment modifications, which are dependent on the degree of hearing and visual impairment, the time of onset of the impairment or the possible comorbidity of multiple impairments. Deafblindness, as this disability is also called, has a number of definitions. European Deafblind Union (EDBU, © 2014) defines deafblindness as follows: "Deafblindness is a unique disability caused by various combinations of auditory and visual impairments. It causes obstacles in communication and in social and practical interaction and it prevents full and inclusive participation in society." Similarly deafblindness is also defined by NHS: "Deafblindness is a combination of sight and hearing loss that affects a person's ability to communicate, access information and get around." Setkáme se také s pojmy jako např. "dual sensory loss" or "multi-sensory impairment" (NHS, © 2022).

Even though both senses are affected, it does not mean that the person is completely deaf and blind. As a rule, one of the senses is more preserved than the other, but there is still a limitation to such an extent that it causes the individual problems in everyday life. Such problems include, for example, the need to turn up the television or radio, or poor orientation in communications where many people are talking at the same time. The individual also has problems if someone speaks to them from behind, quietly and too quickly. In the context of reduced visual perception, this includes problems with spatial orientation, self-care activities, and interaction with the environment. It is necessary to involve compensatory factors such as tactile or cognitive functions. In addition to education, it is also problematic to engage the individual in the work process at the same time (LORM, © 2015).

As can be seen, the combination of multiple disabilities at the same time also falls under the category of severe disability. The care of such individuals will be very specific. The needs towards the integration of the individual into society will vary according to the individual comorbidities and an individual approach will again be essential. Depending on the type and degree of disability and the level of the individual concerned, approaches and methods will be chosen that will lead to the highest possible level of independence and self-sufficiency, thus promoting independence.

The above forms of disability are key to the research within the ABAKUS project – Mapping good practice in the system of support for the independence of young adults with disabilities. The aim is to identify the most used and effective forms of treatment and rehabilitation for people with severe disabilities, which are aimed at developing the highest possible level of independence and self-sufficiency and thus lead to the improvement of the quality of life not only of these concerned, but also of their caregivers. The outcome is the creation of a comprehensive proposal of individual rehabilitation and therapeutic approaches, services and methods that lead individuals towards independence within the Czech Republic.

2 Methodology

On the basis of the ongoing research, it is a mapping of available or missing services and methods within the Czech Republic. The aim is to describe these services and methods and to find the most effective ones, as well as new services and methods that support independence of people with disabilities and have not been systematically described in the literature so far.

The project is implemented in several phases:

1. Mapping the current situation in the field of empowerment of individuals with disabilities towards independence by searching for systematic reviews.
2. Key interviews with people with disabilities, families (or caring persons) of people with disabilities and providers of services for people with disabilities.
3. Creation of good practice cards to offer a systematic overview of the most effective services, methods and approaches that assist in moving individuals with disabilities towards independence.

The first stage of the research searched already established systematic reviews for source material that could provide evidence-based information on promoting independence for people with specific needs. The search strategy involved searching the Epistemonikos and Cochrane databases based on predetermined keywords. Primary searches were for English-language articles whose title and abstract contained the

keywords. The date of publication was not limited in time. Keywords for the first search: independent living, people with special needs/disabilities and services. Keywords for the second search: housing, employment, assistance and disability. The next step was screening – reviews screened out or ranked according to predetermined criteria based on reading titles and abstracts. Included reviews were then assessed by reading the full texts. Data from the included reviews were extracted and organised into summary tables and the outputs helped define examples of good practice in the system of supporting independence for young adults with disabilities.

The systematic reviews identified in this study addressed supportive interventions within several domains. Three of the included systematic reviews dealt with personal assistance, two dealt with independent living support, two dealt with vocational rehabilitation support, and the remaining six reviews dealt with different types of interventions that promoted independence for people with disabilities in one or more areas of their lives or focused on their transition from childhood to adult life and services.

The second, and still continuing phase, is interviews focusing on mapping the area of services, methods and techniques provided to individuals with disabilities and their families or caregivers in the Czech Republic. The services sought should be aimed at supporting the independence of the individuals concerned through compensation or support services or compensatory aids/technologies. But we also include here the possibility of modifying or reducing the demands of the environment with the possibility of using a particular service or aid/technology.

The interviews were grouped into three categories, according to the position of the entity either using or providing the service. The first group of interviewees are families (or carers) of individuals with disabilities. Based on pre-determined questions and criteria, this group of individuals' experiences with the provision of services and methods leading to their child's independence are explored. Those that were most beneficial and effective for the group, according to the individual assessment, and helped the affected member to achieve the greatest degree of independence are sought. The ongoing research shows that individual attention, staff expertise, time and cost availability of the service/method, comprehensiveness, and a friendly and supportive environment are key to the use of services by families with a member with a disability.

We have similar experiences from interviews with individuals with disabilities themselves. Above all, the individual approach, the comprehensiveness of services, the expert staff and the all-round accessibility of services and methods are absolutely crucial for each individual. The interviews, however, focus on the individual specifications of these services and methods and, on this basis, the most effective ones are sought for the independence of the individuals concerned.

Interviews with service providers focus on their access to services or their processing technologies/tools. This information is also very valuable for the subsequent development of best practice cards. The expert perspective provides additional information about the service, method, technology and how it works in practice. They can complement the experiences of families and individuals with disabilities with expert insight into the effectiveness of the services and methods they provide. Because of their expertise, the worker can modify the service to carry the various elements according to the needs of the clients. Together they also plan how best to achieve a degree of independence. The staff position is also crucial to motivate and encourage the client and their carers. At the same time, the worker can also recommend which methods, technologies/aids and services can help the individual to become independent, which of these options are good to include at the beginning of rehabilitation and which options can be added to this care during further development according to the needs of the individual with a disability.

3 Results

It should be added that these are only partial outputs from the interviews and therefore it is not possible to create a comprehensive view of the services provided. However, we can already say that the above-mentioned aspects are, due to their frequency, essential for the project's outputs. The research investigation leads to the identification of the most effective and key methods, services and procedures that help to improve the lives of people with disabilities towards the highest possible level of development of independence. In order to make such an investigation effective in practice, so-called good practice cards will be created to describe the services, methods and aids. The content will be to adjust the environmental conditions to the extent that self-realisation, self-care and decision-making are enabled with the level of skills and abilities that the person currently possesses.

4 Conclusion

This contribution presented the main aim and partial results of the project stages implemented in the Czech Republic. We are now in the stage of data collection through interviews conducted with families of persons with severe disabilities, with persons with disabilities themselves and with providers of services to persons with disabilities. The last phase of the research will be the creation of good practice cards. These cards can be imagined as a systematic overview of the specific most effective services, methods and approaches that help in the empowerment of individuals with disabilities towards independence. The content of the cards will be based on the data collected from the interviews.

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Wellbeing and e-health – the web-based application for relapse prevention

(overview essay)

Michal Růžička, Julie Wittmannová, Oldřich Müller, Lenka Růžičková, Milan Valenta, Ondřej Skopal

Abstract: *The phenomenon of treatment and social rehabilitation of people with addiction is inherently based on the cooperation and collaboration of many disciplines. These are mainly: psychiatry, addictionology, special pedagogy, andragogy, psychology and social work. The knowledge and experience of experts from the above mentioned fields and from the described institutions in the context of cooperation with information technology experts is reflected in the main result of the product discussed in the article. This is the software: a web application for mobile phones and other devices.*

The Five Ways to Wellbeing method is a powerful tool for promoting mental health and wellbeing that has been developed by the UK NHS. This method focuses on five key areas that can help maintain good mental health and prevent relapse. These are 1. keeping in touch with other people, 2. regular exercise, 3. maintaining mindfulness, 4. learning new things, and 5. altruism.

This article presents part of the results of an evaluation study conducted within the framework of the TAČR project ÉTA: Application for the development of social competences of people with addiction in the context of indications for special education and therapeutic intervention, reg. no.: TL05000482. The project is guaranteed by Palacký University in Olomouc. The research was conducted at P-Centrum z.s., non-profit organization focused on addictology services, which is the application guaranty of the project. The aim of the paper is to present how the research implemented the Five Ways to Wellbeing methods into a web-based application for E-health. The methodological design of the study is based on qualitative research, specifically an evaluation study.

The results suggest that the Five ways to wellbeing method is suitable for implementation in this web-based application and offers further potential in addiction treatment and relapse prevention.

Keywords: *relapse prevention, E-health, drug dependency, psychotherapy, special education*

1 Introduction

According to the World Health Organization (WHO), E-health is defined as the use of information and communication technologies (ICT) to promote health and health care. E-health encompasses a wide range of technologies, including mobile devices, sensors, electronic health records, telemedicine and other tools that can improve access to and quality of care. The goal of e-health is to provide more efficient, safe and accessible healthcare and to promote population health. In the case of this study, it is a web-based application.

In the workplace where the development of the application is carried out, wellbeing is one of the key approaches. The Five Ways to Wellbeing method has been used at the workplace for several years and one of the goals for the emerging application was to move this method into a web application.

The Five ways to wellbeing method is based on basic principle: If you increase the amount of positive activities in your life, you will also increase your sense of mental well-being and happiness and reduce cravings for drugs or alcohol.

The Five Ways to Wellbeing method gives simple examples of activities that can improve your inner well-being and help you move towards positive change. By making these activities primarily dependent on client responsibility, positive changes can be lasting. These are the following five activities:

- **Connect:** Deepen relationships – with the people around you: family, friends, colleagues or neighbours. Spend time with these relationships and the people around you. Write or call people close to you who you have not been in touch with for a long time.
- **Be active:** You don't necessarily have to go to the gym, but go for walks, ride a bike, go swimming or play football. Get off the tram one stop early. Find an activity you enjoy and incorporate it into your daily life.
- **Take notice:** Be more aware of the present, pay attention to your feelings and thoughts, your physical body and the world around you. This awareness, which some call "mindfulness" (sometimes translated as awareness, a specific type of mindfulness characterized by deliberate, alert awareness of phenomena occurring in the present moment), can positively change your approach to life and the way you face challenges.
- **Keep learning:** Learning new skills will give you confidence and a sense of accomplishment. So try signing up for a cooking class, or start learning to play a musical instrument, learn a foreign language or fix your bike.

- **Give:** Even the smallest act counts, whether it's a smile, a thank you or a kind word. Consider also volunteering at a non-profit organization.

Source: https://lets-get.com/healthy-lifestyles/mental-wellbeing/five-ways-wellbeing/

This method, or rather its application with the clients of the P-centre in Olomouc has a tradition since 2015, when it was implemented through evaluation research to our socio-cultural context of organization like a part of international projects. Since then it has been successfully used and the results of therapeutic work with it have been published. This is also the reason why its philosophy is used in the new application that is being developed here.

2 Methods

The project is designed to combine technical and non-technical research. During the project activities, the researchers developing the application meet directly with experts in specific topics of addictive behaviour and together are looking for ways to transfer the therapeutic potential of these fields into the final web-based application. This effort is based on evidence showing the increasing need for e-therapy and similar applications in working with the target group.

The chosen research design is qualitative evaluation study, which according to experts (Miovský, 2006), is suitable for research in the field of programs for our target group. It is a method that according to Hendl (2005) is suitable for social interventions and activities to eliminate or alleviate social problems. Evaluation research also considers more aspects of interventions and programs and is thus logically focused on practical aspects (implementation, usefulness) rather than theoretical aspects. In the case of this project, it is a qualitative evaluation of a web-based application for mobile phones and other devices aimed at relapse prevention and abstinence maintenance. In line with the theory of qualitative evaluation study, this will be carried out in all the described levels (phases): evaluation preparation, evaluation of the process itself, evaluation of the outcome. The evaluation methodology takes into account

the social, psychological, educational and health levels. The result may influence and enrich the practice of providing addiction services in the region or in the Czech Republic. There are two target groups of the evaluation. The first one is clients group (substance users). The second one is the professional staff group (special educators, psychologists, social workers, health workers therapists) who work with clients. For the purpose of the project we work with two types of samples – evaluation of the application from the participant's (client's) position, evaluation of the application from the professional's position. In the case of planned research, this is a quota sampling through institutions combined with a self-selection method.

Methods of obtaining qualitative data are focus groups and semi-structured interviews.

- **Focus groups:** We choose this method for the target group of workers as research participants. The advantage is the multidisciplinary discussion of the participants of these groups (psychologists, special educators, social workers, exusers).
- **Semi-structured interviews:** This method involves clients and experts as the research sample. The evaluative interview is the traditional tool used in the intervention. Clients are used to it and it is natural for them. It also allows us deep focusing on clients needs and barriers in using this applications and its effectivity.

Triangulation was used to check the validity of the data acquisition and in checking the data analysis and interpretation. In the case of this research, the triangulation held in methodological, content, perspectives and researchers fields. Data analyzing was done through analytic induction during focus groups repetition.

Within this paper, we used those parts of the interviews and focus group prompts that related specifically to the implementation of the Five Ways to Wellbeing method. These included four focus groups with practitioners from the professions described above, and then we relied on four interviews with other experts and we also had data from six interviews from clients (users of the app).

3 Results

The current version of the application – working name SOS APP – is a tool for clients of counselling services and addictology and their therapists. The current version of the application becomes of several subparts, which we will try to describe below. Among other things it facilitates communication and helps to plan the dates of individual sessions more flexibly.

- **The BoLR (box of last rescue):** It is a scheme that directs the app user to create content related to personal motivation (space to insert a photo, video, text), to

clarify and store their crisis contacts, and to create an individual crisis scenario in case of a lapse or other emergency.

- **Scale-up:** Lifestyle adjustments towards balance and sustainability are necessary to create the conditions for abstinence, and for maintaining it. By tracking individual areas such as sleep, diet, leisure, relationships, physical activity on a daily basis and recording them on scales in the app, clients are motivated towards being aware of self-care. Together with the therapist, they can retrospectively monitor and evaluate their relationship to personal satisfaction, stress, temptation and abstinence itself, which are also continuously recorded. The goal is to deepen understanding of the causes of one's own addiction in the context of one's life, mapping one's resources and strengthening one's own "self-efficacy." Ongoing completion is "rewarded" by lighting up graphic elements symbolizing each area.
- **Education:** Short educational blocks have been created for the above mentioned areas, combining the written text with audio version. Our aim was to be concise and easy to understand. The knowledge and understanding acquired is verified either by a short test (A-D) or by other graphic and interactive elements. Upon completion, a graphical element symbolizing each area is coloured to reveal bonus content of an entertaining or motivational nature.

The current version of the app is undergoing testing and commenting. If its functionality is verified, another challenge for the coming period will be to develop a version integrating perspectives from outside the Olomouc region so that it can be fully used nationwide.

