

Improving Inclusive Education: Quality of Life and Self-Determination

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The purpose of this study is to provide a basis for theoretical reflections for the recognition of the importance of the construct of Self-determination as a fundamental dimension of the Quality of Life, also for people with disabilities. In this sense, the main empirical studies that analyse the existing correlation between Self-determination and Quality of Life are summarized, to highlight the relevance that these constructs occupy in the sectors of education, special education, and public health. Following this file rouge, the delineation of educational paths aimed at the aid of innovative models and practices is envisaged, starting from the drafting of Individualized Educational Plans (IEP), a key tool for the design of inclusive teaching paths, based on the construction of self-determined people, causal agents of Quality Lives.

Keywords: *self-determination, quality of life, disability, IEP, inclusion, education*

Introduction

There is both an intuitive and a theoretical link between self-determination and Quality of Life, even for people with disabilities. Intuitively, it makes sense that greater autonomy and wilful action would improve one's Quality of Life (QoL). Theoretically, self-determination definitions have framed the construct about its contribution to a person's overall Quality of Life, while Quality of Life theoretical frameworks have included self-determination among the core dimensions that contribute to improving Quality of Life (Schalock et al. 2005, Lachapelle et al. 2005). These theoretical links have been supported by research on the relationship between Quality of Life constructs and self-determination of persons with disabilities, specifically intellectual (Wehmeyer 2020a) and developmental disabilities (Wehmeyer 2020b). There are several implications from this knowledge base that deserve consideration, including in education. The school is, immediately after the family, the main agency for socialization and formation of man's personality. Its fundamental task is to provide the necessary tools to grow culturally, psychologically, and socially; acquire responsibility and autonomy to train active and democratic citizens (Gagné et al. 2022, D'Alonzo 2020). In this sense, the school – *in primis* - should aim to give students the opportunity to *self-determine quality life horizons*, cultivating the talents and potential of *each and every one*.

When we work with disability, the discussion becomes more intense: this requires touching the *differences* first-hand, to find and promote the possibility of compensating for functional deficiencies necessary to promote *everyone's* personal

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growth. The "*taking shape*" that Andrea Canevaro (2015) talks about should translate into the construction of life paths that are never confined, regardless of the presence of disabilities, in a composition of elements that are never rigid and always open to welcome others, or to transform those already present, with the ability to decide autonomously and for themselves, to make Quality Lives flourish. It is therefore necessary for the school, at every grade or level, to guarantee the preparation of an individualized life project, which favors training courses for skills and competences in the making, to achieve the full autonomy and self-determination possible. These assumptions imply the necessary knowledge of the main theories and models supporting these important constructs.

Education, Disability and Self-determination: A Comparative Analysis of Models and Theoretical Perspectives

During World War II, Seligman et al. (2019) began to ask why many once confident and successful people became disheartened and depressed after World War II robbed them of social support, jobs, money and status, and why, at the on the contrary, other people still managed to preserve their serenity and their integrity. This made scholars understand that individuals were moved by instances, by different forces. The studies conducted by Freud, Jung, Maslow, Rogers, and May gave scientific answers judged by Seligman as unsatisfactory (Seligman 2019). Therefore, the need was felt to found positive psychology, born not only with the aim of "*repairing*" but of building *positive qualities*, enhancing education, growth, introspection. Individuals were no longer to be considered passive, but active beings, able to choose, to take risks and responsibilities.

The reference paradigms of most studies of positive psychology can be traced back to *hedonism*, according to which well-being consists in pleasure or subjective happiness, and to *eudaemonia*, according to which well-being is something more than happiness: it represents the realization of human potential and one's own nature. In the hedonistic perspective, well-being and happiness are equivalent, while for the eudemonic perspective the two concepts are quite distinct.

In this regard, the famous studies on self-determination by the Americans Ryan and Deci (2000) are included in the vein of the eudemonic perspective. The authors elaborated the *Self-determination theory* (SDT). For SDT, a need, broadly speaking, emphasizes the presence of a particular desire or preference, often rooted in a lack, and which varies among individuals. It is described as a need when its satisfaction is essential for the well-being of the individual. The authors identified three basic needs, united by being innate, universal, and essential (Deci and Ryan 2000), the satisfaction of which is essential for the growth, integrity, and well-being of the individual: autonomy, competence, and relationality.

