Elżbieta Zakrzewska-Manterys
University of Warsaw

A History of the Exclusion of the Mentally Handicapped

Abstract
The article corresponds to the problems of terms describing people as mentally disabled vs. intellectually disabled, compared to those with an intellectual disability. The application of each of those notions is justified by the premises of an axiological and worldview nature. Political correctness encourages us to replace stigmatizing terms with more neutral ones. However, the question arises: from where did the terms of a discriminating character appear in the language?

The article presents examples of the application of segregation policy since the 1970s, as a result of which the intellectually disabled remained in residential care centers, separated from the rest of society. Based on the literature of the 1970s, a dramatic picture of the fate of people deprived of human dignity is painted. This situation meant that the terms applied to intellectually disabled people condemned them to the worst position in society. It began to change when the policy of social integration and inclusion was implemented in the West.

The second part of the article includes deliberations over the understanding of the words “disability” and “intelligence” (a word present in the term intellectual disability). Two contrasting ways of comprehending the term intelligence are presented: one derived from ancient times and the other introduced by the modern system of psychological measures. I demonstrate what consequences the application of those two understandings of the term intelligence bring for the understanding of the human condition entangled in the modern world.

The summary presents the conclusion that mental retardation does not need to be treated as a deficiency or a dysfunction, but it may be – according to the idea of variety – treated as an equal way of being a human, different from the statistical majority of the population, however, still demonstrating a unique specificity and beauty.

Keywords mental handicap, intellectual disability, segregative policy, integration, inclusion, diversity, humanity

A notion that appears increasingly often in the literature of sociology related to the people discussed in the paper is the notion of variety. I am not willing to name the terms, as any that I would use would not be philosophically or axiologically innocent. Each suggests a certain philosophy, a specific manner of thinking about the world. The notion of variety appears increasingly more often in speaking about those people, and there are even some attempts made to determine those individuals not in categories of disability but in categories of “queer” (McRuer 2006). This term is synonymous to disquieting, eccentric, odd. McRuer introduces a theory he calls “compulsory able-bodiedness” and argues that the term “disability” is produced by the system of compulsory able-bodiedness, just as the system of compulsory heterosexuality produces queerness (2006:2).

It would seem that deliberations over these problems are only of a linguistic nature, seemingly referring to the comprehension of words. However, words are not the object of attention and reflection by people. The exploitation of certain terms hides the intention to introduce the mentioned people into a specific social context. This process of naming encompasses the beautiful concept called political correctness. But, praising the concept of political correctness can lead us on a wild goose chase. Because if we were to succeed in coming up with an axiologically neutral notion, not stigmatized, the ruthless colloquial language would take over the term almost immediately, transforming it into a stigma. That was the case with the idea of “mental handicap”, which was anti-stigmatizing towards the notion “mental defective”. When that became stigmatizing, a new term was developed, “disabled persons”, and from that “persons with disabilities”.

Modern Rationality of 20th Century

The pursuit for non-stigmatized terminology has not been around for long in Europe. In Scandinavian countries, which were the first in Europe, and in the world, to begin the process of integration and normalization, disabled individuals growing up in the 1970s and 1980s were called “the first generation of integration” (Gustavsson 1996:232). Since then, there have been numerous attempts made to “bring back into society” those who had lived in closed institutions, fulfilling the segregation policy, which was mandatory at that time. The Norwegian researcher, Jan Tøssebro, writes about it a little misguided: “[...] the three decades after WWII, that is, between 1945 and 1975, were called the “Golden Age” of the welfare state. This description is of an international character, but it is also related to Scandinavian countries. The first fifteen years of that time may also be called the “Golden Age” of the segregation policy towards the intellectually handicapped. This refers both to centers of permanent stay, as well as to the interconnected system of special education” (Tøssebro 1996:47).