Wellbeing aspects in results

Here we present the resulting data from the interviews with experts and focus groups, always on specific steps of the Five Ways to Wellbeing method. The results suggest that the Five Ways to Wellbeing method is suitable for implementation in this application and that it opens up further potential in addiction treatment and relapse prevention.

- **Connect:** The phenomenon of contact is very specific to the success of abstinence. It is about positive contacts with people who do not use addictive substances. There is a consensus among research participants that quality relationships can provide support and encouragement when a client is facing the challenges associated with the recovery process. This support can help reduce feelings of isolation and loneliness that can be triggers for drug and alcohol use. Quality relationships can also help the individual find alternative ways to manage stress and deal with emotional issues that can lead to substance use. Relationships, according to the focus group results, also help to build healthier and more positive ways of spending leisure time and finding new meaning and purpose in life. This can be very

helpful in maintaining abstinence. Relationships also help to develop better communication and interpersonal skills. This can help individuals to interact better with other people and to improve their social environment, the quality of which is a prerequisite for maintaining abstinence. In the app, this topic is developed in the supportive contacts, as well as in the interactive relationship education and also in the scales.

- **Be active:** Analyses show that physical activity and movement are effective ways to reduce stress and anxiety levels in the body and mind. Movement increases endorphin levels, which can improve mood and the desire to abstain. Movement helps with managing emotions. Physical activity and movement are effective ways to manage emotions and control impulses. These skills are important for relapse prevention because they can help an individual better manage their feelings and behaviors. In the app, this theme is active in the education on the importance of movement and also in the rating scales.
- **Take notice:** There is a consensus among research participants that mindfulness an important tool for a successful outcome. Mindfulness in this area usually refers to the ability to be fully present in the moment, to observe and perceive internal and external experiences without judgement or criticism. There is strong support for mindfulness activities across the professional spectrum of our research and in particular for: recognizing cravings and preoccupations, stopping thoughts leading to rumination, and regulating emotions. Mindfulness helps individuals recognize and better regulate their emotions. When people are aware of their emotions, they can use more effective strategies to manage emotional fluctuations and reduce stress. Mindfulness is also embedded within the app, this is the educational part of the app where this topic is directly addressed, but it is also included in other topics within the development of mindfulness in movement, food, relationships, etc.
- **Keep learning:** Developing cognitive skills and learning new things helps to improve cognitive functions such as attention, memory and thinking. This in turn can lead to improved performance in everyday activities and improved quality of life. Other important themes that emerged from the discussion on this topic were that learning has a significant impact on decision-making, adaptability and self-esteem. The topic of learning is embedded in the app itself – in the words of one research proband "a college of sobriety".
- **Give:** Altruistic behavior is helping others without expectation of reward or benefit to oneself. It is important for several reasons: it strengthens relationships, increases satisfaction, and reinforces ethical values. It was mentioned in the focus group that some studies show that people who volunteer have a lower risk of depression and anxiety. However, there were other statements that were agreed upon, namely that promoting altruism is also an ethical issue and will be difficult

to set into an application. This leaves room for consultation with the therapist during the session. Within the app mentioned, this point does not have a module after all, but the philosophy of these altruistic activities is embedded in the 'my day' rating scales. Here the presence of a therapist intervention is also important for appropriate altruistic activities.

4 Discussion

Mobile and web-based applications for addicts are common practice in English-speaking countries. People with addictions can access them in their mother tongue, they are free, and they can even choose from a wider range according to personal preference or user reviews. But what options are open to people in the "Czech online" at the turn of 2022 and 2023? The most persistent searchers will find mentions of the Čára app for homeless and at-risk drug users in Brno, the iTRIP app designed for experimenters with hallucinogenic substances to assess and map their condition during intoxication, or the Quitzilla translation app in general "for all those who want to break their habits and addictions." However, the most common apps for addicts we come across are a web-based questionnaire assessing your level of addiction, a "sobriety calculator", or a calendar counting your days of abstinence.

The use of online environments for counseling and treatment services became especially prevalent during the COVID-19 pandemic.

The web application that is the subject of this research will include the following content in addition to the concepts of the Five Ways to Wellbeing method:

- **Reminders for regular health self-care:** The app can send reminders for regular health care, such as regular meals, sleep, and exercise. These basic steps can help maintain a stable mood and reduce the risk of relapse.
- **Mindfulness training:** Mindfulness is a method that focuses on being aware of the present moment and relaxing your thoughts. The app can include mindfulness practice instructions so that users can easily practice this technique and reduce anxiety and stress.
- **Community support:** the app can encourage users to create a social network profile and join a community of people with the same problem. Users could share their experiences, encourage each other, and help each other to prevent relapse.
- **Personalized planning:** The app could in the future provide a personalized plan for each user, based on their individual needs and goals. This plan could include mindfulness exercises, relaxation techniques, motivation for healthy eating and exercise, and other elements.

- **Stress reduction tools**: the app could include a variety of tools to help reduce stress and anxiety, such as meditation exercises, relaxation music, and visualization.
- **Progress tracking:** The app could allow users to track their relapse prevention progress and provide motivation and encouragement to continue. This could include tracking the number of days the user feels well, the number of mindfulness exercises, and other criteria.

The current evaluation study results also highlight the risks of this method. One risk is that users may lose interest in the app and its use after a short period of time. This can happen if the app is not motivating enough or if users do not feel that the app provides enough value to them.

Another risk is that the app may not be suitable for all users. For example, some features may be too complex or inappropriate for certain groups of users. It is therefore now important that the app is designed to be accessible to as many users as possible. We are currently evaluating the results with clients who are testing the app, here we are trying to catch shortcomings and implement suggestions from outside.

5 Conclusion

The article presents a partial part of the result of the evaluation study, which is conducted within the project TAČR ÉTA: Application for the development of social competences of people with addiction in the context of indication of special educational and therapeutic intervention, reg. no.: TL05000482. The project is guaranteed by Palacký University in Olomouc and the research was conducted at the P-Centrum, which is the application guarantor of the project. The aim of the paper was to present how the research managed to implement the Five Ways to Wellbeing methods into a web-based application for E-ealth. The methodological design of the study is based on qualitative research, specifically an evaluation study.

The results suggest that the Five ways to wellbeing method is suitable for implementation in this application and it provides further potential in addiction treatment and relapse prevention.

An interactive web-based application could be ideal for users who want access to more extensive information and relapse prevention tools. The final app also includes videos, audio recordings and other interactive elements to help users maintain good mental health and relapse prevention.

Overall, the Five Ways to Wellbeing method has great potential for relapse prevention in a digital environment as part of e-health. Using this method could provide users with a simple and effective tool for maintaining good mental health and preventing relapse.

Ethical Aspects

The ethical aspects of the research are handled by having the research probands give written consent, as well as the institution where the research is conducted. All stakeholders act under anonymous codes.

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Hikikomori social isolation among adolescence. What don't we still know about social isolation among adolescents?

(overview essay)

Namiko Sakamoto

Abstract: *Social isolation or withdrawal is a worldwide mental health problem which escalated amidst COVID-19 pandemic. In Japan "long-term social isolation or social withdrawal" is called Hikikomori and nowadays it catches more attention in European countries.*

In this paper, I introduced trends of European studies in comparison with studies in Japan about Hikikomori. Academic articles acknowledge the word and definition of Hikikomori in South Europe and significant number of studies is conducted in Spain and in Italy. Experts mainly focus on adolescents and young adults.

Keywords: *Hikikomori, Social isolation, social withdrawal, adolescence, Japan, Europe*

1 Introduction

The current population of Japan is around 124,8 million as of January 1st, 2023. Japan is considered as an economic and cultural superpower in the world. Japan is popular among foreigners especially due to modern entertainments such as Japanese food, electronics, automobiles, music, video games, anime and other traditional martial sport or culture, on the other hand, Japanese mentality and behavior cultivated in the indigenous Japanese culture remain as unique or difficult to understand (always described as "an exotic").

Some simple examples. Foreign tourists who visited Japan tends to describe it as a beautiful and wonderful country, well-organized, clean, and the Japanese are polite and warm. But foreigners who stayed several months or lived longer in Japan have mixed feeling. Briefly, it is hard for them to live in Japan like the Japanese. Foreign seconded staffs transferred to Japan in the past described their life in Japan (mainly

in Tokyo) as good experience, but they are glad that they came back to their hometown in Europe or USA.

The Czech Republic (here in after Czechia) is well known as the most advanced economy in the Eastern Europe. Czech industrial tradition finds roots in the 19th century. This background has attracted many foreign investors, and Japanese companies are not exceptional. Approximately 270 Japanese companies run a business in Czechia, Toyota Motor Corporation with all own supplier chains or Daikin Industries belong to most significant investors with a long history in Czechia.

Japan and Czechia have a common feature, both are industrial countries and core industry is automotive. Besides, long-term observation which I conducted more than a decade showed similar trends of social problems.

In this paper, I focused on a spiritual aspect of our life – "social health" which many of us noticed, amidst COVID-19 pandemic, as an essential part of our quality life, at the same time, many of us recognized social health as an impossible gift to touch.

Social withdrawal or social isolation is considered as one of serious problems in Japan. How is this phenomenon manifested in Czechia and other European countries?

2 Social isolation *Hikikomori* in Japan

*Hikikomor*i is a globally acknowledged Japanese word which means severe social isolation or social withdrawal.

Hikikomori was recognized among adolescents in Japan in 1970s and experts started to focus on the state of "student apathy" comprehensively (HANAOKA, 2002).

Hikikomori in Japan, in accordance with a guideline by The Japanese Ministry of Health, Labour and Welfare (**MHLW**), means **"a symptom of avoiding social activities (work, studying at school or other kinds of activities out of own home) as consequences of various factors, and continuously staying at home, principally, more than 6 months"**.

Table 1: *The result of survey*

Conducted	Age between	Valid respondens	Hikikomori in a broader sense			Breaknumber			
			Real Number	Emergence Ratio	Estimated number	Hikikomori in a narrower sense		Sub-Hikikomori	
						Real Number	Estimated number	Real Number	Estimated number
in 2015	15–39	3115	49	1.57%	541 000	16	176 000	33	365 000
in 2018	40–64	3248	47	1.45%	613 000	28	365 000	19	248 000

The overall situation in Japan is shown in the Table 1. The aim of the survey conducted by MHLW was to assess what state of *Hikikomori* is in Japan (n = 5000). This survey is conducted periodically.

Respondents answered to the question: "How often do you usually go out?" by selecting one of the following options.

- *Hikikomori* in a narrower sense
  1. I hardly leave my room.
  2. I leave my room, but I don't leave my home.
  3. I just go to convenience stores or similar nearby.
- *Sub-Hikikomori*
  4. I go out only for my hobbies.

In 2009 the first Local Hikikomori Support centres were established and the number of centres, at least 1 centre in each prefecture and designated cities, reach to 68 in 2018. Local Hikikomori Support centres provide comprehensive supports in cooperation with health organizations, labour offices, local authorities, schools and NPO to provide quality and effective assistance to clients.

A definition of the word *Hikikomori* occasionally differs in Japan and in other countries (KOBAYASHI, 2019*)*. The author mentioned that 60–80% of people in the state of *Hikikomori* experienced "Not Attending School (NAT)" in the past (IDE, 2007). "Not Attending School" students are not counted in the statistics of *Hikikomori*, but in separate statistics. The number of NAS students in compulsory education is, according to the Ministry of Education, Culture, Sports Science and Technology in Japan, 196 127 in 2021.

I should emphasize that *Hikikomori* itself is not a medical diagnosis but it is considered as a phenomenon.

In abroad *Hikikomori* is not the centralized definition and the same symptom – staying at home without any activities outside of own home – is described as a social isolation or social withdrawal (Rubin & Coplan, 2004).

3 Social isolation Hikikomori in European countries

I conducted review of articles available on Web of Science. I used 2 combined keywords, i.e. "Hikikomori" and "name of European country". For Instance: Hikikomori, Czech Republic.

Mac OS Safari was used as a search engine and the number of searched European countries was 44.

A simple test with a keyword "Hikikomori" found 316 results before filtering – check contents.

231 results of search under the same criteria in case of Japan (Hikikomori, Japan) were available on Web of Science (dated on September 1, 2022) before filtering which means I did not check the contents.

I analyzed and evaluated contents of studies how the word Hikikomori is accepted, utilized, or modified in accordance with circumstances in the respect country. I also compared the definition of *Hikikomori* if there are any deviations in use in Japan and European countries. I also used a recorded interview with a Czech respondent experienced *Hikikomori* syndrome as a material.

Total number of studies which fulfilled predefined conditions was 107 and I chose 46 studies after correction.

The following table shows the search result. I had to eliminate some articles for several reasons stated in remarks in the table.

Table 2: *The result of research under keywords*

	Country	Results	After correction due to remarks	Remarks
1	Albania	**0**	**0**	
2	Andorra	**0**	**0**	
3	Austria	**0**	**0**	
4	Belarus	**0**	**0**	
5	Belgium	**0**	**0**	
6	Bosnia and Herzegovina	**0**	**0**	
7	Bulgaria	**0**	**0**	
20	Italy	**39**	**21**	2 articles contains "Italy" only in the reference and only a paid version of a full text is available. 1 article contains "Italy" in the name of the university. 4 articles mentioned "Italy" but the study focuses on general phenomenon in Western countries. I could not access to the full text version and it was not clear from the abstract about location of the study in 7 articles. I could not find any information corresponding to Italy in 4 articles.
9	Czech Republic	**1**	**0**	As the article is available only in the form of a paid version, I did not check contents. As far as I checked references, "Hikikomori" was used in articles referred in the article "Outdoor education and becoming-man" (Ivo Jirasek, 2021)".
10	Denmark	**3**	**3**	Denmark is the name of author and has nothing to do the with the country.
11	Estonia	**0**	**0**	
13	France	**13**	**9**	1 article is about "Hikikomori" phenomenon in Italy and just mentioned about phenomenon in France. 1 article contains "France" in the author name. 1 article is about "Hikikomori" phenomenon in Japan and 1 address about author information contains "France". 1 article summarized "Hikikomori" phenomenon in the article but the study was not conducted in France. 6 out of 9 articles are available in English.