The need for *autonomy* refers to the will of individuals and reflects their desire to be the origin of their own behaviours. It implies that actions, thoughts, and feelings are underpinned by a sense of purpose and authenticity. When this need is satisfied, there is a sense of integrity: the actions, thoughts and feelings of an individual are authentic and approved by him. Conversely, when this need is

frustrated, one feels a sense of pressure and often conflict, as if one perceives oneself as being pushed in the wrong direction. Autonomy, on the other hand, concerns the possibility of choosing autonomously, without being affected by the impositions of others. Deciding independently allows you to perceive yourself in harmony with your identity and therefore coherent with yourself. It is a form of self-affirmation, not in relation to the surrounding environment but to one's own person. Also, the need for *competence* refers to the ability, mastery, and effectiveness of the individual. It is satisfied when people engage in activities in which they use and expand their skills and competences; when frustrated, on the other hand, there is a sense of ineffectiveness, failure, and helplessness. Competence concerns interactions with the environment and the possibility of expressing one's abilities in relation to it. It is a type of relationship that man establishes with the surrounding world, in a natural way, since childhood, and triggers the satisfaction given by *being good at something*. Competence, therefore, takes the form of doing. Finally, the need for *relationship* refers to the experience of *nurturing bonds*. It is satisfied the moment a sense of connection is established, a feeling of mutuality in tune with the people who matter to the individual. When this need is frustrated, there is a sense of social alienation, exclusion, and loneliness. The relational need *recalls* the need to be part of a social context, a group, or a community, in which one feels at ease, where it is possible to weave networks of shared intentions and meanings. It is the environment where social emotions, such as friendship and love, develop. It is for this reason that the sphere of relationality can be placed in relationship with the sphere of competence, since it is important, in the environments in which the ability to do is expressed (such as, for example, the educational sphere), to relationships with other learners, for the reasons just given.

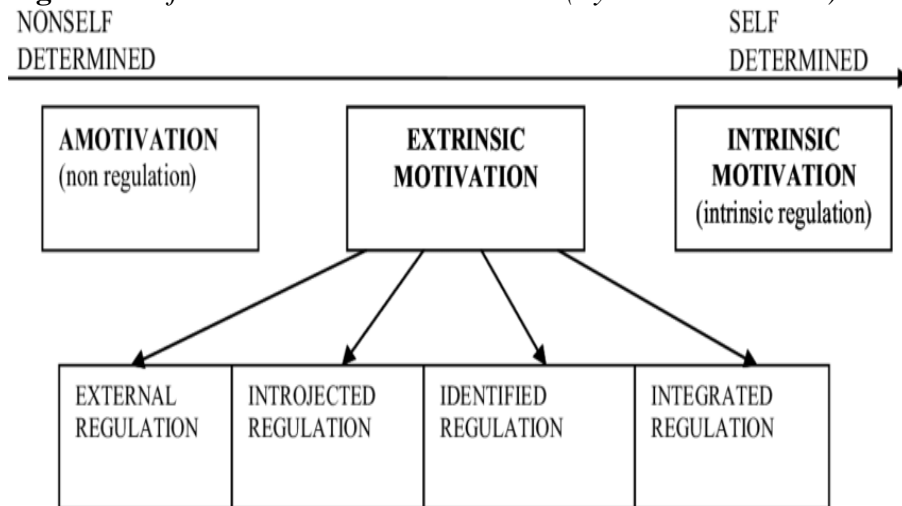
For Ryan and Deci (2000) these three needs possess the characteristic of *observability* from an early age, because they are present beyond any experience; they are *shared* by every human being, regardless of the culture of reference and, moreover, they are considered *inescapable* since they promote personal satisfaction and well-being.

According to the Theory of Self-determination, to satisfy these needs, it is necessary for everyone to *develop self-determination*, i.e., the set of knowledge, skills and beliefs that allow the growth of self-regulated behaviors directed effectively towards the objectives.

The theory considers self-determination and motivation as two related concepts. Motivation is a process related to the achievement of a goal or what tends the individual to the satisfaction of needs (Autin et al. 2022). We cannot talk about motivation without including *skills* (what the individual is able to do) and *personal values* (what the individual wants to do) (Ryan and Deci 2020). The theory focuses on the different types of motivation, attributing a fundamental role in determining the results of individual well-being. Motivation is considered as a continuum, at the extremes of which are the *absence of motivation* (or a-motivation) up to the achievement of the highest form of *intrinsic motivation*, passing through extrinsic motivation (Figure 1).

