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# The adapted physical activity as a valuable tool to overcome social prejudice to the disabled persons

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## ABSTRACT

Savino, L., Rio, L., & Gomez, F. (2015). The adapted physical activity as a valuable tool to overcome social prejudice to the disabled persons. *J. Hum. Sport Exerc.*, 9(Proc1), pp.S418-S424. The Adapted Physical Activity, in modern times, is defined as the program with an educative target so it promotes the autonomous recovery of the person through direct experience of physicality (Cottini, 2008). The ICF (WHO, 2001) is a guide achieving this objective because it defines disability as the product of the relationship between the health of the person and the context in which he lives. The context creates disability because it doesn't have the appropriate tools to allow the free expression of the person for the different life contexts (Cottini, 2008). Finally the "conquest" consists in the implementation of Adapted Physical Activity. This activity is expressed in the manipulation of the physical context according to the various needs of the person to improve all their dimensions. The TMA test is the methodology used to evaluate the functionality of Adapted Physical Activity to empower the global person's self-esteem. This instrument has favored a primary monitoring to understand the initial condition of the four disabled, involved in the research work, and the whole class group. The results obtained in this first phase were classified as negative according to the American standardized sample. The test had determined how the global self-esteem of the disabled person was influenced by his conditions of marginalization determined by the prejudice that limited action. The A.P.A., during the hours of physical education, has facilitated the achievement of positive results compared to those of departure. These results represent a practical demonstration of how prejudice is an abstract entity resulting from the lack of people knowledge. In any case the activity has placed all subjects on the same plane to achieve a performance, a common target. The person's improvement is the starting point in the understanding of this work. **Key words:** ADAPTED PHYSICAL ACTIVITY, INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF), SELF-ESTEEM, AUTONOMY, PREJUDICE.



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## INTRODUCTION

The adapted physical activity is defined, in modern times, as the program with an educative target as the objective to attain is to favor the recovery of the residual tasks of the person to prevent the complete loss and promote their full autonomy. It is an opportunity into the area of the valorization of the person's skills through direct experience of physicality.

The idea of the formation of adapted physical activity was already brought in the 40s of '900 by Ludwig Guttman (1899-1980) as part of rehabilitation.

The neurosurgeon operated in the Stoke Mandeville's Hospital, near London, with soldiers veterans of World War II. These disabilities were more or less serious and Guttman could prove practically as motor practice and sports were necessary for their rehabilitation.

In fact, initially the adapted physical activity was recognized as rehabilitation but today we can say that the APA is something different from the health rehabilitation.

So the adapted physical activity is a set of the exercises programs to done in group and facing, in particular, at people with chronic diseases and/or deficit of various nature, targeted at the modification and improvement of their lifestyle (Gomez Paloma, Rio & D'Anna, 2014).

Only in 1973, however, was coined acronym APA and founded the International Federation IFAPA (International Federation of Adapted Physical Activity), with the objective to spreading its principles in many parts of the world through the organization of the international conferences. The primary target of the Federation is the development of research and improvement of the interaction between the theoretical and practical, that is between the work of researchers and the operators (teachers, instructors, physiotherapists and others).

The problem of the IFAPA program was to consider the many types of disabilities. This debate initiated in concrete and organic only in the late '80's, when experts all over the world began a dialogue, exchanging opinions and proposals for definitions, terminologies, classifications and programs. However only in the '90 there was a complete and organic definition of adapted physical. It was identified as the set of knowledge and interdisciplinary skills addressed to underline and resolve problems in the specific psychomotor disabilities, to defend the right to health and to an active lifestyle and to develop an appropriate school-community service realizing the process of inserting and integration.

A great help to the massive spread of the APA was then definitely by the creation of the first trade publication, the Adapted Physical Education Quarterly, who divulged the results of research, of Congresses and practical experiences.

Certainly the achieving of that target is possible by following the guidelines of the ICF (International Classification of Functioning, Disability and Health) which defines disability as the product of the relationship between the health condition of the person and the context in which he lives. The context creates disability because it doesn't have the appropriate tools to allow the free expression of the person for the different life contexts (Cottini & Rosati, 2008).

The adapted physical activity puts the disabled, in this case, as the core of the planning because the adaptation must encourage the discovery and the refinement of skills not expressed due to the structural and physical limitations (Raiola, Tafuri & Gomez Paloma, 2014). The adapted physical activity is a valuable tool to improve the functionality of the person, especially the disabled. On the other hand it is necessary that the adaptation is appropriate to the person with whom you come into contact.

The reason is that it is not the disabled person to adapt to the environment and to the program of physical activity, rather it is the condition to the contrary: the disabled person must be the protagonist, the subject of the activity and not the object.

