Chapter 7

Electronic Mentoring in the Classroom: Where Mentors and Students are Persons with Disabilities

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ABSTRACT

In recent years, we have witnessed a process of growing awareness and increased activity among persons with disabilities toward improvements in their living conditions and their full inclusion into society. Still, persons with disabilities experience difficulty in achieving the interpersonal competencies needed to develop adaptive social behaviors, to achieve and maintain close relationships, and to fulfill their potential. Mentoring appears to promote interpersonal development when it is conducted via traditional face-to-face methods or via electronic means. In particular, electronic mentoring programs that nurture relationships between persons with disabilities appear to have considerable potential for their empowerment. In this chapter we discuss the relevance, feasibility and utility of e-mentoring intervention programs designed especially for young people with disabilities.

INTRODUCTION

Historically, persons with disabilities were a marginalized group, a fact that reflected broad societal judgments of pity, at best, fear and, in some cases, loathing at worst. Since the 1970s, society’s views of persons with disabilities have become more enlightened. Towards the end of the 20th century, the concept of a person with a disability has changed from the traditional medical model to the newer humanistic and social model. According to the medical model of disability, persons with disabilities are viewed as defective and in need of being “fixed,” rather than being included as
individuals with a range of capabilities. In contrast, the humanistic and social model emphasizes the personality and the competences of the person; it is the relationship between the impairment and society’s structure and treatment of people with disabilities that is likely to determine the degree to which the disability is limiting. Individuals who use a wheelchair will find an inaccessible physical environment to be “disabling” whereas a barrier-free environment is not (Reiter, 2008).

During the past two decades, following the legislation of new laws around the world, we have witnessed a process initiated in response to the needs of persons with disabilities, in which public buildings and cultural centers have been made more accessible by, for example, removing physical barriers, installing ramps and lifts, and providing vocal signals at pedestrian crossings (Preiser & Ostroff, 2001). In the educational system, with the aid of new legislation in the field, the movement towards integration has been greatly accelerated. We also witness increased proactivism among persons with disabilities, as they demand improvements in their living conditions and their complete inclusion in the larger community (Poetz, 2003).

Despite a slow paradigm shift from strict adherence to the medical model to consideration of the social model of disability, loneliness and alienation are prevalent among young people with disabilities (Albert, 2006; Smith & Erevelles, 2004, Fish, Rabidoux, Ober, & Graff, 2006; Abbott & Mcconkey, 2006; Chadsey & Beyer, 2001; Allen & Sigafoos, 2000). Regardless of enlightened laws, integration does not always result in a child’s meaningful inclusion in school and in the community (Dinerstein, 2004; McConkey, 2005). Based on extensive work in England, South Africa and developing countries in Asia and Africa, Albert (2006) suggests that the persistence of traditional medical and welfare approaches to disability still prevail even among ‘well-meaning’ organizations. He states that “although many aid organizations have adopted the human-rights language and slogans of the disability movement, with few exceptions, their attitudes and actions remain rooted in a medical understanding of disability and its concomitant top-down, charity-like, ‘professional-know-the-best’ approach to disabled people themselves” (pp.1-2).

Despite technological progress and some signs of a growing awareness, in most countries around the world persons with disabilities are still regarded as ‘sick’ and ‘imperfect’ who not able to be ‘like everyone else’. It appears that the major obstacle that persons with disabilities will face in the third millennium will remain that of social inaccessibility. Social inaccessibility leads to loneliness. Persons with disabilities are here with us but don’t really belong. They are not an integral part of the general community (Longmore, 2003; Michalko, 2002). According to the social model of disability, an effort should be made to promote the participation of persons with disabilities in political and legislative decisions concerning their lives and they should be encouraged to take part in research and projects that address these issues (Albert, 2006). Indeed, inclusion should be regarded as a bilateral process. Through education we can assist persons with disabilities to be able to take an active part in changing their social status (Reiter, 2008).

However, in order to promote full inclusion of persons with disabilities into society, we have to construct educational programs which allow social involvement, respect, meaning, and self-fulfillment of these persons. Mentoring programs that are integrated into the lives of persons with disabilities at an early stage of childhood or adolescence can promote their positive development. It is critical that mentoring programs address the interest of these youth through approaches that are strength-based, and accord control to them, work toward their goal attainment and engage also mentors with disabilities (McDonald, Balcazar, Keys, 2005).
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