40	Spain	**18**	**9**	3 articles are about "Hikikomori" phenomenon in Japan. 1 article is about "Hikikomori" phenomenon in Western countries but a full text version is available only in Spanish language. 1 article is about general "Hikikomori" phenomenon in Western countries. 1 article contains "Spain" in an introduction of the author. 1 article is about "Hikikomori" phenomenon in Japan and Spain. 1 article about "Hikikomori" in Portugal.
14	Germany	**2**	**2**	I did not have an authorized access to 1 article. 1 article contains "Germany" as a location of the university.
15	Greece	**0**	**0**	
16	Holy See	**0**	**0**	
17	Hungary	**1**	**0**	Article is about "Hikikomori" in Hungarian language. I could not check whether the study is about "Hikikomori" in general or about phenomenon in Hungary.
18	Iceland	**0**	**0**	
19	Ireland	**1**	**0**	"Ireland" is contained in the name of a publisher.
12	Finlad	**5**	**4**	2 articles are available as free of charge. 1 article was omitted due to the project was financed by the foundation in Finland (Emil Aaltonen Foundation).
21	Latvia	**0**	**0**	
22	Liechten-stein	**0**	**0**	
23	Lithuania	**1**	**0**	It was not clear from the abstract where "Lithuania" was stated and only paid version of article as a full version is available.
24	Luxembourg	**0**	**0**	
25	Malta	**0**	**0**	
26	Moldava	**0**	**0**	
27	Monaco	**0**	**0**	
28	Montenegro	**0**	**0**	
29	Netherlands	**1**	**0**	"Netherlands" is contained in name of the university.
30	North Macedonia	**0**	**0**	
31	Norway	**2**	**0**	"Norway" is contained in name of the university.
32	Poland	**0**	**0**	
8	Croatia	**3**	**1**	1 article is available as an option "full text at publisher".
34	Romania	**2**	**0**	1 article contains "Romania" in name of the hospital. It was not clear from an abstract where "Romania" was stated and only paid version of article as a full version is available in 1 article.
35	Russia	**3**	**0**	1 article was not accessible and 2 articles are about Japanese society in Russian language.
36	San Marino	**0**	**0**	
37	Serbia	**0**	**0**	
38	Slovakia	**0**	**0**	
39	Slovenia	**0**	**0**	
33	Portugal	**1**	**1**	
41	Sweden	**0**	**0**	

42	Switzerland	**6**	**0**	No article contains a study conducted in Switzerland.
43	Ukraine	**2**	**0**	
44	UK	**3**	**1**	A keyword "United Kingdom" showed 0 study, I switched the keyword – UK. 1 article is a study about Hikikomori in UK but focused on students in Hong Kong and Scottland.
44	TTL	**107**	**46**	

1. The Table 2 shows that the word "Hikikomori" in study is more common in South Europe than in other regions.
2. *Hikikomori* is used through Western countries. Ranieri (2018) stated that research studies carried out in Eastern and Western countries have shown that the hikikomori phenomenon does not exclusively affect Japan, but also other countries, including Oman, China, Korea, Spain, France, the United States, Australia, and the United Kingdom (Kato, et al. 2012; Sarchioneet al., 2015) and Italy (Aguglia et al., 2010; Mastro-paolo, 2011).

   It has been stated (Malagón-Amor et al. 2015) that in sum, this study shows the existence of hikikomori in Spain, supporting previous data that affirm that it is not a unique phenomenon in Japan, nor only linked to their culture. The detection and treatment is difficult because of the lack of access and collaboration, highlighting the need for specialized domiciliary teams such as the CRHT (Crisis Resolution Home Treatment).
3. Though European countries and especially in Italy, there is a trend that *Hikikomori* is considered as a syndrome among adolescents and young adults. Ranieri (2018) stated that a hikikomori is a child, an adolescent or a young adult who voluntarily retreats into his own home for long periods, not showing evident signs of psychological distress or overt mental disorder. Ranieri (2015) stated 3 years before that several reports show evidence of teenagers in Italy with similar behaviour to those of their Japanese peers (Piotti, 2012). Ranieri (2015) stated that these studies reveal the existence of adolescents who reduce their engagement with the outside world to a minimum by communicating just through technology; sometimes they even avoid this last form of contact. Several public and private social services have started to treat hikikomori patients.

   In some studies, age of participants is limited for adolescents or clearly less than 30 years. For instance, Amendola et al., (2021) set criteria that an age between 18 and 25 years was the inclusion criterion, while a diagnosis for psychiatric disorders was the exclusion criterion. The clinical sample consisted of young adults with a psychiatric disorder at onset and in the acute phase. They were recruited between September 2018 and November 2019 at the Psychiatric Residential Structure "Casa di Cura Villa Armonia Nuova" in Rome, Italy.

   In case of France, it has been stated (Benarous X et al. 2022) that an age between 18 and 25 was the inclusion criterion. Data from the medical records of all

patients hospitalized in the adolescent units of a tertiary care university hospital from January 1, 2017 to December 31, 2018 were extracted (N =191).

4. Another common factor is affection (in serious cases addiction) of internet use in *Hikikomori* phenomenon. Frankova (2019) stated that irrespective of the etiology of withdrawal, whether it stems from other primary mental health problems or is an idiopathic case, modern Internet-connected world allows patients to commit "social suicide," as the Internet can satisfy all the needs of those who want to remain alone in their rooms isolated in their "virtual tombs."

   Vainikka E. (2020) stated that the hikikomori online community is based on the shared experience of living outside the norm. The feeling of intimate sharing in the forum comes from deeply felt situations and is enabled by anonymity. In the discussions, the experience of being hikikomori is not solitary, but shared in the intimate public.
5. A unique result was found in studies in UK well-known with the word (phenomenon) NEET (The number of young people who are not in education, employment or training) (Holmes et al. 2021), Keywords "NEET, UK" found 90 results before filtering, which means I did not check contents. On the contrary, almost no study about *Hikikomori* syndrome, i.e., NEET with mental illness is issued in UK.
6. Japan is very often compared to Germany due to common features such as big economies and characters of nations, but Germany is known among the Japanese as country without *Hikikomori*, more correctly, the Japanese believe it is not possible "to stay at home without going to school or working" in Germany. "*The society is not so tolerant. Germans are more independent, and parents do not try to manipulate or conduct children to fulfil wishes of parents. There is no reason to stay at home in the country oriented to wellbeing of citizens.*" I did not find any studies which prove those words by the Japanese, and I could not check whether the German government or institutions did not collect statistic data of *Hikikomori* phenomenon.

4 Discussion

1. Is Hikikomori phenomenon a trend only in South Europe, not in other regions? Although academic studies in majority of European countries did not describe heavy social withdrawal and isolation as Hikikomori phenomenon, similar cases exist and are recognized or mentioned by users on internet forum like: https://www.quora.com/Does-the-hikikomori-phenomenon-also-occur-in-other-developed-countries-such-as-the-Nordics-Germany-and-Switzerland.

   The situation in Czechia is similar. Although I had an opportunity to conduct an interview with a Czech respondent who continuously stayed at home for 5 years and he also knew other Czech persons with Hikikomori syndrome, to my

knowledge, a comprehensive study or support system has not been introduced in the Czech academic sphere.

2. Global trend of Hikikomori phenomenon is also recognized in the latest study conducted in Japan which focused on home visiting support. This study stated that while hikikomori was considered a uniquely Japanese culture-bound trait, it has become an international concern; cases have been reported in several countries and every inhabited continent (Roza et al., 2020; Stip et al., 2016; Teo et al., 2015). One study reported hikikomori's prevalence as 1.9% among people aged 12–29 years in Hong Kong (Wong et al., 2015). Furthermore, in three metropolitan cities in China, a cross-sectional open web report indicated that 6.6% of the population between the age of 10 and 39 years were classified as withdrawn and asocial for more than 3 months (Liu et al., 2018). Bowker et al. (2019) reported the self-reported prevalence of past hikikomori experience among university students from Singapore, Nigeria and the United States to be 20.9%, 9.5% and 2.7%, respectively. Self-report survey results from Wu et al. (2020) identified hikikomori in Taiwan, and 9% of the valid responses indicated social withdrawal for at least 6months. (Funakoshi, et al. 2022)

5 Conclusions

Studies which I introduced in this paper did not show or not strongly emphasize prevention methods. It is not difficult to presume that trends in Japan *"Hikikomori"* as a serious social problem and mental health issues can be, sooner or later, in the context of energy crisis and the war in Ukraine, more significant in European countries.

In this paper, I briefly introduced situation in Japan and European countries in the context of *Hikikomori*, I strongly recommend tying up corporation to create a synergy with individuals or family, schools, employers, and health care providers and concentrating on a prevention of *Hikikomori* which means we need to pay more attention to two factors, 1. Individual recovery process and 2. Infrastructure – hotline, available facilities. As his motivation and hope were given by third persons, connecting patients with peer support who understand his situation at the initial stage will be beneficial.

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Specifics of dual exceptionality of children with ADHD and giftedness

(overview essay)

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Abstract: *This article discusses specific dual exceptionalities in children with ADHD. Dual exceptionality can be discussed when a child with ADHD has concurrently other diagnoses ranging from neurodevelopmental or psychiatric disorders to giftedness. This combination usually causes greater problems in behaviour, learning and social interaction than if the child had only one of these diagnoses. Dual exceptionality can be a challenge for a child with ADHD because the diagnoses can be intertwined and affect each other. With adequate diagnosis, therapy, and the right approach, the dual exceptionality can be corrected and the child can be developed to his or her full potential. The authors identify the specific needs of these children while discussing certain limits that prevent these needs from being met. The paper highlights the current scientific reality not only in the Czech Republic but also abroad. The findings and recommendations are also based on a specific case study.*

Keywords: *ADHD, giftedness, dual exceptionalities, dual diagnosis, children*

1 Introduction

Children diagnosed with giftedness and ADHD often face many specific challenges, but they may also have great potential and outstanding abilities in certain areas. Some of these areas may include creativity, innovation, speed of thought, and the ability to learn and adapt quickly. However, they may also have specific needs that require an individual approach. Although they may be very creative and innovative, they may also have problems with organization, planning and completing tasks, and socializing among peers. These difficulties usually affect school performance and success in life in general. The family and school play an indispensable role. Parents can help the child to organise and plan, provide space for creativity and develop his/her

strengths. Schools can use a variety of strategies and methods, such as differentiated education, individual support and special education plans and programmes that will respect the child's needs and abilities. Within the school, it may be important to provide a special education plan that respects the child's needs and specific educational requirements. Various strategies and techniques may be used such as short breaks, individual support, visual stimuli and positive behaviour reinforcement. It is also important that they are provided with sufficient challenge and stimulation to enable them to develop further and reach their potential. This may include involvement in special projects, science clubs, competitions and other activities that match their abilities and interests. Overall, children with ADHD and high IQs can be very talented, capable and successful, but with the right support and development. With adequate support and stimulation, these children can reach their full potential and lead fulfilled lives.

2 Theoretical background

It is not possible to cite one particular author who defines a child with giftedness and ADHD, as this combination is not a universally accepted category in the field of education or psychology. However, there are many experts who have addressed the topic of giftedness and ADHD in children and who have sought to describe and understand how these two characteristics may be related. We can mention, for example, Susan Baum, Linda Silverman, James T. Webb, Edward R. Amend, Nadia E. Webb, Jean Goerss, and others. We can attempt to define a child with giftedness and ADHD as a child who not only has high intellectual ability and talent in a particular area, but also displays symptoms of hyperactivity, impulsivity, and/or lack of focus associated with ADHD. Thus, this type of child has a combination of giftedness and problems with attention and self-regulation. A child with giftedness generally displays significantly above-average ability in a particular area, such as math, science, languages, art, or music. These abilities may be evident at an early age and the child may be able to learn more quickly and with greater understanding than most of his or her peers.

Betts and Neihart (1988) define a child with giftedness as an individual who exhibits a high level of ability and creativity combined with an intense interest in a particular area and a greater sensitivity to the subtle nuances of that area than most of his or her peers. Linda Silverman (1993) views giftedness as "an unusual ability that manifests itself in intense interest and outstanding performance in a particular area." Susan Baum, Steven Owen, and Shelley F. Harp (2011) refer to a child with giftedness as an individual who has an outstanding ability in a particular area and requires special educational support to reach his or her full potential. James T. Webb, Edward R. Amend, Nadia E. Webb, Jean Goerss, and Paul Beljan (2016)

define giftedness as "a high level of ability combined with unusual emotional, social, and motivational needs."

In the case of ADHD (Attention Deficit Hyperactivity Disorder), we can mention Russell A. Barkley (2014) who defines ADHD as a neurodevelopmental disorder that manifests itself in difficulties with attention, hyperactivity and impulsivity. The combination of these definitions gives an overall picture of the child with giftedness and ADHD as an individual with outstanding ability in a particular area that is accompanied by difficulties with attention, hyperactivity and impulsivity, which may require special support to reach their full potential.

Children with ADHD may experience certain challenges and difficulties in the educational process that can affect their performance, overall educational experience and also self-concept. The most common issues are inattention, hyperactivity, impulsivity, anxiety, and difficulty establishing relationships. These children may need special support within the educational process (CDC, 2022[online]). Children with giftedness also face certain challenges and difficulties during the educational process. They may tend to tire quickly when exposed to repetitive or easy tasks, which can lead to boredom and loss of interest in the educational process. They may also face increased pressure due to high expectations which can lead to anxiety, stress and unwanted emotional reactions. They may suffer from social isolation through not fitting in with their peers and may experience a lack of support, making them feel abandoned (NAGC, 2022[online]). Research conducted in 2019 by Vlasta Kuchařová and colleagues focused on gifted children in the context of the school environment. They found that gifted children can tend to be overly critical of themselves and feel isolated due to high expectations and demands on themselves. When a child is in this situation and is exposed to these phenomena they are not only struggling with themselves on a daily basis but also with society, just what happens when these two exceptionalities come together and a child has ADHD and is also exceptionally gifted? How do schools work with these children, how do these children feel and fit into mainstream society?

3 Socialization of children with ADHD and giftedness

Both giftedness itself and ADHD can have different effects on an individual's socialisation. Some gifted individuals may feel lonely and may have difficulty relating to peers because of differences in interests and intellectual abilities. On the other hand, some gifted individuals may have a natural ability to relate and interact with others.

Hébert, T. P. (2011) points out that relationships with peers are very important for gifted individuals and therefore it is important to promote socialization and social interactions. Some schools and educational programs try to address this by providing an environment where gifted individuals can meet and work together on projects

and tasks. Neihart, M., Reis, S. M., Robinson, N. M., & Moon, S. M. (2002) point out that it is important to take into account cultural and social factors that may affect the socialization of gifted individuals. For example, some cultures may be more inclined towards an individual approach and thus may tend to be more supportive of gifted individuals, while other cultures may place more emphasis on a collective approach and thus may tend to restrict gifted individuals.