The basic concept is that the setting in which the person acts should be changed to provide the necessary space for the expression of the ability of everyone. In fact, the ICF adopts a universal approach, for everyone because he uses the concept of human functioning for the lifelong. So the sequence impairment-disability-handicap is replaced by bio-psycho-social model in which the health of the person is defined by three factors: biological, psychological and social. It's important a particular attention to contextual and social environment in which the person lives.

The functioning approach, however, clarification as disability is the health condition of the person in an unfavorable environment that limiting the person. The disability isn't the subjective condition of the person. The target of the project work is to support the growth of the self-esteem in disabilities person through the implementation of the adapted physical activity program. The initial problem of the project work is how social prejudice can hinder the free expression of the disabled person but more generally of each person. The prejudice causes in the person a sense of fear that drives him to isolate themselves from the rest of the group because he is not able to make according to the demands of the context. The cause of this condition is to appeal at the person "able-bodied" who precludes himself the opportunity to know each other disabled and the context. The context doesn't have the resources and the different tools to give the correct answer to the different needs of the person.

The problem area, or rather the consequence of the initial problem, is the attitude of closing of the disabled person to any proposed activity within the school environment, particularly in the motor area. The school environment is the first educative institute for the growth and the maturity of the person (Raiola, Scassillo, Parisi & Di Tore, 2013). For this reason it is necessary to educate young people for understanding the disability field, touching it with his hand, coming into contact with disabled.

The construction of the social relations is limited by prejudice that seems to be predominant among the young people especially at school because they come into contact with each other than himself. The target is to create the same plane on which recognize the other as the person: in this way will there be mutual respect and acceptance. This objective is expressed in the manipulation of the physical context according to the various needs of the person to improve all their dimensions. Certainly the first target is not the final performance, the technical move, but the process that the individuals adopt to facilitate the achievement of a target.

So the motor activity is the promoter of the improvement of the social relations to empower the disabled global self-esteem through social participation favored by the adaptation of the setting.

## MATERIAL AND METHODS

The project work's objective is to demonstrate how the adapted physical activity can be a valuable tool for overcoming the social prejudice to allow the growth of the disabled self-esteem. So the objective consists in making an activity for the participation of all subjects to the activities proposed during the hours of the physical education. Certainly each activity is planned again on the person's needs: the expression of their skills is functional to the recognition and improvement of these. However, operating in this way, each subject can act with total freedom, thanks to a context that use its resources, adapting to personal need.

The TMA test (Bracken, 2012) is the methodology used to evaluate the functionality of Adapted Physical Activity to empower the global person's self-esteem. This tool is constituted by 6 scales of self-esteem, according to the six areas of the person, for a total of 150 items. The test has favored a primary monitoring to understand the initial condition of the four disabled, involved in the research work and the final evaluation. The items are characterized by the negative and positive character: there are four possible answers and the scoring system varies if it is negative or positive affirmation. The self-esteem measurement is related to the basic concept for which the subject is characterized by multiple dimensions: it's the global self-esteem in relation to the totality of the person. The receivers of the project work are four disabled children of the age group between 11 and 14 years. The predominant disabilities are motor (1) and sensory (3).

The choice of the subjects, receivers of the project, was made by defining the presence of a high number of disabled within the various classes that make up the institute middle school "L. Santarella" in Corato, Bari. Indeed all the classes are taken into consideration for all levels of education. Initially, the sample was detected in the following way:

- define for each level of classes (1<sup>a</sup> -2<sup>a</sup> -3<sup>a</sup>) the presence of one disabled;
- define for each level of classes (1<sup>a</sup> -2<sup>a</sup> -3<sup>a</sup>) the presence of more disabled.

Certainly it wasn't explained to them the objective of the project so as not to influence their actions. The activities were carried out during the hours of physical education, for 2 times a week, with the constant presence of the physical education teacher. The activities were normally: warm-up exercises (such as running around the field) and sports activities such as in particular volleyball and basketball. The objective for the person with physical disabilities was to encourage the participation in the activities through the adaptation of the exercises to the needs of the person (for example, it was crucial to distinguish the various phases of which the volleyball: beaten, crushed, and then receive play the final action). For individuals with sensory disabilities was essential to adapt the instructions and directions to carry out the activities (such as the exercises were represented by the teacher because they were included exactly) (Altavilla, Tafuri & Raiola, 2014).

In general in all activities the adaptations were proposed to the whole group so that this class could identify with the disabled person and understand his difficulties to act in an unfavorable context.

## RESULTS AND DISCUSSION

The results obtained were classified according to the American standardized sample.