At the beginning of the 1970s, numerous publications were issued where authors made every attempt to describe “the creation of living conditions” for people staying in total institutions. Many of those publications were available in the USA, where the process of deinstitutionalization began relatively early. Here, such articles as “Construction of living spaces in an institution” (Risley, Favel 1979:
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protection and placed in a constantly lit seclusion is stripped naked for what is felt to be his own lows from collective sleeping arrangements and miliations and torments which the patients were (1961:21). Goffman also writes about numerous hu inmates to feel that they are in an environment these services for some inmates – may lead many surgery – whatever the intent of staff in providing prive the patients of the feeling of self-esteem and huge total institution (Goffman 1961:7). To de

26). The contents of those publications suggest that it was a time when the movement of the humaniza-

tion of previously completely dehumanized people, deprived of any feelings of a worthy existence, started. However, the idea to simply close the institutions that isolated those wretched individuals from the society and send them home still hadn’t come about. Western societies needed to wait for almost a whole decade.

Erving Goffman, who between 1955 and 1956 conducted some research in a psychiatric hospital in Washington, describes the degradation processes which were experienced by 700 patients of that huge total institution (Goffman 1961:7). To deprive the patients of the feeling of self-esteem and self-respect – to crack the whip and control them completely – there were some procedures applied that caused loss of the feeling of personal security: “Beatings, shock therapy, or, in mental hospitals, surgery – whatever the intent of staff in providing these services for some inmates – may lead many inmates to feel that they are in an environment that does not guarantee their physical integrity” (1961:21). Goffman also writes about numerous humilations and torments which the patients were exposed to. “Medical and security examinations often expose the inmate physically, sometimes to persons of both sexes; a similar exposure follows from collective sleeping arrangements and doorless toilets. An extreme here, perhaps, is the situation of a self-destructive mental patient who is stripped naked for what is felt to be his own protection and placed in a constantly lit seclusion room, into whose Judas window any person passing on the ward can peer” (1961:24).

A conceptual network, developed as a result of analyses and numerous other, even more drastic actions taken against the patients, led Goffman to come up with the category of “total institution”, and put forward a theory of the operation of such institutions. According to that theory, which employs ideally typical structures, five categories of total institutions may be distinguished. One of them is posed by centers for persons who require care and control, because they may be “a threat to the community, albeit an unintended one” (1961:15). Ration

nal thinking related to the effectiveness of keeping people – closed in a single place, isolated from the world – whose biography is a homogeneous degrative “career” of a patient giving away his fate in the hands of an institution, is expressed in the creation of anti-TB centers, hospitals for the mentally sick and leprosariums. The remaining four categories of total institutions embrace a wide spectrum of persons, who for certain reasons, and for some purpose, have been placed together in an isolated space. Goffman claims that “to learn about one of these institutions we would be well advised to look at the others” (Goffman 1961:14).

Therefore, it may be assumed that sometimes spec-
tacular differences in the operation of particular institutions are not so significant as to make it impossible to provide them with a common name. The fate that the societies of the West had for their handicapped and mentally ill (this differentiation, currently obvious, was not complete in the first half of the 20th century) is a mirror that reflects the attitudes and arising actions in an exaggerated and condensed manner which we take as members of a society towards ourselves. A psychiatric hospital from the 1950s is a grim metaphor of 20th century rationality. As claimed by Goffman, this so called “mental illness” cannot be regarded as the “reason” for placing an individual in a psychiatric hospital: “in the degree that the ‘mentally ill’ outside hospita
tals numerically approach or surpass those inside hospitals, one could say that mental patients distinctively suffer not from mental illness, but from contingencies.” (Goffman 1961:126). Speaking graphically, an inevitable condition for placing someone in a psychiatric hospital is that someone needs to diagnose a mental illness, that is, to denote the wretched individual. In the case of people labeled mentally handicapped, there needs to be someone, who would “give away” such a person.