The development of self-determination is, therefore, closely connected to motivation, the drive that moves people to act to satisfy the three basic psychological needs. Self-determination theory research began with a focus on intrinsic motivation, activities performed for self, self-interest, and enjoyment (Ryan and Deci 2020). Intrinsically motivated behaviours are generated by activities such as play, exploration and anything that can make you curious. These actions support intrinsically motivated behaviours, which do not depend on external pressures, but rather on personal incentives; moreover, intrinsic motivation is the main responsible for learning throughout the human life¹.

Figure 1. *Self-determination and Motivation (Ryan and Deci 2020)*



Extrinsic motivation, on the other hand, is a heterogeneous construct that can vary in content and characteristics; for this reason, there is a subdivision into four main subtypes. The first subtype is *external regulation*: it concerns behaviours driven by externally imposed punishments or rewards and is a form of motivation typically experienced as controlled and non-autonomous (Ryan and Deci 2020). The second subtype is *introjected regulation*, which can be defined as a partial internalization of extrinsic motivation. In this case, the behaviour is regulated by actions through which internal rewards of self-esteem can be obtained. As a result, there will be a tendency to avoid feelings of anxiety, shame, or guilt that result from failure. External regulation and introjected regulation are controlled forms of motivation. Extrinsic motivation can be implemented autonomously: in this case we speak of *identified regulation*, which corresponds to the third subtype of extrinsic motivation. The person consciously identifies or approves of the value of an activity, experiencing a higher degree of volition or willingness to act. The last subtype of motivation is *integrated regulation*, the most autonomous form of extrinsic motivation. In this case, the person recognizes and identifies with the

¹Although there are results in the literature that attest to the importance of intrinsic motivation in learning, some research shows that this tends to decrease over the school years. These results suggest that sometimes the school environment does not allow for the creation of sufficient contexts for the development of intrinsic motivation.

value of an activity and finds that this is also congruent with other personal interests and values. Identified regulation and integrated regulation are two forms of autonomous extrinsic motivation, which share being strong-willed with intrinsic motivation, but differ in that they are based on carrying out an activity deemed useful but not pleasant. The opposite happens for intrinsic motivation, thanks to which people are interested in the activity they carry out, have fun, and feel involved (Ryan and Deci 2020). Within this motivational *continuum* also lies a-motivation: this form of lack of motivation can derive from a feeling of incompetence, lack of interest or attribution of value towards the activity that is being carried out. It is, therefore, a negative predictor of well-being and the construction of quality life paths.

According to self-determination theory, most intentional behaviours are multiply motivated. Motivation is like a staged process; it must be cultivated in a supportive environment that allows the development of skills and that autonomously directs to choose. When motivation is supported by the will it helps the development of *vitality*, a form of psychological charge that is perceived when the person feels effective in carrying out activities that he has internalized and which he perceives as belonging to himself. Vitality is considered a positive measure of well-being (Ryan and Deci 1985).

Relevant to the theory are, in fact, also the environmental conditions, which may or may not favor the satisfaction of the three basic needs. The degree of personal motivation is influenced by the environment: when the latter is controlling, the person will not perceive himself capable and needs will be frustrated; on the contrary, when he is supportive, he will be motivating, allowing the satisfaction of the three basic needs (Ryan and Deci 2000).

Deci & Ryan have therefore identified self-determination as the ability to choose between various opportunities and to use these choices to direct one's personal actions. Therefore, self-determination as a necessity, which to be achieved requires not only personal skills, but also a supportive social context. It is the result of the behaviours that allow people to identify their goals and the set of skills that allow them to be achieved.

Hoffman and Field (1994), add that the ability to self-determination is promoted or discouraged by personal values, knowledge, and skills of the individual, and by other variables inherent to the context of belonging: opportunity to choose and attitude of the other. For this reason, self-determination is to be understood as a multidimensional construct. Mithaug et al. (1996), not surprisingly, believe it is characterized by a series of skills through which people know and express their interests, needs and abilities; set goals and related expectations; they make choices and act to complete their projects, evaluating the consequences and modifying their actions (Cottini 2016).