The test results have proved that, before to the activity, the scale of interpersonal relations represents for all four subjects a weak side. In fact the level of the self-esteem was very negative for the lack of the interaction on the class group. For that reason they didn't participate to the school activity. The level of the self-esteem is negative even the ladder on the successes and failures at school, although it's slightly negative. This condition demonstrates how the children involved are not participating in the activities especially at the hour of physical education where the context doesn't allow them to express themselves fully and freely: you don't feel appreciated as they haven't the ability to act freely. The results, at the conclusion of the activities showed an improvement in the condition of the disabled, which at that time they felt appreciated and recognized as fist people.

This fundamental evolution didn't happen overnight, but it took longer than it was crucial to understand how the target of the school activities was to achieve a common target, putting together their skills, apart from what would have been the end result.

The acquired level of the self-esteem is average: feel part of a group in achieving a common target is a great achievement, but this conquest is not given once and for all rather must be continuous.

Table 1. Score of Entry Test

FIRST PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	53	69	64	61	83	54	384
Standard score	73	90	87	82	97	76	81
Confidence interval:99%	61-85	76-104	77-97	70-94	90-104	65-87	76-86
Classification	VN	ITM	ITM	SN	ITM	SN	SN
Percentile rank	4%ile	26%ile	20%ile	12%ile	42%ile	5%ile	11%ile
SECOND PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	57	70	70	63	86	54	400
Standard score	77	92	84	84	99	76	85
Confidence interval:99%	65-89	78-106	84-104	72-96	92-106	65-87	80-90
Classification	SL	ITM	ITM	SN	ITM	SN	SN
Percentile rank	6%ile	29%ile	35%ile	15%ile	48%ile	5%ile	16%ile
THIRD PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	71	77	70	65	88	60	421
Standard score	81	103	94	86	100	82	91
Confidence interval:99%	69-93	89-117	84-104	74-98	93-107	71-93	86-96

Classification	SN	ITM	ITM	ITM	ITM	SL	ITM
Percentile rank	11%ile	58%ile	35%ile	17%ile	50%ile	12%ile	27%ile
FOURTH PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	52	69	69	62	70	54	376
Standard score	72	90	93	83	85	76	79
Confidence interval:99%	60-84	76-104	83-103	71-59	78-82	65-87	74-84
Classification	VN	ITM	ITM	SL	SL	SL	SL
Percentile rank	3%ile	26%ile	33%ile	13%ile	16%ile	5%ile	8%ile
LEGEND: Very Negative (VN), Slightly Negative (SN), In the media (ITM)							

Table 2. Score of Exit Test

FIRST PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	77	74	78	75	86	66	470
Standard score	102	99	105	104	99	90	104
Confidence interval:99%	90-114	85-113	95-115	92-116	92-106	79-101	99-109
Classification	ITM	ITM	ITM	ITM	ITM	ITM	ITM
Percentile rank	56%ile	48%ile	64%ile	60%ile	48%ile	26%ile	60%ile
SECOND PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	73	73	72	70	88	67	443
Standard score	96	96	97	93	100	91	96
Confidence interval:99%	84-108	82-110	87-107	81-105	93-107	80-102	91-101
Classification	ITM	ITM	ITM	ITM	ITM	ITM	ITM
Percentile rank	40%ile	40%ile	42%ile	33%ile	50%ile	27%ile	40%ile
THIRD PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	76	73	74	70	88	71	452
Standard score	100	105	100	93	102	96	99
Confidence interval:99%	88-112	91-119	90-110	81-105	95-109	85-97	94-104
Classification	ITM	ITM	ITM	ITM	ITM	ITM	ITM
Percentile rank	50%ile	64%ile	50%ile	33%ile	56%ile	40%ile	48%ile
FOURTH PERSON							
	Interpersonal	Competence	Emotional	Scholasticism	Familylife	Bodylife	Total
Raw score	77	74	78	75	80	66	450
Standard score	102	99	105	104	94	90	98

Confidence interval:99%	90-114	85-113	95-115	92-116	87-101	79-101	93-103
Classification	ITM	ITM	ITM	ITM	ITM	ITM	ITM
Percentile rank	56%ile	48%ile	64%ile	60%ile	35%ile	26%ile	44%ile

LEGEND: Very Negative (VN), Slightly Negative (SN), In the media (ITM)

## CONCLUSIONS

In conclusion, the TMA has established an evolution in self test of the four disabled people. The expected results have been achieved but it is essential that the activity is constant and continuous in time to assure the full expression of the person in all areas of daily life.

The self-esteem of the project recipients was about average, after the conclusion of the activities, according to standardized values Americans considered.

So the test was able to show that the "manipulation" of the context is a variable key for the participation of each subject to any activities in the different contexts of action. In this way each one acquires the knowledge of their skills thanks to the tools offered by the external environment in which it's immersed.

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