An example of the description of the fate of the intellectually handicapped and mentally ill individuals, kept together in centers of isolation, is an album of black and white photos with the significant and terrifying title: “Christmas in Purgatory. A Photographic Essay on Mental Retardation” (Blatt, Kaplan 1974). The first part of this album was published as a separate publication in 1966. Family and friends of the mentally retarded distributed thousands of copies of this shocking document, sending it to representatives of governmental agencies, members of health commission, academic professors and leaders of parents’ movements. They showed pictures of adults and children – naked or dressed in inappropriate clothes of the cheapest quality; closed in isolated rooms without handles, in empty spaces with walls dirty with ex-
crement, in locked solitaries or bedrooms for dozens of people. The photographs are accompanied by commentaries of a commission that inspected the institution. For example: “we were amazed by the over-crowdedness, by the disrepair of older buildings, by the excessive use of locks and heavy doors, and by the enormity of buildings and numbers of patients assigned to dormitories”; “Beds are so arranged—side by side and head to head—that it is impossible, in some dormitories, to cross parts of the rooms without actually walking over beds. Often the beds are without pillows”; “Six States spent less than $2.50 a day per patient, while only seven States spent over $5.50 per day. Nationally, the average is $4.55 per day, less than one-sixth of the amounts spent for general hospital care”; “The population of State residential facilities runs the gamut from a few hundred to more than 5,000; but on the average, each institution is caring for 350 pa-
tients over stated capacity and has a waiting list of better than 300.” Each chapter opens with a motto, which is a quotation from a literary classic. Notions that pose metaphors for human fate in literature adopt an amazing character in the descriptions of the total institution and the inhumane conditions for their “patients”. The motto opening the first chapter is Dante’s “Abandon all hope, ye who enter here”. Another dramatic quotation opening one of subsequent chapters comes from the Phila Henri
ta Case: “Oh! Why does the wind blow upon me so wild? Is it because I’m nobody’s child?”

All of this happened more than fifty years ago, during a century declared the age of knowledge and science, in a country claiming to be the cradle of democracy.
Giacomo della Tomba psychiatric center in Vero-
na, Italy, “[…] it was a real fortress. The walls were
walls surrounded ten, symmetrically arranged
buildings, inhabited by men and women sepa-
rately. “Each building had two floors: the ground
floor was occupied during the day, the first floor
included bedrooms. For the night, everyone went
upstairs, to go to sleep, during the day they came
down to a huge room on the ground floor. One
hundred and twenty people – the number of pa-
tients in each building – existed together all the
time. The only place of relaxation during summer
weather was a little garden surrounded with wire
netting. A patient could enter the park only when
accompanied by a nurse” (Andreoli 2007:12). Resi-
dents of separate pavilions were divided accord-
ing to the severity of their mental illness: the least
sick were placed in the first pavilion, male and female
respectively, those with the most intense symp-
toms were located in the fifth pavilion. The higher
the pavilion number, the more radical the tools of
enslavement: “In the fifth pavilion, the situation of
women was the most dramatic. An abomination.
The women were left with no dignity, naked on
a cold floor, chained to walls and smeared with
excrement – truly Dantesque” (Andreoli 2007:12).

The everyday routine was not very complicated.
All patients did the same things every day, that
is, they slept or sat motionless. “The paramedics
worked in three shifts. The first one tied the pa-
tients up, which was not an easy task, as they often
rebelled, therefore the task was ascribed to strong
and well-built persons; the second shift needed to
untie them, wash them and tie them up again;
the third undressed the patients from caftans and
placed them in beds. If someone was tied at six
in the morning, and soiled himself at half past
six, they were not washed before two in the after-
oon” (2007:12). Isolation from the external world
was complete, and the walls were totally impen-
etrable. “A psychiatric center had to be a self-suf-
ficient unit, autarkic, where contact with the
external world was kept to a minimum. Bread was
baked there, laundry done and underwear darned.
[...] Nothing was permitted to go outside the psy-
chiatric center, as everything was poisoned and
dangerous for the city which surrounded the