Children with ADHD face similar difficulties in socialization, so deficits may multiply in children with dual exceptionalities. Children with ADHD often have problems with concentration and impulsivity, which can lead to problems in peer interaction and teamwork (Barkley, R. A., 1998). However, socialization can be very helpful for children with ADHD as they can improve their social skills, learn from other children, and make new friends. (Mikami, A. Y., & Hinshaw, S. P., 2006). Some children with ADHD can be naturally impulsive and hyperactive, which can be difficult for other children and teachers. However, it is important that adults do not reject these children but help them find ways to integrate into the group (Raggi, V. L., & Chronis, A. M., 2006). Sometimes special programs such as group activities with a therapist or special sports teams that are designed to help children with ADHD improve their social skills and build self-esteem can be helpful for children with ADHD. (DuPaul, G. J., Eckert, T. L., & Vilardo, B., 2012). Unfortunately, these programs do not yet account for the dual exceptionalities of children.

Lastly, it is important for parents and teachers to work together to support children with ADHD in socialization. Communication between parents and teachers can help ensure that the child feels safe and promote their success in school and beyond (Barkley, R. A., 1998).

4 Double exceptionalism in the Czech Republic

In the Czech Republic, dual diagnosis of this type is referred to as "Dvojí nadání" and abroad as Twice Exceptionalism or 2e for short. The National Institute for Education refers to double exceptionalism as the co-occurrence of exceptional ability and another diagnosis. In particular, it is the co-occurrence of exceptional giftedness and specific learning and/or behavioural disabilities or Asperger's syndrome or sensory and/or physical disabilities (National Institute of Education, 2022[online]). Focusing only on the combination of giftedness and ADHD, Skolnick (2017) states that the dual exceptionality in children with above average intellect and ADHD means that the child has significant giftedness in some areas but also has difficulties with attention, hyperactivity and/or impulsivity. This condition can be very frustrating and challenging for the child as well as for parents and teachers, as the child may have high expectations but face a number of challenges related to his or her ADHD (Skolnick, 2017).

Both ADHD and giftedness are sometimes described as having the same or similar characteristics. However, one diagnosis is considered a disability and the other a gift. Gifted children suffer when there are unreasonable expectations without consideration of other complex characteristics that define their everyday experience. Children identified with ADHD focus on deficit strengths not recognized or celebrated. Twice-exceptional children experience overexposure based on the combination of strengths and challenges they exhibit (Skolnick, 2017). Twice-exceptional is not a diagnosis, but rather a descriptive term for children with a combination of giftedness and deficits. It is important to understand that each child with dual exceptionality is unique and requires an individualized approach (NAGC, 2010 [online]).

For comparison, we present the findings of research by Fernández-Alvarez et al. (2018) from Spain, where it was found that up to 41.8% of children with ADHD who were surveyed had above average intellect. Which may raise the question of how many children in our country have a double exceptionalism hidden under the diagnosis of ADHD.

At the same time, research was conducted in 2020 that focused on the question of whether attentional difficulties in children with above-average intellect are caused by ADHD, or whether they are manifestations of the negative consequences of high intellect and the challenging environment in which these children are often found. In this research, 192 children with above average intellect were observed for various levels of attention and hyperactivity. The results showed that children with high intellect often had difficulties with attention, regardless of whether they had ADHD or not. It was also found that children with attention difficulties often had other problems such as anxiety and depression. Research has also suggested that it may be very important for these children to be in an environment that allows them to develop their talents while providing support and assistance in dealing with attentional difficulties (Leon et al., 2020).

Research from 2021 based on a meta-analysis of 21 studies published between 1987 and 2019 that assessed emotional and social functioning in adults with ADHD and IQs above 120 found that these adults have significant problems in emotional and social functioning, including problems with communication, interacting with coworkers, and managing emotional challenges (Schmeck, 2021).

Much research has been conducted to date on children with ADHD and high intelligence, the overall conclusion is that these children may be capable of high intellectual performance, but may also suffer from attention difficulties, impulsivity, and hyperactivity that can affect their ability to complete tasks, interact with peers, and maintain attention in class. They are also prone to anxiety, depression and social exclusion. The key for these children is then the support of both the family and the approach of teachers in schools. It is important that these people understand that this combination of talent and specific difficulties requires specific support and adaptation

of the educational environment. Schools should have sufficient resources and support to work with and provide specific support for the twice-exceptional. This may include supporting the child's individual needs, creating individual education plans and working with specialists. At the same time, multidisciplinary collaboration is important.

There are several organisations within the Czech Republic that focus on the issue of giftedness and support gifted children in the socialisation process. Here are two of the most important ones.

- **Mensa ČR** – the Czech branch of the international Mensa organization, which focuses on the development of intellectual abilities and support for gifted individuals. Within its activities, the organisation also provides programmes aimed at developing social skills and promoting socialisation.
- **Centrum pro talentovanou mládež (Centre for Talented Youth**) – an organisation that focuses on supporting gifted and talented children in education. The Center provides a range of programs and services, including programs aimed at developing social skills and promoting socialization for gifted children.

These organizations offer a variety of programs and services for gifted children, including classes, workshops, and educational programs aimed at developing social skills and promoting socialization. Outside of these organizations, where these children are already identified as gifted, there are many organizations that target children with ADHD and as a result of its significant symptoms, this giftedness goes unrecognized.

5 Case study

In our practice we have encountered children with dual exceptionality and the challenges these children go through. We see them mainly from the perspective of social workers, but at the same time we work with parents who often do not understand their children, want to help them but do not know how. Parents often encounter misunderstanding in the school environment, where children are labelled as misbehaving or troubled, often standing outside the classroom collective. Children often feel isolated, excluded and face negative attitudes towards themselves. Within their self-concept, children are then unable to say what led them to the situations and feel lonely.

Following on from the previous text, we now present a specific case study of a child-client of the family centre where we work as social workers. The following text describes the particular problems and specifics of a child with dual exceptionality.

Girl with ADHD and giftedness (9 years old)

A mother came to the family centre because of her daughter (9 years old). As part of her family history, the mother had a high-risk pregnancy and was taking supplemental hormones. The girl was born prematurely. The girl has had health problems since childhood, long-standing urinary tract infections, suspected lupus, troubled by skin rashes, and now has early hormonal development. The girl is very gifted, above average intelligence, reads from the age of 4, and is bored at the school. She has an excellent ear for music and artistic ability. A year ago she attended another primary school where she had problems. According to the mother, the class teacher did not accept her and was too hard on her. The girl started wetting the bed and did not want to attend school. As a result, the parents changed the primary school. The daughter's problems disappeared. She has no friends at the new school. She can communicate with younger children and likes to take care of them or, on the contrary, with older children with whom she has common interests. According to the PPP report, she is intellectually two years above but emotionally and socially at the level of a 5 year old. At the same time, she sometimes displays almost adolescent behaviour. It is very difficult to communicate with the girl – she is constantly counter-argumentative, very rude, even in public. She cannot estimate her strength and it happens that she hurts children, does not listen to authority figures, jumps into speech. She constantly demands attention, she needs her needs to be met immediately, if this does not happen she has a tantrum or goes into resignation. In order to get children to interact with her at school she chases them or is vulgar. She uses dysfunctional patterns to find her playmates. The parents try to set rules and boundaries, but the mother admits that the husband more often backs down because he cannot handle his daughter's outbursts. The girl often lies and makes things up, according to the mother. The mother is very often invited to school to address her daughter's behaviour. She is very exhausted and has no understanding even within the family – the mother's sister condemns them for not being able to raise the daughter. She hears the same opinion from the teachers at school.

The mother's contract at the family centre was to help her daughter to manage her aggression and to stop swearing at her parents and others. The cooperation included individual consultations with the parents, individual consultations with the daughter, she has been a participant in two runs of the sociotherapy group and is now a participant in the drama therapy group. At the same time, two meetings were held with the class teacher and the assistant. We were also present for one meeting at the school followed by a meeting with the principal, class teacher and assistant. In one meeting held earlier, an agreement was reached between parents and teachers regarding formative assessment, communication, and also a goal to be focused on by both the school and parents. This agreement was broken by the teaching assistant

after two months, due to non-functionality without notification to the parents. There were problems between the girl and the assistant, with the assistant distancing herself from the girl. She felt that the girl was stalking her. As the parents were not happy with the progress at school and the girl stopped sleeping, after two months a meeting was held at the school with all concerned and the school psychologist. As a result, communication was resumed in the form of weekly emails as the parents were not informed about how the girl was doing in school. The new issue was homework, which the assistant refused to do in the after-school club with the girl.

The girl likes school. The only difference for her is when she knows that there will be an assistant at school. The girl herself has an ambivalent feeling towards her. Sometimes she talks about how she thinks the assistant doesn't like her and is mean to her, ignoring her. The girl cannot guess how Mrs. assistant will behave in certain situations, she cannot read her emotions,as she is not transparent to her. Now the girl has one friend in her class, otherwise she is excluded from the collective.

Suggested recommendations

Building on previous research and theories, the authors perceive that the girl would need a different approach at school and at home. In neither setting are her needs listened to, although the mother tries to educate herself, she perceives that she does not understand the girl. The authors agree that in order to support the girl, it would be beneficial to link the parents to an organisation that deals with dual exceptionality and brings such children and parents together. However, such an organisation does not yet exist in the Czech Republic. There are several clients with children with dual exceptionality in the family centre, so it would be good to connect these parents so that they can share their experiences and understand the children better.

Although the girl attends a group with similar children, it would be good for her to continue to meet children who are twice exceptional in the future so that she does not feel alone. Relationships weigh most heavily on the girl. She doesn't understand why her peers don't want to play with her and uses pressure them to do so.

Should the girl fail to make friends and identify with her peer group, she may experience feelings of loneliness, deprivation, anxiety and depression. If there is not more support at school to focus on her talents, she may become frustrated and demotivated to study.

The authors would also recommend psychotherapeutic support to the family.

Children like the girl in the case study attend the family centre in 10 of the 55 co-operating families. Most of them have behavioural disorders that overshadow their intellect and thus receive the label of problem children. It is necessary to work with their individual needs while also considering the fact that these children do not have their basic needs met – physical needs, the need for safety, the need for loving

relationships, the need for knowledge and the need to grow (Pesso A., Boyden – Pesso D., 2009).

6 Conclusion

Children who have dual exceptionalities also have dual challenges. They can be very successful if their potential is supported and they are worked with within the framework of their individual needs. If a child is not supported and is excluded from their social group, they can develop psychological difficulties that can carry over into adult life. Multidisciplinary care is important for these children, bringing together the family, the school and the organisations that usually provide social services and associations. It is necessary to perceive the child with his or her individual needs, not only to observe the manifestations of behaviour that are inappropriate for us as a society, but also to perceive his or her positive aspects. There is also a need for a match between the pupil and the teachers who work with him in school. In particular, the choice of an appropriate assistant is an important step that is underestimated. Within the classroom, it is essential to work with the class collective so that these children are not marginalised and do not live in social isolation. Parents often live in this isolation as well, as they are labelled as having failed to raise their child. Such situations must be prevented. Organisations that work with the family and these children become an integral part of the system, as it is these organisations that help parents to understand their children.

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Inclusive performance of actors with autistic spectrum disorder from the perspective of the audience

(overview essay)

Martin Dominik Polínek

Abstract: *The following text considers the phenomenon of inclusive (specific) theatre of actors with autism spectrum disorders from the audience's perspective. The degree of artistic quality of inclusive theatrical work is directly proportional to the healing effect of the theater therapy process, which is present in the given work. The article considers the specifics of the artistic creation of actors with ASD; compares audience attitudes towards two types of performance: theatre based primarily on words and performance of movement (plastic) theatre. The text also aims to: define the above-mentioned phenomena of paratheatre in such a way that their therapeutic-formative, rehabilitative and aesthetic significance is emphasized from the perspective of (not only) special education. Focus on the specifics of paratheatre work with actors with autism spectrum disorders from the perspective of two different approaches. It is presenting a unique method of plastic-cognitive style of movement so that it can be a possible inspiration for paratheatre work with actors with disabilities in general.*

Keywords: *specific theater, theatre therapy, plastic-cognitive movement style, specific research, autism spectrum disorders*

1 Introduction

Specific theatre, special theatre, inclusive theatre, integration theatre, theatre therapy… these are terms that are often confused, often overused or, on the contrary, downplayed. The following post aims to:

– define the above-mentioned paratheatre phenomena in such a way that their therapeutic-formative, rehabilitative and aesthetic significance is emphasized from the perspective of (not only) special education;

– define the above-mentioned paratheatre phenomena in such a way that their therapeutic-formative, rehabilitative and aesthetic significance is emphasized from the perspective of (not only) special education;
– focus on the specifics of paratheatre work with actors with autism spectrum disorders (hereinafter ASD) from the point of view of two different approaches;
– present a unique method of plastic-cognitive style of movement so that it can be a possible inspiration for paratheatre work with actors with otherness in general.

We look at these sub-goals from a perspective unique to the theater, although often neglected in paratheatre surveys and research: from the viewer's point of view. Due to the reflection of the pandemic experience, we focus on the aesthetic benefit of audiovisual performances by actors with ASD, when we are interested in the extent to which it is possible to convey a specific artistic experience to the viewer in this form.

1.1 Specific theatre and (versus) theater therapy

In the following part of the text, we will try to elementary define concepts that are often understood inaccurately, are often confused even among the professional public, or are understood as mutually contradictory. We believe that this fact does not stem from ignorance of the given issue, but rather from the nature of paratheatre work, which often stands on the border between art and therapy (cf. Valenta, 2011), and the specialists who deal with this work are recruited from two professionally different directions: special pedagogy and theatre studies. It follows from the author's experience that these two professional camps are often subject to the mistaken impression of a kind of rivalry, competition and opposing directions. However, these tendencies often arise from differences in the terminology and theoretical bases of both disciplines, when the same paratheatrical phenomena are outwardly named by other, seemingly contradictory, terms. However, if we examine the actual content and meaning of the given paratheatrical phenomena, we often come to the conclusion that both camps understand it similarly and only differ in their naming. To avoid the above, we will define some basic terms as we understand them for the given article:

A. B. Afonin, one of the outstanding personalities in the field of specific theatre, defines three types (2018):
– **Social theatre**, which he understands as the most contemporary and up-to-date and theatre that deals with social issues. The audience of social theatre is encouraged to actively make social changes, and social theatre presents them with topics on the one hand and solutions on the other. Social theatre also includes work with marginalized social groups (e.g. homeless people).