Self-determination theory assumes that individuals - *in toto* - are prone to growth, learning, mastery, and *connection* with others. In fact, self-determination is a construct that is acquiring ever wider relevance in the field of disabilities (Lindsay and Varahra 2022), especially intellectual and developmental disabilities (Sánchez et al. 2022, Verdugo et al. 2023) (even if in Italy it has not yet assumed the necessary centrality in the scientific debate and in educational applications).

Since the early 1990s, attention has grown on the concept of self-determination in people with disabilities. In this regard, an important contribution to defining the construct of self-determination was offered by the group coordinated by Wehmeyer (1998).

The author specifies that self-determination is not what the person has absolute control over, because men live in relationships of interdependence, and support from other people does not preclude the possibility of controlling one's actions. Self-determined behaviours do not necessarily lead to success or successful actions, because decisions are not always optimal, even when all possible choices, actions and solutions to solve any problems are identified and examined. Furthermore, self-determination for the author is not synonymous with self-sufficiency, otherwise it would be difficult to approach people with disabilities who, on the other hand, sometimes need support to achieve their goals (Wehmeyer 2001).

For Wehmeyer, another common mistake is to consider self-determination as only ability or only opportunity, while instead it depends on abilities, opportunities, and the presence of adequate supports. "Self-determination is not simply something you do, and it cannot be tied to a specific outcome. Self-determination cannot be *-stricto sensu* - simply synonymous with choice" (Zappella 2019). These clarifications clarify the contours of the concept of self-determination which, according to the literature, can be described according to four models:

1. Functional Model of Self-determination
2. Ecological Model of Self-determination
3. Self-Determination Learning Model
4. Model of the Theory of Agency

The functional model of Wehmeyer et al. (2001) argues that an individual acts in a self-determined way when he performs actions in which he is the *primary causal agent*. This means that whoever acts perceives himself as the protagonist of his own choices that he is capable of acting and deciding in a completely autonomous way and not influenced by external causes. The concept of *causal agent* refers to the fact that the person has the strength to act for his own well-being, because he believes that certain actions can be impactful in his life. The functional model proposed by Wehmeyer focuses on numerous studies conducted on people of different ages with learning disabilities and intellectual disabilities. As Cottini (2016) points out, the self-determined person operates as a causal agent with the intention of building his own future both based on his own personal skills (such as being able to make choices, plan objectives, direct and self-monitor his behaviour), both to the opportunities that the environment must offer so that such behaviours can be truly implemented. The attestation of the importance of self-determination for people with disabilities and their complaint that they actually enjoy little opportunity to make choices independently and to express preferences about the main aspects of their lives by recording low levels of agency, have led researchers to implement specific psychoeducational intervention programs to promote self-determination, increase choice opportunities, favouring active and

direct involvement in educational activities aimed at them and in the planning processes of their life (Dean et al. 2016). The literature, in fact, demonstrates that, through personalized support and interventions and thanks to access to individualized inclusive programs, the person with disability can achieve good levels of self-determination regardless of their intellectual functioning. In Wehmeyer's model, both the individual dimension is taken into consideration, i.e., a series of skills that the person needs to assume self-determined conduct, and the environmental one, which concerns the opportunities that the context provides for people to become causal agents in their own life. This shows how people with disabilities can encounter a series of context barriers and how, at the same time, the role of supports assumes a fundamental aspect throughout the life cycle of the person with disabilities. The components of self-determination must, therefore, be considered in the rehabilitation and educational paths of all ages, and not only in certain moments of a person's existence. Within the proposed model, the construct of self-determination is divided into four fundamental elements (2001):

1. *Autonomy*: includes the level of independence, the person's ability to act based on his own system of values and interests. In other words, this element refers to behavioural autonomy.
2. *Self-regulation*: includes self-management skills (such as self-instruction, self-monitoring, and self-reinforcement); definition and achievement of objectives and problem solving. These strategies allow the person to more adequately control his own life.
3. *Empowerment*: focuses on internal locus of control and adequate levels of self-efficacy. The person, when he has these skills, is confident in his own abilities and in his own possibilities to carry out a goal successfully.
4. *Self-actualization*: it relates to the person's degree of self-awareness with respect to their strengths and limitations. This competence matures in one's own reference environment and is influenced by the perception that significant people have towards themselves, by the reinforcements and by the causal attributions of their own behaviour (Cottini 2016).

These main elements are formalized in self-determined behaviour and are expressed in some capacities: 1. Capacity to choose; 2. Problem solving skills; 3. Ability to decide; 4. Definition and achievement of objectives; 5. Self-management skills; 6. Self-help skills; 7. Perception of control and self-awareness.