In subsequent years, together with development
of treatment methods, the patients were not left to
their miserable fate. Instead, attempts were made to
implement therapies that would bring them back,
maybe not to society – as they were still strictly
isolated – but to rationality or the functioning of
a regular man. The most widespread treatments,
regarding their alleged effectiveness, were shock
treatments and therapy with insulin. The shock
treatment was introduced in 1938 by Ugo Cerletti,
inspired by a procedure applied in slaughterhous-
es, which consisted in knocking out the pigs before
killing them, so their meat was as tasty and deli-
ciate as possible. Since then, shock treatment has
become a routine procedure of psychiatric thera-
py. “I, myself,” writes Andreoli, “for many years,
while working in a psychiatric center, applied this
method to my patients. What is more, it became
a kind of liturgical celebration” (Andreoli 2007:17).

Similarly, the therapy with insulin was a procedure
thanks to which the psychiatrists could control
the unpredictable and aggressive behaviors of the
‘nuts’ in an easier way. “The patient was provided
with such a dose of insulin which caused coma,
maintained for a specific time; each patient had an
individual dose [...], which was determined exper-
imentally, not following any scientific knowledge,
but first of all considering the level of danger that
a given patient produced” (2007:18). After a certain
time had passed, the patients were woken up with
sugared water, introduced into the body through
a tube. “It sometimes happened that the patient
did not wake up, and then rescue actions were un-
dertaken quickly, such as stimulation of heart or
circulation or respiratory tract. Some of them woke
up only after several hours. Some of them did not
wake up at all” (2007:18).

Andreoli, while describing the dramatic scenes
taking place in psychiatric hospitals at the begin-
ning of the second half of 20th century, summarizes
them very bitterly: “In recent years, and even today,
when I recall the past, I ask myself a tormenting
question: how was it possible that when I crossed
the psychiatric center’s gate for the first time,
and I was not even 21 years old at that time, I did
not wonder about the indecency, perversion and inhu-
mality that prevailed? [...] How could it happen
that not only me, but also men of great moral char-
acter accepted all of that? What is more, they were
absolute rulers of the mad men in those places! [...] How could a boy like me, passionate about Greek
knowledge, knowing Euripides and adoring philos-
ophy, not rebel against such a striking degradation
of humanity? [...] How can you explain this human
callousness in the face of the suffering of others?
 [...] I am still tormented by these questions. I see
them as no less dramatic than those related to the
atrocities of concentration camps. It is not an in-
adequate comparison, I am not exaggerating” (An-
A Stereotype as a Summary of Social Knowledge

It is not surprising that the people who remained in isolation up to the second half of the 1970s were not ascribed with labels proving their participation in social life. Their unenviable fate was reflected by the words which described them, usually insults. Only from the end of 1970s in numerous European countries, and in Poland even later – estimations say from the end of the 1980s – did a process of changes in attitudes of the general population towards disabled citizens start, especially towards the mentally disabled (Shevlin, O’Moore 2000:207). On the other hand, it needs to be highlighted that Poland, together with other countries of the “Eastern bloc”, isolated from the West by the “iron curtain” from the second half of 1940s, did not adopt the Western patterns too strictly, and did not readily lock up its handicapped citizens in gigantic total institutions, something which was highly popular in more advanced countries. The figure of the “village fool”, slightly old-fashioned and backward, was still present as an exemplification of the fate of a “free” handicapped person, not institutionalized, living life in a society which ascribed them a social role which maybe was not glorious but at least was socially sanctioned. The tradition of Polish special pedagogy, related to the works of Maria Grzegorzewska, cannot be overvalued, as even in 1920s she spread the idea which can be found in the motto of APS (Academy of Special Pedagogy – Maria Grzegorzewska University) - “there is no cripple, there is a human”. Nowadays, such an approach could be seen as a precursor of today’s trends. However between 1945 and 1960, in the “Golden Age” of totalitarian institutions, such declarations sounded highly anachronistic.