– **Inclusive theatre** is one in which not only people with disabilities and healthy actors play, but also people with various specifics (seniors, people other than theatre professions). Here, the emphasis is mainly on socialization and integration goals.
– **A distinctive (specific) theatre** is focused on an artistic effect, and the fulfillment of therapeutic-formative goals is a secondary effect. "Distinctive theatre allows you to see the distinctive side of a distinctive person, their needs. … The peculiarity of the 'special' theatre lies in a unique view of the world, a view that connects the archaic with the actuality of art" (Афонин, 2018, p. 36). We can also distinguish specific theatre from other forms according to its creation. If a production (performance) can do without actors with specific needs, it means that such a production does not belong to the field of specific (special) theatre. (cf. Polínek, 2020)

Paratheatrical activity, which is the focus of this research, is a link between the two latter: in the productions both actors with otherness and intact ones (sometimes in the role of assistants) play in the productions, at the same time their dramaturgy is aimed at conveying the specific life experience of actors with otherness through the theatre, which we understand as an extension of art as such. In this text, we use both the term inclusive and **specific theatre**.

Theatre therapy is perhaps an even more discussed term. In the text, it is understood as a process that is present within the paratheatre staging work and which is sometimes an independent part of it, which manifests itself, for example, in the natural fulfilment of the basic needs of the actors (for details, see Polínek, 2015); at other times it is a very accentuated phenomenon that is purposefully channeled within the framework of para-theatrical work. An example of this second understanding of theatre therapy can be the use of the method of plastic-cognitive style of movement, which is applied both as rehabilitation and as an artistic theatrical device (see below). Some authors speak of theatre therapy as one of the expressive-formative or paratheatrical disciplines (cf. Valenta, 2011, Müller, 2014, Růžička and Polínek, 2013). "However, realistically, theatre therapy cannot exist without theatrical creation, or without theatre as such. Clients of the theatre therapy process usually do not consider their activity as therapy, but as an artistic or leisure activity" (Polínek, 2020, p. 47).

We can very well demonstrate the specificity of theatre therapy by the phenomenon known as the paradox of theatre therapeutic targeting, which was constituted on the basis of the examination of inclusive theatre ensembles, or their goals (cf. Polínek in Müller, 2014; Polínek, 2020). This paradox states that:
– The overall direction of the activity of specific theatre is aesthetic (artistic), where the basic goal is to create a theatrical performance – "to make theatre". Even the

clients (actors) themselves often do not think of their theater activities as therapy at all. That is why this activity is: authentic, free from the "psychotherapeutic stigma" and strongly motivated.
– However, the specific goals mentioned are clearly directed towards the areas of therapeutic-formative, integrative, educational; concrete artistic goals are in the absolute minority. Clients subjectively very strongly perceive the therapeutic processes during paratheatre work: catharsis, the "as if" phenomenon, transference and countertransference in interaction with the audience, corrective emotional experience. – This experience clearly falls into the therapeutic-formative area.

From the above-described (seemingly contradictory) facts, we can formulate the following principle:

The artistic targeting of theatre therapy fulfils and enhances its therapeutic and formative goals.

Paradox can thus be the key to understanding and connecting both perspectives and working in a specific theatre. This connection of both therapeutic and artistic perspectives can lead to further improvement and development of everything that specific theatre brings.

2 Basic principles of production work in inclusive theatre

These principles have been the subject of long-term research by the author, who is the head of an inclusive theatre for actors with ASD. They are key to understanding the specificity and interdisciplinarity of inclusive theatre, and are also the source of a new artistic quality that an actor with a otherness can convey to the viewer based on his or her different, and normally difficult to transfer, life experience. We could formulate the given principles as follows:
– **The actor is the subject, not the object of creation** – a partnership and respectful approach to the specifics of the given actor is applied, which is not understood only as a "means" to fulfil aesthetic goals.
– **Content (theme) corresponding to the actor** – when real-life stories of individual protagonists can be processed, or their specific experience is offered to the audience in a symbolic, metaphorical form.
– Form and methods accentuating: **creativity, spontaneity, naturalness, diversity (not chaos) and improvisation, therapeutic (rehabilitation) effect**.

We can also define these principles on the basis of a case study, or analysis of an unstructured interview with an actor with Asperger's syndrome (for details, see Polínek, Lipovský, 2019; cf. Kalina, 2008):

- **Containment (the ability to safely express your feelings within the community)** – *"And most importantly, I understood and believed that expressing emotions outwardly is right. For us people with ASD, it is difficult to judge how we should behave in a situation and whether we will behave well. I had a problem with that, so I preferred not to show up earlier… …We are all different. It is important to function as a collective, but not to forget the individualities. E.g. you can't dare to do to one person as much as to the other."*
- **Attachment** – *"It was challenging to realize that we are a collective and not individuals. This is important to us with ASD. We are very much individualists in terms of functioning in life and interests. This is another experience for me, that we can work together in the theater and we are not just next to each other. An important message of the performance is to show unity. The audience does not perceive individuals, but the performance as a whole. And the viewer doesn't notice that this one is autistic, this one is an actor, this one is a psychologist. In rehearsals, everyone has their own function, but during the performance we are all together."*
- **Taking responsibility for myself** – *"When the director didn't meet all my demands, for example he left out my solo scene, it hurt me at the time, but over time I understood it. … When he didn't think about my needs, it forced me to start perceiving the collective."*
- **The importance of theatrical creation and its result (attachment, inclusivity)** – *"For me, it is unimaginable that we would not perform. We are a theatre, and the very development of the theatre is related to the performances that come from our experiences. Without the performance, it would lose its meaning and motivation; I wouldn't have a chance to find out that I was able to play. I would lose the good feeling that I am able to do something that would have been unthinkable not long ago."*
- **Specifics of entering an acting role (aesthetic distance)** – *One of the principles of staging work in a specific theatre is theatrical distance. If the content of the production is based on the life experiences (story) of one of the actors, then the actor is fundamentally not portraying themself. Not only can they keep a safe distance, but they can get a different perspective on their story as part of the performance. "It was very important for me to see my story played by another actor. It was very moving considering my past – bullying. Even though it didn't make me feel good, it connected me to the audience that they did care. Even though I couldn't even act as a co-star in one scene, as hard as it was for me, it didn't affect my confidence as an actor. I just started to believe in myself in ModroDiv"* (cf. Polínek, Růžička, 2020).

3 Method of cognitive-plastic movement

To understand the context of the given contribution, it is necessary to present in more detail the method of cognitive-plastic movement, the unique approach of Natalija Timofejevna Popova, one of the world's leading figures in the field of specific theatrical creation. Members of the inclusive theatre group Tyátr ModroDiv[1] apply this method as the only ones in the Czech Republic in their work. An audiovisual recording of one of the performances of this theatre, which was staged through the method of cognitive-plastic movement and meets the above-mentioned principles of a specific theater, is a key part of the investigation of audience perception (see below).

In addition, this method represents a paradox of theater therapeutic targeting, as it is both a rehabilitation and staging method.

The method is primarily based on deep work with the body, the principles of which are based on ontogenetic development and integrally connect the body schema with psychic experience and neurological development. The bodily level thus becomes the basic means of communication within the framework of theatrical expression. The level of physical communication is equally accessible to both intact actors and actors with the most different types of otherness, unlike, for example, verbal communication, which can be limiting for some types of cognitive disability.

The mastery of expressive movement is closely connected with the development of symbolic activity as such and reflexive human behavior. Through the adoption of the symbolic meaning of the body, a person's "belonging" to the world is realized, which is a basic prerequisite for communication and knowledge as such.[2]

The principle of this system is to work with a movement stereotype, which is the first step to activate the creative process. In the form of constantly repeating movement exercises, the developmentally oldest muscle areas are activated, and later the perception of the partner on the stage develops. Most exercises are characterized by a slow pace of movement and static pauses – stiffness, immobilization, which allows to activate the lower levels of movement organization, reduce intellectual control and activate the bodily level of consciousness.

The process later continues with the development of dance movement and its use to create a theatrical performance within the framework of the so-called plastic special theatre. During the exercises, great emphasis is placed on increasing the awareness of the bodily experience. Each exercise is always followed by a short relaxation, in which the client is aware of the bodily sensations caused by the given exercise (cf. Popová, 2013; Polínek, Růžička, 2020).

[1] www.modrodiv.cz

[2] Personal materials of N. T. Popova.

4 The audience's perception of the aesthetic level of audiovisual recordings of specific theater performances

The main part of the contribution introduces the audience to the pre-research of the perception of the aesthetic level of audiovisual recordings of inclusive performances by actors with ASD, the purpose of which is to investigate the premise that the higher the quality within the plastic-cognitive movement style of rehabilitation, the higher the aesthetics for the viewer.

Within the framework of the classical theatre scene, the ordinary Czech spectator has a very limited opportunity to encounter productions of classical plastic theatre, which is an established theatrical approach abroad and which presupposes the spectator "experienced" in the perception of this theatrical medium.[3]

It is therefore a question of verifying the assumption that communication through bodily expression can be far more communicative, especially for individuals with an otherness, than verbal communication, in which people with disabilities often encounter limits both in terms of content and form. As part of the preliminary research, we therefore set the following questions:

- ***Is the movement and symbolic style of the theatre really informative for the (especially Czech) viewer?***
- ***Can it also have an overlap through an audiovisual recording?***
- ***Isn't theatre based on verbal acting more expressive and aesthetic for the viewer?***

The essence of the investigation was a comparison of the perception of recordings of two inclusive performances by two theatre companies. The recordings had a similar footage; both productions were based on the actors' specific life experiences with ASD, and both shows featured actors with Asperger syndrome. The difference was in the theatrical means:

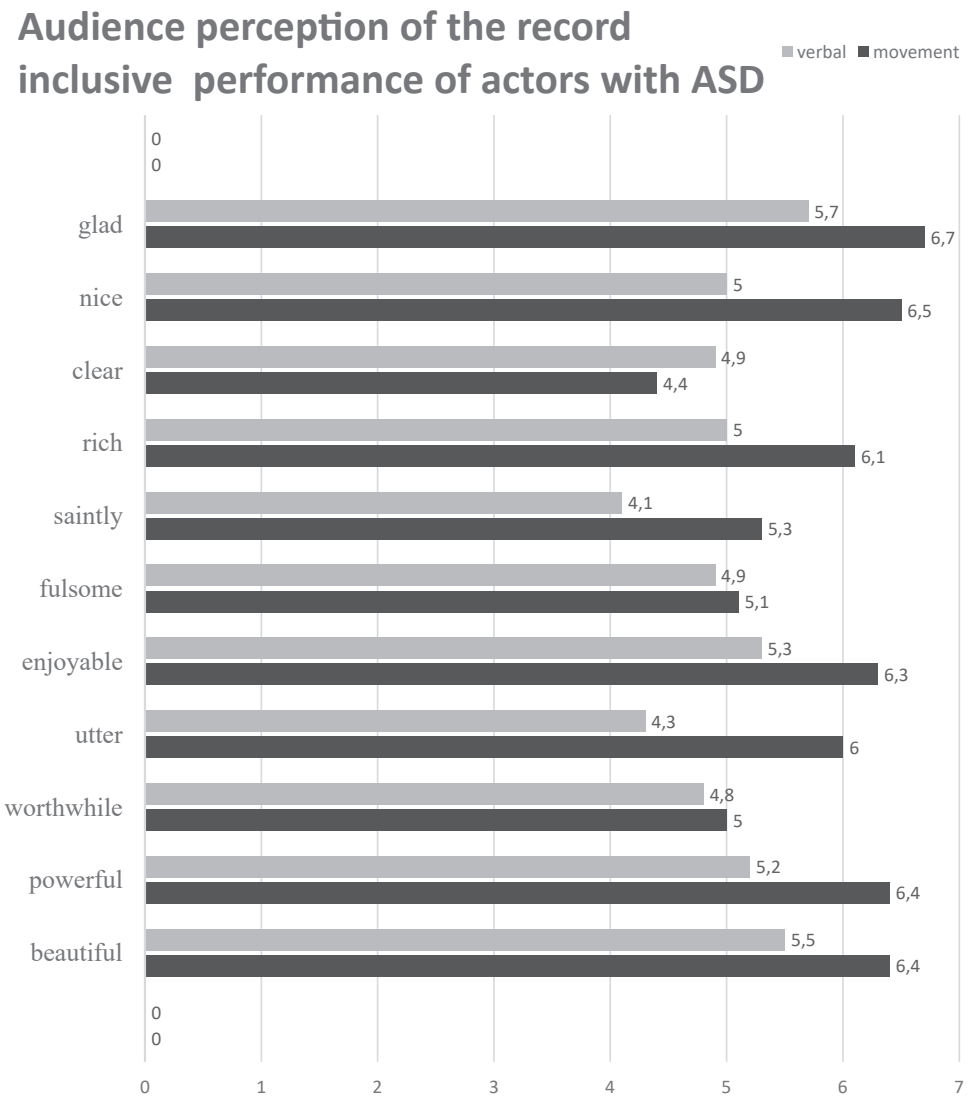
- **one production** was created on the basis of **cognitive-plastic movement** and the sharing of different life experiences was **metaphorical and symbolic**;
- **the other one** was based on **verbal acting**, which conveyed to the viewer **specific life episodes** of the protagonists – actors with ASD.

Due to the needs of the research, random sampling combined with the snowball method was chosen, where the basic set, which was equal to the sample, was all potential viewers in the Czech Republic. The research set consists of over 500 respondents, of which 40 were randomly selected for pre-research.

[3] Far Eastern theater (e.g. the Chinese Peking Opera) also assumes an "educated spectator" in a similar way.

Data were collected through a modified Osgood's Semantic Differential, using which viewers rated both recordings. The data was then analyzed by the method of contrasts and comparisons and was expressed graphically:

Graph 1



From the preliminary results of the preliminary research, we can conclude:

– Both productions were evaluated positively by the audience globally. In a seven-point scale, when values 1, 2, 3 are an accentuation of the negative polarity of the given category, value 4 is neutral, and values 5, 6, 7 express a positive audience evaluation; viewers evaluated all categories positively, or no value was less than 4.

We can therefore state that the aesthetics of both theatre performances are of a higher level.

– Almost all categories were rated better by the audience in the case of a symbolic performance based on movement theatrical expression where both the potency factor and the evaluation factor were almost 1.5 degrees higher in plastic theatre than in verbal theatre. From which it implies that **the movement and symbolic style of inclusive theatre is generally much more appreciated by the audience than the verbal style**.
– However, the verbal performance is clearer to the audience (by half a degree) than the moving one, from which we can conclude that **both performances are sufficiently communicative at the rational-content level, even though the verbal theatre is slightly clearer**.
– On the contrary, **in categories that focus more on experience and transcendence**, such as the concepts: beautiful, deep, strong, sacred, **the production based on the cognitive-plastic style of movement significantly dominates**.