Abery and Stancliffe (2001), the main authors of the development of the ecological model, unlike Wehmeyer, gave greater prominence in their texts to the role of the environment in the development of self-determination. For these authors, personal competencies are influenced by the environment which, in turn, is influenced by competencies, and self-determination depends on three interrelated elements: the desire for control, the degree of control exercised, and the importance given at various events. Based on this model, a person who has low control due to her disability can have a high level of self-determination if there is a close relationship between the desire for individual control and the importance of the outcome (Bentzen and Malmquist 2022).

The domains highlighted in this case are: 1. *Skills*: goal setting, choice and decision making, self-regulation, problem solving, communication, social relationships and independent living; 2. *Knowledge*: about oneself and one's economic situation, rights, Quality of Life, available resources, possible options when it comes to making a choice; 3. *Attitudes and beliefs*: locus of control, sense of efficacy, self-esteem, self-acceptance, perception of being appreciated by others and positive prospects for the future.

These domains refer to subjective conditions (for example, emotional well-being) and objective conditions (for example, individual rights and the level of social inclusion), and are modulated on four different life systems or contexts: micro-system (regards growth and development opportunities, such as family and school), meso-system (environmental improvement programs and techniques; concerns the relationship between two microsystems), exo-system (external influence of factors not directly attributable to the individual) and macro-system (ideological and cultural level, related to social policies) (Bronfenbrenner 2002).

In the third model, that of learning self-determination, Mithaug et al. (2003) focus on the process that leads to self-determination, seen as the freedom to use resources to achieve objectives consistent with one's expressed needs and interests within a welcoming community. Specifically, the model explores how individuals interact with opportunities to improve perspectives on the goals they want to achieve in their lives. Self-determination is in this case influenced by two domains: 1. *Capacity*: understanding of the meaning of self-determination, of the behaviours necessary to exercise it, plan objectives and make decisions; 2. *Opportunities*: places where self-determination is exercised, particularly in the home and school environment.

The challenges people experience are opportunities to pursue their goals and learn how to regulate their thoughts, feelings, and actions. Self-determined people learn to express needs, interests and abilities, to have goals and expectations; are able to change decisions and adjust behaviours to achieve desired goals effectively.

In the fourth and final model, defined as agency theory, Shogren et al. (2014) revise the functional model with two goals: to extend it beyond the realm of disability by recognizing that self-determination is relevant to *each and every one* (including people with disability), and integrate it with the contribution coming from other disciplinary sectors. Unlike other theories of human behaviour, the theory of agency predicts that the agent's action is: motivated by biological and psychological needs; directed towards self-regulated goals; driven by an understanding of agents, means, and ends, and triggered by contexts that provide supports and opportunities, as well as obstacles and impediments. The domains, which include those of the functional model, plus other elements related to different disciplines, are: voluntary action, agency action and control of one's beliefs and perceptions.

Summarizing what has just been outlined, it can certainly be asserted that the functional model, and that of agency which constitutes a revisitation of it, place the accent on individual characteristics, while that of learning highlights the process through which people can become more self-determined. The ecological model, on the other hand, emphasizes the fundamental role of the environment. From the

analysis of the four perspectives, three common elements can be traced: 1. Personal responsibility for one's own life, which includes both direct and indirect control of situations; 2. The effects of the environment and opportunities affecting the self-determination of the individual; 3. The idea that making decisions is a broader concept than choosing between various options, which requires a set of skills necessary to be able to exercise self-determination.

The different definitions of self-determination analysed all converge to emphasize a series of possibilities that allow - especially people with disabilities - to assume, in their own reference environment, roles connected with the dimension of adulthood. Certainly, due to deficits or functional deficiencies, these possibilities could be conditioned, but action must be taken to be able to guarantee good levels of self-determination. Therefore, the construct of self-determination puts the educational dimension in the foreground to guarantee perspectives and life projects aimed at achieving the best Quality of Life (Giacconi 2015).

Quality of Life and Self-determination: A Correlation Analysis of Constructs

Scientific literature suggests that the concept of Quality of Life is linked to that of Self-determination, even for people with intellectual and developmental disabilities. Several studies report the direct relationship between these two constructs: “higher levels of self-determination would correspond to higher levels of Quality of Life, and vice versa; the highest levels of Quality of Life of people with disabilities would be found in people with good levels of self-determination” (Cloutier et al. 2006).