To this day, terminology related to the disabled resembles recent isolation. These are stereotypes of an unequivocally negative tone, “such persons are perceived as a burden for others, an object of taunts, violence, but also a threat for the rest of society, an unfortunate and pitiful entity” (Chodkowska, Szabala 2012:90). The authors claim that among the disabled the most hurtful terms are ascribed to the mentally handicapped, and the stereotypes pertaining to this group are often derogatory (Chodkowska, Szabala 2012:90).

This could be exemplified by stereotypes connected with sexuality. There are two extreme and mutually exclusive opinions, treating the mentally handicapped as hypersexual or asexual (Szabala 2010:62). The first stereotype arises from the end of 19th century, when it was thought that “as it is impossible to control sexual drive, such individuals may be threatening to the environment” (2010:62-63). ‘Even now’, such beliefs mean that any symptoms of sexuality by the mentally handicapped are controlled and attenuated, sometimes drastically. This results in their sexual education often being accidental, vulgar and incomprehensible (2010:63). This, in turn, leads to a “self-fulfilling prophecy” – the mentally handicapped actually give the impression that they are also handicapped in that sphere of life. The stereotype of asexuality is connected with thinking about the mentally handicapped as being “eternal children”. This view, extremely different from the previously listed, results in similar consequences: no sexual education, a striking negligence of actions leading to sex identification, et cetera. Therefore, it can be stated that strict control and suppression of sexuality – regardless of whether it is undertaken in relation to the first or the second belief – leads to a decrease in life quality of those people whose social functioning is determined as distorted, handicapped, or deviating from standards of regularity.

Of course, we need to give such people a name somehow. The current terminology is as follows: An intellectually disabled person, or – even more contemporary – a person with an intellectual disability. I do not oppose those formulations, as we need to use terms that other people can comprehend. However, I believe that describing those people one way or the other is of a metaphorical character, not a literal one. Hence, the fight over words makes no sense. Academic discourse deliberating the terminology may lose sight of the problem’s essence – it is not the manner of terminology, but the drama of the existence of those people who were treated in an inhumane manner by Western societies taught by 20th century traditions.

Lack of Intelligence as a Disability

It is worth considering the issue, why the previous term “mental handicap” was replaced by “disability” and why this disability is related to intelligence. What does the word “intelligence” mean, after all? According to the words of one of the greatest philosophers of the 20th century, Hans-Georg Gadamer, the word “intelligencia” has ancient roots. However, this term meant something completely different to the ancient Greeks to what it means now. For the Greeks, “intelligencia” meant a deep insight, even deeper and fuller than “ratio”, that is, mind. Inteligentia meant familiarity with the highest principles of life, actions and thinking (Gadamer 2008:181-182). But, there are no traces of this in our terminology. Our contemporary understanding of the word “intelligence”, that is, from the end of 19th century, when the word appeared in today’s sense, and us understood by Western societies, is completely different than in the case of Greeks. Therefore, it is a temporal and geographic meaning.

In our society, intelligence is a certain measure, bringing a metrical understanding of a certain feature. What is more, this feature is of quantitative character, which means that we all have it, to a greater or lesser extent. In these terms, the differences between people are of a quantitative character. A genius possesses great amounts of this feature, and an intellectually disabled person very small amounts, but it still is the same feature. And these are the foundations which one of the most reductionist measurements is built upon, which we inherited from the 20th century, that is, the intelligence quotient. People’s intelligence can of course be measured, but we need to ask: what for? Reductionism consists in the fact that developmental age is divided by life age. And in order to do this, we need to know what is absolutely normal for the average person at a given age. I would like to congratulate people who possess such knowledge. If the developmental age is lower than the life age, the IQ level of an individual is lower than 100. It means that, as psychologists say, a person “solves tasks” at a level lower than their life age. But, what does
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pressive.

intelligence in our society. It does not sound im-

measure ourselves with that measurement. It is

developed the measurement for ourselves, so we

us less about them and more about ourselves. We

character. It says nothing about the man, because

the feature itself says nothing about the man. One

of the leading contemporary intelligence scholars, I

Deary, in the recently published book entitled

“Integracja” [Integration], writes about various

problems connected with measuring intelligence.