5 Conclusion

These preliminary results indicate that the really high rehabilitation potential of the method of plastic-cognitive style of movement, which is proven by N. T. Popova's research for more than 30 years of research, is directly proportional to its aesthetic value. These results confirm the phenomenon of the paradox of theater therapeutic targeting and indicate **the possibility of estimating the therapeutic-formative and rehabilitative effect of paratheatre work based on its aesthetic level**. A very interesting confirmation of the above is also the fact that the audience at the plastic performance very often needed a positive response outside the scope of the scale evaluation. These spontaneous reactions of the audience hardly occur in verbal theater.

In conclusion, we select some of the typical audience reactions to the recording of the plastic performance:

– *"I was fascinated by the performance. It's beautiful how many things, emotions, motivation, feelings are hidden in mere movement."*
– *"The theatre was amazing, I had chills the whole time. It was great to be able to understand what was going on in this performance."*

– *"I liked it very much. I was very interested in the whole concept, I like how the movement blurs the distinctions between people with autism and people without autism, intact. It's beautiful to watch, it exudes calmness and a certain confidence from all the actors."*
– *"I really liked the show, I was very surprised that you can take the work of the body associated with the theater in this way and express so much emotion."*
– *"I watched the show 3 times and I kept finding new and inspiring things here. Thank you for the wonderful experience and motivation."*

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The book as a medium for parents with a disabled child as part of an early caregiving process

(overview essay)

Barbora Kováčová, Stanislav Benčič

Abstract: *The paper presents the theoretical background related to book work as an integral part of supporting children with disabilities. Primarily, the book support described can be implemented in a family setting or a counselling setting as part of early care for families with children with disabilities. The authors of the paper describe the book as a medium between the adults (professional, parent) and the child with a disability. It is the latter that they see as instrumental in developing the child's overall personality, with an emphasis on gradually achieving as much independence as possible and improving quality of life.*

Keywords: *book, child with disabilities, early bibliotherapy, bibliotherapists, advantages of working with a book, disadvantages of working with a book*

1 Insight to the book

According to Kováčová (2020), from the child's earliest years, the book has an essential and irreplaceable place in education and therapy. Overall, the book can also be compared to a play, for example, which is perceived as a natural part of a child's life, regardless of disability. A book has several uses in the hands of a child, it can simply be a toy (a plastic book when bathing), a medium (a dramatically commented book by a parent), a tool (an educational book with interactive elements), but also a friend or companion. Primarily, it becomes a mediator of information through illustrations, letters, and text, but also the relationship that is formed with the disabled child. According to Jan Amos Komenský (1956, p. 25), books are like the most loyal friends; they like to talk to you. They talk to us honestly, openly and without pretence about everything we want. They instruct us, they guide us, they encourage us, they comfort us, and they present to us things distant from our sight as if they were present. It is

for this reason, too, that we argue that the book plays a rather significant role in early bibliotherapy, where it is the medium between the adult and the child with a disability (Svoboda, 2014; Kováčová, 2020, Biarincová, 2022).

2 Getting acquainted with the book

The origins of a child's getting to know a book can usually be observed in the family. The child is encouraged to read during the early interactions. The environment in which the child exists can be enriched with a book in the form of a mantle attached to a crib, a playpen, or a crib. Later in reading, it is recommended to use a book consisting of a single hardcover. This type of book is quite exceptional (it is a handmade book made by an adult). It is characterised by having a picture (shape, symbol, pattern) on both sides on a distinctive monochrome background. When handling it, the child can see how the book is handled. In the early years, the most common book is a fabric book with interactive elements. The book is intended to be part of the strengthening of the relational bond between child and adult, while at the same time, it is a medium that allows for non-directive stimulation of the child's interest in the environment and the world of sounds, light and colours.

In the context of early bibliotherapy, the following functions can be identified (Figure 1), which were primarily elaborated by Křivohlavý (1987, pp. 472–477). In addition to the above-mentioned functions of the book by the mentioned author, we have added other functions from other sources (Smetáček, 1973; Pilarčíková-Hýblová, 1997; Remeš, Halamová, 2004; Molicka, 2002; Svoboda, 2014; Štubňa, 2016, Kováčová, 2020).

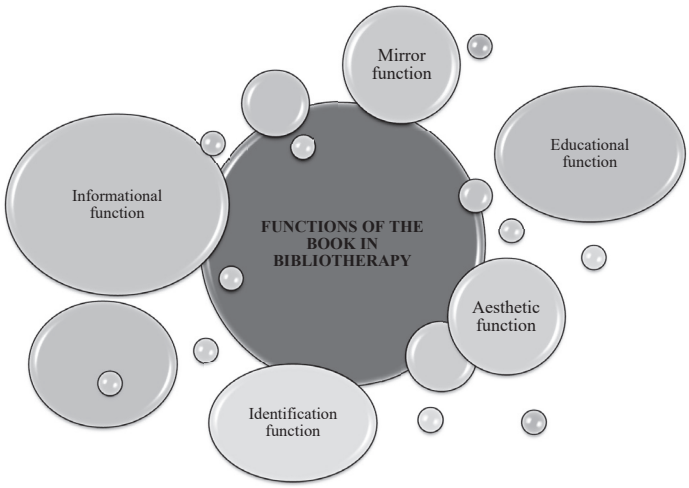

Figure 1: *Functions of the book in bibliotherapy*

The following functions can be attributed to the book:

- **Informational function**, which delivers information of various kinds to children for their further development and pushes them to increase their level of cognition. This may result, for example, in a potential reduction of fear of an unknown factor or situation in which they find themselves, etc. (Křivohlavý, 1987).
- **Educational function** when reading presents certain views on a particular problem, of course in a simpler form compared to a school-age child. It can provide the child with a role model for his or her future actions (Křivohlavý, 1987).
- **A mirror function**, where the child has the opportunity, with the help of an adult, to compare the views expressed by a particular person in the story (he/she may agree or disagree with it). Křivohlavý (1987) argues that comparing views can lead a child (who is discussing with an adult, communicating within a group, etc.) to re-evaluate or rebuild this-or-that view.
  It happens that children in early and preschool age are righteously angry about injustice, or they "whisper" to the hero how to behave "… Run away, run away," Anka shouts from her crib, while reading a story about a little boy who was chased by a bad bear. "Under here, hide here" (and pointing under his pillow…, Kováčová, 2020).
- The **identification function** which Křivohlavý (1987) perceives is that through it the child finds a character in the fairy tale to identify with (e.g. "I am as strong as a bear," shouts a three-year-old boy of a distinctly rachitic figure). Štubňa (2016) argues that it is identification with one of the characters of a work that can be therapeutically or philosophically very effective for a child.
- **Aesthetic function**, working through the artistic text, is primarily associated with the human desire for beauty and harmony (Křivohlavý, 1987; Štubňa 2016).
- **Relaxation function**, bringing a feeling of relaxation, relaxation and peace (Křivohlavý, 1987). In this context, Smetáček (1973) also mentions the recreational function of the book, the description of which is similar to the relaxation function. Štubňa (2016) describes the relaxation function of the book from a general perspective, which we consider particularly interesting for the period of the child from preschool age up. The author (ibidem, pp. 35-36) argues that the relaxation function of literature is mainly realized through fiction works.

They are differentiated into two basic groups. The first group is fiction in the true sense of the word (literary fiction with symbolic meaning) and the second represents biographical or autobiographical works. According to the author (ibidem), the most common interpretation of a work of fiction for bibliotherapy is from a psychoanalytic point of view, because the patient (client) usually substitutes some kind of deficiency (compensates for a deficit) by reading, seeking support, help, a role model, and so on. The therapeutic intention is not necessarily to discover the symbolic meaning of the

work, but mainly to activate psychodynamic processes in the client and to enable him to discover and understand the unconscious parts of his ego. The second basic group is biographical or autobiographical work (stories inspired by real events), which already goes beyond the developmental period of the pre-school age. "Biographical and autobiographical works are primarily intended to provide readers emotional support, to point out different points of view in the perception of a certain situation, to be an example worth following, to show a way out (of a seemingly unsolvable situation) and to indicate a perspective of the successful overcoming of a problematic situation" (Štubňa, 2016, pp. 34–36).

- **Stimulating and supportive function**, because in the early years of a child's life, stimulation is one of the main priorities, which can be achieved, for example, through a book (Valešová Malecová, 2018).
- **Socialization function**, which Molicka (2002) describes by the example of a child who learns from the heroes in fairy tales to face and overcome difficulties arising in different social groups. Through the familiar/unknown story in which the characters figure, the child learns to be resilient. At first, the child is protected by the adult – parent, later he/she works in a group and is supported in the group so that the competence to be accepted and to succeed in the social group is strengthened.
- **Spiritual function**, where it can be debated whether it is an infiltration of the cultivating function. We justify its special mention by the fact that already in the history of book therapy a spiritual dimension has been used, especially in the sense of reading and interpreting the Holy Scriptures. Remeš and Halamová (2004, p. 47) argue that "biblical interpretation, so-called exegesis, is not meant to be a search for a once established and single meaning, but rather an active search for new and different meanings that are personally relevant to the person. This mode of interpretation is referred to as recipient-centred hermeneutics and is deeply rooted in the ancient Christian tradition." Štubňa (2016) mentions, in the use of the Bible, the «desert fathers» (Irish hermits living in the 4th-5th centuries AD) who developed an effective strategy to protect themselves from negative emotional states. In times of unwanted emotions, they immersed themselves in reading selected passages from the Bible that evoked joyful and optimistic attitudes.

The stated functions also consider the need for parent reinforcement and resilience during the delivery of early bibliotherapeutic intervention. We do not claim that the above hierarchy of listed book functions is complete (e.g., in terms of number, or individual characteristics, etc.), but we believe that the functions of the book itself in the context of early bibliotherapy are going to increase with the expansion of this support.

3 Principles of working with books in early bibliotherapy

The principles of working with books and the choice of the book in therapy are influenced by the current needs of the disabled child. Kováčová (2010) recommends following several principles where the primary setting and facilitator is the family/parent or another person who provides education and care for the child with a disability.

The principles of book selection in early bibliotherapy are presented and described in more detail in the following paragraphs. The author draws mainly on her experience in counselling practice concerning the developmental profile of the child with handicaps, threats, etc.

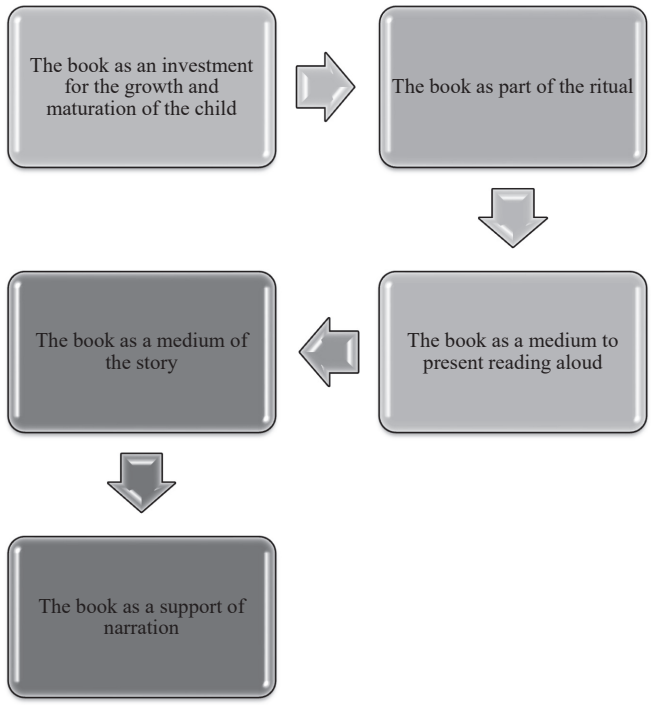

Figure 2: *Principles of working with books in early bibliotherapy*

3.1 The book as an investment for the growth and maturation of the child

A book is meant to be part of a family, its life. The child needs to know where there is a place in the apartment/home, the so-called family library. It is a place where books are returned, re-selected for reading and are always available. The library is, symbolically speaking, a cot for books that can be put there to rest, each waiting to be returned for when and by whom. In this the books in the library are patient.

A bookcase may consist of a few pieces of books, whether cloth, paper, wooden, or self-made. A child as young as one and a half years old can be led to have a realistic idea about the concept of a library, at the same time positively influencing his relationship with books and thus teaching values through them.

Branko, 20 months old, *communicates through his signs, he is hyperactive and he has regular problems with kidney inflammation (in the 3rd month he was diagnosed with an underdeveloped left kidney in a sonogram).*

Branko likes books, especially books with animals. How does he read? "Well, I have to describe it to you", Branko's mother starts the conversation. "Branko first sits down, and puts the book in front of him. Usually with the back of the cover. He's fascinated by the barcode, to which he pays a lot of attention. He runs his finger along the lines, admiring the rails, the tiny bugs and the butterflies (That's how his parents named the lines and numbers in the bar code, B.K. note). He reads the cover of the book on his own, even though we often sit by him. He proceeds very systematically. After reading the back and front cover of the book, he starts flipping through it. My husband says he is probably imitating us. Opening a new double-page spread, he lies down on the book and pretends to think, …" (Kováčová, 2020).[1]

3.2 The book as part of the ritual

The process of reading consolidates the relationship between the child and the parent. A fixed time, a place to read, allows the parent to create a space for regular, ritual reading or working with a book.

The book does not have to be read in its entirety. Sometimes a particular passage or a few typical sounds to a particular character's depiction is enough. For better orientation in the text, it is advisable to use bookmarks or devise other ways of marking where the process with the book has been stopped for various reasons (fatigue, inappropriate selection, disinterest, etc.).

Felicita, 3 and a half years old, *has frequent lower respiratory tract illness.*

Parents with three-and-a-half-year-old Felicita never forgot to go to the bookstore when visiting the shopping mall. Felicita always found a place in the children's book section. She took off her coat and made a ritual of reading. The serving staff already knew them well, they always came to tell her that they enjoyed such readers. Felicia carried her books and read them with full respect. Leaving the bookstore was usually not without screaming and crying. The parents decided to make a small library for their daughter as well. They bought her a smaller movable box that could fit a few books. The container

[1] The described situation, which is given as an illustrative example, is taken from the counselling practice (note b.k.).

was called a bookstore (Felicita always insisted on it, she didn't want to admit that it should be a library, B.K.'s note). Felicita always pushed the box to one of her parents and put the books out. From that time forward, crying and screaming were no longer what accompanied Felicita and her parents out of the bookstore (Kováčová, 2020).[2]

3.3 The book as a medium to present reading aloud

The importance of reading aloud should not be underestimated. Comprehension listening precedes comprehensive reading. The child perceives the tone of voice, the emotional colouring that gives a certain dramatic quality to the story. DeBaryshe and Binder (1994) examined parents' convictions about the goals and process of reading aloud to children. The results reflected convictions consistent with current theories of language acquisition and literacy building. Reading aloud to children may be among the most beneficial learning experiences at home that parents can provide to children. It contributes to the development of language competence, including vocabulary development, story comprehension, character recognition, etc. Early reading influences subsequent reading performance.