The construct of Quality of Life has evolved over time, moving from a perspective centered only on people's subjective perceptions, to one that “has embraced the concept of Quality of Life as an awareness-raising notion and general principle for service delivery” (Schalock & Keith, 2005) precisely for people with disabilities.

Schalock and Keith (2005) have defined Quality of Life as a multidimensional phenomenon composed of fundamental domains influenced by personal characteristics and environmental factors. The conceptual model of Quality of Life, which has guided the application of this construct as a general principle for the provision of services, is made up of eight fundamental domains or dimensions: 1. Personal Development; 2. Self-determination; 3. Interpersonal Relations; 4. Social Inclusion; 5. Rights; 6. Emotional Wellbeing; 7. Physical well-being; 8. Material Welfare.

For Schalock and Verdugo (2002), Quality of Life is not a "thing" that people have. It is a multidimensional construct that provides a means to design and evaluate supports for people in service systems. In Schalock's (2016) perspective, self-determination is not only a fundamental dimension of Quality of Life, but it is also a core value on which services are based and, arguably, an outcome of such services and supports.

This construct was first applied to the context of intellectual disability in the early 1990s. Not surprisingly, in the field of intellectual disability, Wehmeyer

highlighted a first relationship between QDV and Self-determination when he defined the latter as “acting as a primary causal agent in one's life; make choices and decisions regarding their *Quality of Life*, free from undue influence or outside interference (Wehmeyer 2001). This suggests that in the initial phase of applying the construct of self-determination to the field of intellectual disability, it was related to the Quality of Life. Wehmeyer's theory of causal agency has been proposed to explain how people become self-determined and, more importantly, to explain the development of self-determination itself. Causal agency theory defined self-determination as: “a dispositional characteristic that manifests itself as a causal agent in one's life. Self-determined people (that is, causal agents) act in the service of freely chosen goals. Self-determined actions function to enable a person to be the causal agent in their own life” (Shogren et al. 2015, p. 56). Self-determined people take action to achieve specific ends or to make significant changes in their lives. Acting in a self-determined way implies that people decide to change their lives or pursue goals, rather than someone or something else from the outside can influence their choices. Self-determined action is goal-oriented, driven by preferences and interests, and ultimately serves to enable people to improve their Quality of Life. Concerning the relationship between self-determination and Quality of Life, self-determination, in the theory of causal agency, is seen as a contribution to the overall Quality of Life.

Schalock and Verdugo (2002) underlined that the concept of Quality of Life has provided an important evaluation framework based on the results associated with specific domains (in particular, the domain of self-determination). As the two authors underline, both personally evaluated life considerations and the design of large support systems. In this regard, Schalock et al. (2005) conducted a study examining the fundamental dimensions of Quality of Life in five countries (Spain, Central and South America, Canada, mainland China and the United States). The aim of the study was to identify properties of these key dimensions in geographically and culturally diverse populations. More than 750 respondents completed a survey that asked questions about the relative importance of each of the eight core dimensions (including self-determination) and 24 indicators of those dimensions, and the degree to which each indicator was available to the person and supported by the system. Participants included people with intellectual and developmental disabilities, industry professionals, and families of people with disabilities. The results showed that people with disabilities, when they answered the questions in which it was necessary to assign a score to the importance of self-determination, rated it with higher scores than professionals or family members. Based on analysis of variance by group (person with disability, professional, parent) and geographic region (Spain, Central/South America, Canada, Mainland China, and the United States), there were significant differences in reports of the importance of self-determination. As previously reported, people with disabilities placed the highest importance on self-determination compared to professionals; the geographical regions that rated it with the highest scores were Spain and North America, compared to the lowest trend recorded in China.

Two studies also directly measured the relationship between Quality of Life and self-determination among people with intellectual and developmental

disabilities. Wehmeyer and Schwartz (1998) measured the self-determination and Quality of Life of 50 adults with intellectual disabilities. The number of choices available to each participant was measured using the *Life Choices Survey*². These researchers hypothesized that individual self-determination status and opportunity for choice would predict membership in high- or low-quality-of-life groups. Based on a discriminant function analysis, it was determined that self-determination scores predicted membership in the High Quality of Life group and that these scores were significantly correlated with choice opportunities. Lachapelle et al. (2005) replicated this study, while measuring only self-determination and Quality of Life, with a sample of people with intellectual and developmental disabilities in four countries: Canada, the United States, Belgium, and France. These results mirrored those of Wehmeyer and Schwartz, indicating that overall self-determination and subdomains of self-determined behaviour (including autonomous functioning) predicted membership in the highest Quality of Life group. Research has established that the environments in which many people with intellectual disabilities live or work, particularly congregational environments, limit opportunities for choice and the expression of preferences (Stancliffe 2001).