However, he does not doubt that, first of all, intel-

ligence means a person’s intellectual fitness, and

second of all, it is a feature, or as thought by some

contemporary researchers, a collection of features

(Deary 2012:18).

Gadamer, who undertook philosophical deliberations

tions over intelligence, said that speaking about

the intelligence of animals is not an anthropomor-

phism, as we frequently believe. The great philos-

opher reckons that it is on the contrary: speaking

about the intelligence of people is unconscious

theriomorphism, that is, ascribing animal charac-


teristics to people (Gadamer 2008:195). I might not

see any reasons why we should be ashamed of it.

One of the greatest philosophers of the 20th cen-

tury, Martin Heidegger, once said such an aphor-

ism: “A human does not have its being, as the

human being is being” (Heidegger 1994:67). The

being of a human is not a feature, it is a process.

The essence of humanity of those people consists

in being disabled individuals, with all the res-

ervations about the comprehension of the word

“disability”. They are like this.

Putting them in categories of variety, instead of
dysfunctions, leads to the activation of public dis-
course. Communion with intellectually disabled
persons starts being symmetrical, which means

that it enriches ourselves. For numerous years,
relations with our disabled fellow human beings

ook the form of charitable actions: We will give,

we will stroke their heads, we will take care of

them, we will create proper conditions for them,

we will take care of their humanity. But, what can
they do? Then, we said: “I am not interested in what
you can give me, because you can give me nothing.”

It changes. We do not need to defend their human-

itability anymore, because they are able to take care of it

themselves.

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Disabilities in the Nordic Welfare States. Policies and Everyday Life,

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koleForlaget: Norwegian Academic Press.
Upośledzenie umysłowe jako niepełnosprawność i jako sposób bycia człowiekiem


W artykule ukazane są przykłady stosowania do lat siedemdziesiątych dwudziestego wieku polityki segregacyjnej, w wyniku której osoby niepełnosprawne intelektualnie przebywały w zamkniętych zakładach całodobowej opieki, oddalone od głównego nurtu życia społecznego. Ukazany został przerażający obraz losu osób pozbawionych podstaw godności ludzkiej, na podstawie amerykańskiej publikacji z tamtego okresu. Sytuacja ta spowodowała, że stosowane wobec osób niepełnosprawnych intelektualnie określenia sankcjonowały ich gorszą pozycję w społeczeństwie. Zaczęło się to zmieniać po wprowadzeniu w krajach zachodniego kręgu cywilizacyjnego polityki integracji i inkluzji społecznej.

W drugiej części artykułu podjęto rozważania dotyczące rozumienia słów „niepełnosprawność” oraz „inteligencja” (słowa obecne w pojęciu niepełnosprawność intelektualna). Ukazano dwa sprzeczne rozumienia terminu inteligencja: wywodzące się ze starożytności oraz wprowadzone przez nowoczesne systemy miar psychologicznych. Ukazano jakie konsekwencje dla rozumienia kondycji człowieka uwikłanego we współczesny świat ma posługiwanie się tymi dwoma rozumieniami terminu inteligencja.

W konkluzji stwierdzono, że upośledzenie umysłowe nie musi być traktowane jako brak czy dysfunkcja, lecz może być – zgodnie z polityką różnorodności – traktowane jako równoprawny sposób bycia człowiekiem, różny od sposobu manifestowania się człowieczeństwa wśród statystycznej większości obywateli, niemniej odznaczający się swoistą specyfiką i pięknem.

Słowa kluczowe: upośledzenie umysłowe, niepełnosprawność intelektualna, polityka segregacyjna, integracja, inkluzja, różnorodność, człowieczeństwo

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