3.4 The book as a medium of the story

The choice of the story that forms the main content of the book is significant for the process of early bibliotherapy itself. In the beginning, these are isolated pictures that adults link together, combining them into a simple content line, or bringing the pictures closer to situations already experienced and familiar to the children's perceivers. The story should be chosen to be primarily age-appropriate, consider the specific needs of the individual child (client), and correspond with the therapeutic intent of the bibliotherapeutic intervention. Stories can be real, fantasy or original. It is advisable to choose stories in which the child can identify with a particular character (such stories are suitable for children as early as the end of the third year of life).

Each story used in early (biblio)therapeutic intervention should have a simple structure, a central idea and a charge through which the child understands the ongoing plot (Kováčová, 2010). These can be stories that are supportive for the child, in the sense of pointing out situations that the child with disabilities finds problematic (e.g. when the child is afraid; when the child cannot fall asleep; when the child is crying; when the child is aggressive while eating meals, etc., for more see Molicka, 2002).

[2] The described situation, which is given as an illustrative example, is taken from the counselling practice (note b.k.).

Bruno, is 4 years old, *with communication impairment (since the age of three in regular speech therapy and special education care).*

Bruno laughs. Mom enters Bruno´s playroom but sees no one. "Bruno, what are you laughing at?" "But, Shisho tells me how it was at the monkeys." The mother looks at Bruno and puts her hand on his forehead to see if her son has a fever. Bruno shakes his head and begins a dialogue with his mother. Mom wonders, "Who is Shisho? Where does he live? Is he a friend from kindergarten? " She is getting more and more restless.

Bruno's mother comments on her reaction regarding Shisho: "I had the impression that my son was going to develop a psychiatric illness, which my grandfather had, and then my grandfather had to be hospitalised and he died after a while there. The next day I checked the situation at the kindergarten. I called the classroom teacher and asked if they had a new child in the class. She listened to me with a serious face and smiled at the end. Yes, we know about Shisho. He is a very funny boy. He likes to read books about animals. And your Bruno has told us some of the stories too. And I, as a mom who is supposed to know everything, walked away in a confused manner. On the one hand, I was relieved, but I couldn't understand what was going on. What kind of friend? Does everyone know about him? After coming home from kindergarten, I sat down with Bruno. Are we going to read? Bruno nodded his head in approval and showed me a place where I could sit down. And you wouldn't guess who I was sitting next to! Next to Shisho, of course!" (Kováčová, 2020).[3]

3.5 The book as comsupport of narration

By reading the book(s), the child's narrative activity is stimulated in the presence of the parent. This is to support the development of the narrative competencies of the child with disabilities, which are gradually developed in the process of working with the book (Svoboda, 2014; Kováčová, 2020).

It is about structuring the story, dividing it into a certain number of phases (or points).

Each phase of the story can be with the child:
- role-played (e.g. using everyday objects, toys, puppets, …),
- retold (e.g. using questions, unfinished sentences, …),
- re-sung, etc.

The possibilities of story transfer are many and diverse in the way they can be conveyed (Kováčová, 2020), and their simplification is often the primary task in the early stages of bibliotherapy.

[3] The described situation, which is given as an illustrative example, is taken from the counselling practice (note b.k.).

4 Advantages and disadvantages of working with books in the early bibliotherapy

There are both advantages (*Table 1*) and disadvantages (*Table 2*) in working with books (whether they are bibliopedagogical or bibliotherapeutic processes) (modified according to Machkova, 1998). We present a more detailed description of them in the following table elaboration.

Table 1: *Advantages of working with a book*

The advantages of working with a book include	**Selection of literature**	Literature selection is the first factor described by Machkova (1998) as taking into account needs, age and possible disadvantages – when working with well- selected literature where the plot is well developed and the characters, setting and ideas are appropriately characterised, the work is comfortable in terms of time.
	Development of personality	Working with literature contributes to the overall sophistication of the individual, offering insight into a multitude of plots and situations, and empathy with the character and attitude of persons, while also leading him/her to tolerance.
	Problem-solving	A literary image can function as an "intellectual mask" of the current problem when a literary theme is combined with a non-literary theme, e.g. a situation of animosity between two members of a group can be represented by music, colour, environment, etc.
	Development of knowledge	Working with a literary theme fulfils the life experience and the life philosophy of the humanity (group) and leads to better awareness and knowledge of the differences and correspondences of different cultures and their values.
	Self-knowledge	Through the character, it can be a matter of looking at one's own attitude from a new point of view. In this way, working with a literary theme enriches the spiritual side of a person.
	Developing the imagination	It allows one to go beyond the every day, i.e., the ordinary banalities of life.

According to Rutter (1985, p. 610), the undeniable advantage of bibliotherapy is *"its potential to develop in the client creativity, imagination, communication skills, self-confidence and resilience"*.

Table 2: *Disadvantages of working with a book*

Among the disadvantages of working with a book we can include	**Difficulty of choice**	The difficulty of choice requires the therapist (educator) to take the time and effort to obtain the material. This means that when working with children he/she must routinely read children's books to make the right choice for the specific situations and conditions of the work. Very difficult is the search for a literary motif linked to the formulated theme.
	Continuous work	This is the need for constant tracking and monitoring of the literature that is relevant to a given age and social group while focusing on a specific theme.
	Difficulty of preparation	Working with a literary theme is very demanding in terms of preparation, dramaturgical knowledge, and dramatic skills, as it is necessary to consider in advance the necessary organisational arrangements, not only within the group but when working with an individual.
	The possibility of error	When choosing a literary theme, a mistake is possible, and this is the case if one is working with an original theme. It may happen that the therapist (educator) does not reflect the interests and needs of the group. A common mistake is to try to present to the group what interests (inspires) the teacher, regardless of the age and social composition of the group.

The actual form of the book (or its format and content) used by the therapist in early intervention or the parent in early education is difficult to describe in a way that could be seen as universal. The book must be specifically chosen (not arbitrary) and clearly must meet the individual and specific needs of the child for his/her state of health.

5 Conclusion

In the very beginning of early childhood education, specific ideas for different variations in the use of the book arise when a parent seeks to stimulate his or her child. Later, if development is not considered optimal and the parent seeks help, it is the (biblio)therapist who offers concrete ideas for working with the child considering the child's current state of health and needs (Müller, Svoboda, 2021).

(Biblio)Therapists gradually leave more space for the parents to their accomplishments and approve their actions, thus moving the early care through the book ahead and supporting the quality of family life as a system.

Nowadays, the therapist is expected to adopt an interdisciplinary approach, which requires, in addition to philosophy, knowledge of such disciplines as ethics, psychology, and literary science, which examines literary works with a content orientation towards physically disabled children. Parents and professionals are to work together to educate and develop the child in the spirit of socially accepted and beneficial values that present calls for harmonious behaviour in interpersonal relationships and calls for fair decision-making and just action (Hajduk, 2014, p. 95). We live in an era that

pays increasing attention to persons who require special care. Critically, since 1955, when the Australian writer and humanist Alan Marshall wrote the bestseller "I Can Jump Puddles", which became known on several continents, there are not enough children's books translated from the originals to help parents and children understand the various health issues that lie in the knowledge of the physical and neurological differences of disabled children in the current era of globalization.

At present, the most inspiring authors are, for example Laurie Ann Thompson, an American writer, winner of the "Schneider Family Book Awards" for her book American Emmanuel's Dream. It is the true story of Emmanuel Ofosu Yeboah, a young man from Ghana who was born with a disability and went to school with the support of his family, became a cyclist, and gained international fame for his achievements. The Dolly Grey Prize for Children's Literature was awarded to Shaila Abdullah's younger daughter Aanyah Abdullah. They bring the story of a little girl who forms a close bond with a child with cerebral palsy. The Dolly Gray Prize for Children's Literature is awarded to authors, illustrators and publishers of quality fiction and biographical books for children and young adults that authentically portray individuals with developmental disabilities such as autism spectrum disorders, intellectual disabilities, and Down syndrome. The specific needs of parents, and caregivers during the process of caring for a child with a disability also require specific literature that will, to the greatest extent possible, assist the development of children in the sense outlined earlier in this article. This is a common challenge for all.

However, the above-mentioned literature is for older children. Children in early childhood care ought also to be of interest to special-purpose bookmakers.

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The art of collaboration: lessons from families of children with disabilities

Katharine G. Shepherd, Colby T. Kervick and Djenne-amal N. Morris. *The Art of Collaboration: Lessons from Families of Children with Disabilities* | Rotterdam, Netherlands: Sense Publishers., 194 pages | ISBN 9789463008242

Reviewed by Shulan Zeng

In The Art of Collaboration: Lessons from Families of Children with Disabilities, as one work of "Studies In Inclusive Education", Katharine G. Shepherd, Colby T. Kervick and Djenne-amal N. Morris purpose some new directions for collaboration between families and school professionals. Disability is one of the most reliable predictors of educational failure. "Studies In Inclusive Education" expands the focus from special educational needs to understand school failure and exclusion in all its forms across all sectors of education. This shifts the focus of research from a need that is necessary but may not be realized to the problem of the real situation, so as to solve the problem and achieve the goal of satisfying the needs.

The work consists of a collaboration by two university professors who are former special educator and a mother of a special child. Katharine G. Shepherd and Colby T. Kervick are specialists in the College of Education and Social Services at the University of Vermont. Djenne-amal N. Morris, B.A. is a mother of a child with disability whose profession it is to support other parents in developing their skills in leadership, advocacy and parenting a child with a disability.

As one work of the series, the book draws on the literature as well as original research to explore the meaning of collaboration and the benefits and barriers to developing positive school and family partnerships. The voices and stories of families of children with a variety of disabilities and experiences are at the heart of the book, providing insights into how we might re-conceptualize collaboration as an ongoing process and an "art" built on a shared commitment to improving the lives of children and families. There are nine chapters of the book. It begins with an overview of the research on collaboration and explores key themes, including the process of identifying a disability, the meaning of parent knowledge and expertise in the digital age, the potential to join parent and professional knowledge for the benefit of the child and

family, and approaches leading to meaningful collaboration and communication. These include a variety of family-centered tools and practices, strategies for promoting parent advocacy and leadership, and a focus on hope and resiliency. Each chapter concludes with questions for reflection and suggested activities, making it an ideal resource for both parents and professionals.

As described in the book, parents of children with disabilities assume different roles: actors and experts (case managers, interventionists, as champions and advocates for their children), leadership, parents, and coordinator. These roles are undertaken to make them feel that their ideas and expertise are valued that is often a critical step in partnership building. Without the appropriate expertise, parents will be frustrated during meetings to designate educational plans for their children because they often feel excluded. They cannot understand what the professionals do and why, so they cannot be integrated. This kind of bad experience will affect the emotional and healthy atmosphere of parents and even the whole family, and invisibly affect the relevant rights that children should enjoy in the future. Therefore, in order to make parents more actively participate in the formulation of IEP, and parents' ideas about their children are valued, so as to formulate more applicable teaching plans and achieve better intervention effects, effective and in-depth cooperation between families and professionals is crucial. Addressing the question of how families and professionals can build meaningful partnerships, this book offers advice based on successful experiences: expressing openness and gratitude for the family and professional relationship, creating time and space for communication, talking across professions.

A big difference of this book is that it is from the perspective of parents, through the description of parents' relevant experiences (this will make the parents who are reading generate deep empathy and make it easier for them to accept the future before they succeed. It also makes the professionals who have read this book better understand the difficulties faced by parents, which makes it easier to open up and establish good cooperation), which depicts the parents' efforts for the growth of children. The breakthrough, which not only pointed out the problems that the vast majority of parents may encounter, but also gave a successful experience, gave hope to other parents, and showed a path in which they may all be successful. Many times people are more inclined to appeal to others about their misfortunes and rarely see what they have. They think about their future more often, but it is precisely the road under their feet that needs to be taken step by step. Therefore, this book focuses research on the description of the current problem and the provision of possible specific solutions, rather than just describing what parents with disabilities need. This shifts from the requirements of the external environment to the improvement of the ability of disabled parents. This seems more pragmatic. Because of appealing to the suffering of others, more people will choose to laugh it off, and only a few or stakeholders will

solve the problem. Greater mobility still belongs to the sufferer himself. This book shows the world that parents of disabled people never give up growing up because of their children's disabilities. While they show that they want to get help from others, they are more about their own successful transformation.

This is a very successful book.

However, there are still some gaps in this book when it describes the way to obtain ability improvement. For example, the book describes the improvement of parents' own corresponding abilities, such as special education knowledge, parenting knowledge, communication skills, leadership skills, etc. can be obtained through corresponding channels, such as local federally funded parent center, Parent Training and Information Center in every state, online information (Center for parent Information and Resources (www.parentcenterhub.org), research project of "parent to parent support"(Santelli, Betsy 2002). Among the suggestions on improving the ability, the book gives some specific names and URLs, but not specific and systematic. If parents need to spend a lot of time reading ineffectively in seeking information, this may be another blow to families who are already short on time. It is recommended that researchers collect relevant information according to regional classification and make a booklet. In this way, parents can quickly find the corresponding information according to the region and the type of children, so as to obtain timely help.

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The Specific language impairment

Doležalová, Markéta a Michaela Chotěborová. *Vývojová dysfázie: Průvodce pro rodiče a další zájemce o tuto problematiku* | Praha: Pasparta, 2021 | ISBN 978-80-88290-68-1

Reviewed by Eliška Šlesingrová

Specific language impairment is generally one of the most common diagnoses encountered by speech language therapists (or speech language pathologists). It is a complicated diagnosis, one of the more therapeutically demanding ones, where impairments in all levels of language are present. At the same time, the individual burden of each child is very much in evidence, with the literature repeatedly stating that each child with Specific Language Impairment is slightly different and affected differently by this diagnosis. It is undoubtedly very useful to summarise as much up-to-date information as possible on the topic of Specific Language Impairment. Any publication on the subject will therefore attract attention.

The authors of the book – Doležalová and Chotěborová – both work as speech language therapists / speech language pathologists in health care, where they often encounter this issue. Their book summarises the basic characteristics of the topic and diagnosis of Specific Language Impairment in a total of 9 chapters and is intended not only for parents of children with this diagnosis who need to know more information, but also for anyone else interested in the subject.

The first part of the book presents 2 short case studies of children with the diagnosis of Specific Language Impairment of the same type. The case histories are written from the parents' perspective and mainly summarize personal, family, objective and school history. There is a greater emphasis on the schooling period – the cases present the possible impact on the area of school performance and the limitations and constraints that parents expect their children to experience at this stage of life. The case studies could have been more varied if examples of children with a different type of diagnosis of Specific Language Impairment had been used. A summary of the speech and language therapist's perspective on these particular children would also have been beneficial, so that the examples go more in depth and do not just summarise the parents' feelings. There is then an addition by the authors at the end of the

short case studies that clarifies some of the concepts mentioned – this clarification could just include a speech therapist's commentary.

The following chapter is devoted to the diagnosis of Specific Language Impairment as such and the aim of the whole chapter is to provide as much detail as possible and to refute possible misinformation about this diagnosis. The chapter also includes a differential diagnosis, but this could be given more attention. In particular, because the book is intended to serve as a source of information, the diagnoses within the differential diagnosis should be fleshed out and explained more. The third chapter is devoted to the specialties to which parents can refer (speech language therapists / speech language pathologists, various physicians, facilities, etc.). The fourth chapter presents basic symptomatology – a well-organized summary of the main symptoms of Specific Language Impairment, from the typical to the less frequent. Next, the child's manifestations at each developmental stage are discussed – from early childhood, through preschool, subsequent schooling, and into adulthood. This division shows very well and clearly the specifics of the diagnosis in each period. It is also useful to describe directly the risks where the child may conceal difficulties so that the parent does not notice them until later, or considers them to be manifestations of another diagnosis. The book also describes the social aspect and the implications in this area, including why these children prefer a different way of playing, interacting, etc. The implications in the area of comprehension, which complicate subsequent schooling in particular and may be misinterpreted by the teacher, are also discussed.

The fifth chapter presents a set of tips and advice on how to develop a child with this specific diagnosis in the best possible way. The emphasis is primarily on speech understanding as an area without which even spoken language cannot develop adequately. The authors' experience confirms the previously known fact that this area is often underestimated in the child at the beginning. Parents, in particular, often notice the deficit in understanding only later, because they feel that the child understands them. The child may also develop a number of compensatory mechanisms to mask the speech comprehension deficit, which the authors point out and give several examples of such masking in the book, such as reliance on gestures and facial expressions. The area of speech understanding is always crucial. This is also why speech language therapists / speech language pathologists have already begun to focus on developing tests to better assess a child's comprehension at an early age, e.g. Mgr. Gabriela Solná in cooperation with other speech language therapists / speech language pathologists in 2022 created an already published test for this area – the so-called TEPO test.

In the following section, the authors provide a list of how to proceed in order to promote speech comprehension as much as possible. Initially, they write about the need for the child to visualize speech and recommend that visualization be included in the representation of the mode of the day, followed by the inclusion of gestures and signs, essentially introducing a mode that approaches the principles of total

communication, turn-taking, commenting on activities, etc. In this respect, the book is reminiscent of the principles already mentioned, for example, in the publication *How to talk to children from birth to three years*, written by Kapalková, Horňáková and Mikulajová in 2009. The book also subsequently mentions this publication as another possible source of additional information. Emphasis is placed on respecting the child's current speech level, manipulating objects, sorting and categorising (superordinate concepts), making connections, developing spatial orientation, or relying on stories and fairy tale motifs, and generally supporting the child's narrative skills as well. Reading fairy tales is also ideally combined with picture reading – the child 'reads' the picture and the narrator reads the written text – which can reinforce the child's interest in the story. These principles are also used in speech language therapy by professionals (speech language therapists / speech language pathologists). The authors also provide tips on possible publications that can be used for this purpose.

The book also briefly summarises the periodisation of speech development from the individual stages, what a child should generally be able to do at what age and then derives from this how to develop spoken language. Emphasis is also placed on the situation where the child has an overabundance of stimuli around him that overwhelm him and therefore speech does not develop adequately (the book gives an example from practice where a parent was attending to the child and talking to him at the same time the television was playing and the child was playing with a favourite sound toy), the overabundance of stimuli is beautifully demonstrated in this example. However, correct speech patterns, plenty of appropriate stimuli, development of language sense, etc. are also important.

The authors also point to impairments in auditory perception and auditory memory. It is advisable to start developing these areas intensively from the age of 3 years. The book also contains instructions on how to implement such exercises. It is very helpful that the instructions include, in addition to a demonstration of the specific activity, an age range from which to try the activity with the child. It also mentions the development of visual perception, the development of motor skills and more. A considerable part of the chapter is also devoted to children's drawing, specifically its technical aspect, the correct grip of the pencil, practising and training this skill and laterality.

The following chapter describes the child with Specific Language Impairment in kindergarten and then in primary school. The impact of kindergarten on these children is usually positive – the child gradually improves in all areas. The book also gives a number of tips for teachers on how to communicate most effectively with children with Specific Language Impairment in the kindergarten environment, what to look out for, etc. In terms of primary school, it is usually a very challenging time for these children. It is therefore necessary to keep this in mind and to support the child with Specific Language Impairment as much as possible when starting primary

school. The publication also highlights the importance of appropriate consideration of when a child starts school and what type of school or support to choose for the child. The publication briefly summarises the pros and cons of all the options available in the Czech Republic.

The book concludes with tips on possible stimulation programmes that can be used with children with Specific Language Impairment to support their development. This is an important component that is very beneficial in the book. There is also an interview with an adult who summarises his childhood and school experiences in the context of his diagnosis of Specific Language Impairment. At the end of the book is a list of recommended appropriate tools, materials and publications that can be used when working with children with Specific Language Impairment.

Overall, the book is written more for the general public or for parents of children diagnosed with Specific Language Impairment, but it summarizes important points from the point of view of educators, special educators and speech language therapists / speech language pathologists. This is undoubtedly a useful publication that brings together in one place basic professional knowledge as well as tips and advice on how to work with the diagnosis and what to focus on. The practical knowledge and transfer of knowledge from practice is a great asset, with practical guidance on exactly what to develop and how. The downside is the sparseness of specialist knowledge that could be described in more detail. The book should also include more recent literature, foreign articles or research and overall could go even deeper into the topic of Specific Language Impairment. However, given its primary purpose and target audience, this is a very good publication that can be recommended as a source of information on the subject, especially to parents of children with Specific Language Impairment.

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The arts therapies: a revolution in healthcare

Phil Jones, The Arts Therapies: *A Revolution in Healthcare* | Polly Bowler, Rachael Hood, Eleanor Keiller, Helen O'Loughlin, Katherine Rothman | 2022, Book review | First published online February 15, 2022

Reviewed by Zdeněk Vilímek

The book "The Arts Therapies: A Revolution in Healthcare" by Phil Jones, published in 2020 by Routledge, is a comprehensive guide to the different disciplines of arts therapies and their current practices and thinking. One of the few books that collects all the art therapies in one volume and illustrates each of them in practice.

In the book, Jones boldly links art, dance, drama, and music therapies, and demonstrates their interrelatedness and diversity with remarkable vignettes from clinical practice. The book is aimed at arts therapists, health professionals, and all those who wish to learn more about the field. Phil Jones has a refreshing, inspiring and much needed international perspective. This book has learned scholarship and an exciting sense of openness to collaboration, with a generosity of breadth and belief in the value of interdisciplinary dialogue. The book provides a clear analysis of the relationship between client, therapist, and art form, and explores the core processes in arts therapies from the triangular relationship to the active witness. Each chapter draws on a variety of perspectives and accounts to develop understandings of the relations between theory, research and practice, offering perspectives on areas such as the client-therapist-art form relationship or on outcomes and efficacy to help articulate and understand what the arts therapies can offer specific client groups. This new edition features 'Focus on Research' highlights from music therapy, art therapy, dramatherapy and dance movement therapy, which offer interviews with researchers in China, Africa, South America, Australia, Europe and North America, exploring significant pieces of enquiry undertaken within recent years.

Chapter 1 offers an introduction to The Arts Therapies. It provides the remit of the book: to explore the arts therapies as a continuation, a development of ideas and ways of working which have had different forms and manifestations over centuries. It introduces the five different parts of the text and how they will reveal how the arts therapies have emerged in many parts of the world. Part II of the book reviews

the different definitions of the arts therapies. Part III offers insights into different understandings and accounts of how the relationship between arts and therapy has developed. It considers international histories and developments revealing how, in a number of countries, art, music, drama and dance movement therapy have become recognised as formal disciplines and professions within existing health and care provision. Part IV examines the connections between the arts and discoveries and ideas emerging from sciences such as psychology, the fields of psychoanalysis, psychotherapy and education. Part V focuses on different aspects of the client–therapist relationship and how arts processes and art forms create new opportunities and reveal new aspects of this relationship. It reviews innovative approaches to the arts as therapy and to new opportunities for clients. Chapter 2 considers how the arts therapies are defined and understood in different parts of the world. It explores many of the themes that can be found in most definitions: art forms are linked to approaches to healing, with some of the intended outcomes stated. Chapter 3 reviews definitions of art therapy. It considers how the aims of art therapy have been articulated in different national contexts. Chapter 4 concerns definitions of music therapy and explores how this broad range of activity is reflected in different definitions, from Nordoff Robbins, to developmental music therapy and psychodynamic music therapy. Chapter 5 concerns definitions of dramatherapy. Themes will include the active, physically participatory nature of drama as therapy: containing improvisation, spontaneity, imagination, empathy, playfulness, intuitiveness, emotional sensitivity and role-play. Chapter 6 concerns definitions of dance movement therapy and reviews different emphasises in definition and aims, considering dance movement's capacity to enable links between thought, feelings and actions, inner and outer reality or physical, emotional and cognitive change. Chapter 7 explores the relationship between the different arts therapies, as well as that between the arts therapies and the arts-in-health movement. It reviews debates such as whether the art forms and processes should be divided into separate services and professions with distinct identities and ways of working. Chapter 8 addresses different understandings of the emergence of the arts, healing and therapy. It illustrates the ways in which many accounts of the origins of the arts therapies draw on two kinds of history. Chapter 9 explores how, in many different cultures, practices such as artists working in hospitals, teachers using the arts with children, cultural practitioners engaging with groups and individuals in community contexts, or occupational therapists and psychiatrists using arts activities within their work were developing in ways that led to the named, identified discipline and profession of the arts therapies. Chapter 10 considers the arts therapies from the perspective of debates about the relationships between the arts and sciences. It explores how, by drawing energy from the apparently oppositional worlds of art and science, the arts therapies are still developing and understanding the nature of the changes they offer to clients. Chapter 11 considers how the nature of arts processes

have an impact on the development and formation of the arts therapies. It considers the variety of arts experiences within practice and whether the particular arts modality, drama, for example, or dance, makes a difference to the experience of the client and therapist. Chapter 12 reviews the ways concepts of the unconscious have been central to some approaches within the arts therapies: their thinking and their methodology. This chapter explores the notion of the unconscious in relation to the arts therapies and to their concepts of change. Chapter 13 explores the interaction between fields such as play, psychology and education in the development and current practice of the arts therapies. It considers how play is connected to the therapeutic potentials of the arts. Chapter 14 considers how the opportunities that artistic expression and arts processes create within a therapeutic space and within a therapeutic relationship offer unique possibilities for clients. Chapter 15 examines commonalities and diversities within the arts therapies in terms of the ways client, therapist and arts process relate. It suggests that within the arts therapies the client and the therapist are in a particular kind of 'transaction' together: the client playing an active role through the arts in whether change occurs. Chapter 16 looks at the arts therapist in different ways, in order to try to develop further understanding of their role. It explores the ways that the arts therapist brings the function and role of the artist to the therapeutic encounter. Chapter 17 addresses debates about how 'efficacy' in the arts therapies is understood and researched. It draws on enquiry from a number of countries to consider how clients, therapists and organisations evaluate and communicate the outcomes of the arts therapies.

Overall, The Arts Therapies: A Revolution in Healthcare provides a comprehensive overview of the various arts therapies and their application in healthcare settings. Jones emphasizes the importance of creativity, imagination, and the therapeutic relationship in the healing process, highlighting the potential of the arts therapies to promote health and well-being.

This comprehensive overview will be an essential text for students and practitioners of the arts therapies. It is international in scope, fully up-to-date with innovations in the field and will be relevant to new practitioners and those looking to deepen their understanding.

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Information for authors

Basic information about the JEP

Journal of Exceptional People (*JEP*) should be based on 2 times a year publishing period in both electronic and traditional – printed form. To guarantee professional standards of the Journal we have applied to the front of special needs teachers, psychologists, therapists and other professionals in the U.S., Finland, Spain, Slovakia, Hungary, China, Russia, Poland and other countries. Above mentioned scientific journal aspires to be registered into the international database of impacted periodicals (Journal Citation Reports).

Journal of Exceptional People (*JEP*) will provide research studies and articles on special education of exceptional people. This area covers individuals with disabilities and, on the other hand, gifted persons. The *Journal* will focus on publishing studies and articles in the field of education, social science (sociology) and psychology, special thematic issues and critical commentaries. The publishing language of the *Journal of Exceptional People* is to be English exclusively.

The periodical is going to be published since the year 2012 by the **Institute of Special-pedagogical Studies at Palacky University in Olomouc**.

Instructions for authors

Scope of the article is strictly given – mustn´t be more than **20 pages** formatted according template (including list of references, images, tables and appendices). The body of the text shall be written in letters of Times New Roman size 11 b. Different styles are undesirable, use the normal template and also please avoid numbering of pages. The final version of the articles ought to be formatted to the paragraphs. The Editorial Board reserves the right to refuse contributions.

The file should be saved under the same name with the surname of first author and sent in a format with the extension .doc or .docx (MS Word 2007 and upper versions). Before sending a file with the paper it is required to scan for possible infections or viruses. Authors are responsible for content and linguistic aspects of the contributions. Please, do not number pages. Images, graphs and tables should be numbered according to the example (***Figure 1:*** *Preparatory exercise* [Times New Roman 11 b, italics]).

It is highly recommended to spend the necessary time correcting the paper – every mistake will be multiplied. Posted papers unsuitable for printing will not be published! Ensure appropriate division and balance between the various parts of the contribution and aesthetic placement of pictures and diagrams as well as their quality. Terminological correctness and formality are required.

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Section headings should be numbered and written, as described in following manual: standard signs, symbols and abbreviations are to be used only. Monosyllabic preposition are ought not to figure at the end of the line, but at the beginning of the next line – they can be shifted using the "hard returns" CTRL + SHIFT + SPACE.

The list of literature and references to resources ought to follow these norms and directives: ČSN ISO 690 and ČSN ISO 690-2 or Publication Manual of the American Psychological Association APA.

Completed contribution shall be sent in electronic form to the mail address: **dan.bibaged@centrum.cz**. In the subject line of the email note: JEP – contribution.

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Recommendations – Editors conclusions

- Text will be published.
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- Text will be published after reworking.
- Text will be reviewed again.
- Text will not be published.