Two studies examining the relationship between the opportunity for choice, self-determination and living/working arrangements confirmed the existence of a link between choice and self-determination. Wehmeyer and Bolding (1999) conducted a study of samples of adults with intellectual disabilities that were matched for age and intelligence level but varied as to whether they lived/worked in a large community-based gathering environment. The level of self-determination, opportunity for choice, and lifestyle satisfaction varied according to the living or working environment. In a subsequent study, these researchers measured the self-determination and choices of people with intellectual disabilities who were transitioning from a more restrictive (congregated) work or life situation to an integrated, community-based work or life situation. The results of these studies have shown that there have been significant positive changes in self-determination and in the opportunity to choose as a function of the transition from the more restrictive to the community-based context.

Finally, there are several studies of people with intellectual and developmental disabilities documenting the connection between choice and Quality of Life. Kozma et al. (2009) summarized these studies by finding that people who moved into the community had more choices and experienced better Quality of Life and life satisfaction.

Shogren et al. (2015) also conducted a structural analysis regarding the relationships between the constructs of hope, optimism, locus of control, and self-determination in predicting life satisfaction in adolescents with and without cognitive disabilities. Hope and optimism directly predicted life satisfaction, but these effects were (positively) mediated by self-determination and locus of control.

²The OECD Life Choices Survey is an interactive tool that allows you to view and compare some key factors that contribute to well-being in OECD countries (member countries of the Organization for Economic Co-operation and Development). This tool was designed to allow governments to gather information for planning and evaluation, helping to identify disparities between population groups and evaluate progress towards achieving health goals.

Individualized Educational Plan and Inclusive Educational Pathways of Self-determination and Quality of Life

In the essay “*The courage to choose*” (2004) Fernando Savater claims that “man is a praxis being, that is, a being who acts”. Carrying out an action does not just mean satisfying an instinctive urge but carrying out a personal project. As a living being, man certainly has biological programming, but precisely because he is human, he is called to self-program and self-determine (Cottini 2016). This drive to act autonomously characterizes all individuals, regardless of their abilities and skills, and for this reason it is an element that underpins everyone's Quality of Life (Giaconi 2015). In this sense, education must necessarily consider the dimension of self-determination, especially when people have disabilities.

In line with Schalock and Verdugo Alonso (2002) and the ICF perspective, disability is defined as the outcome of the interaction between a person's characteristics and their living environments. Disability is not the consequence of the related disease but depends on the availability of facilitators and barriers that fuel or limit the person's activities and participation in community life. Based on this evidence, the task of the school is to improve the human functioning and health of pupils with disabilities through the acquisition of skills, the provision of supports/facilitators, the removal of barriers, promoting access and participation in all areas of life, with reference to learning and knowledge development, communication, and socialization (Bocci 2021). Student participation is based on the principle of Self-determination defined by the UN Convention (2006) and understood as respect for the intrinsic dignity, individual autonomy (including the freedom to make one's own choices) and independence of persons.

In Italy, ten years after the ratification of the UN Convention on the rights of persons with disabilities, the right to self-determination finds concreteness in the school world from 1 September 2019, with the entry into force of the corrective decree 66/2017 on inclusion school, which establishes that “the student will participate directly in the drafting of the functioning profile and in the drafting of the Individualized Education Plan (IEP), as will his parents”. In this sense, even the drafting of the IEP, of the educational project calibrated on the needs of the individual pupil with certified disability, considers the principle of self-determination (Guay 2022). The single model for the IEP, the guidelines, and the assignment of support measures, in Italy, are established in the Interministerial Decree of 29 December 2020, n. 182. The subsequent corrective provisions of Ministerial Decree no. 153 of 1 August 2023 modified the functioning of the working groups, actions, and measures to be undertaken, as well as the drafting of the documents. This educational plan must involve the constant search for methods and tools to ensure that the design process itself becomes inclusive, guaranteeing the protagonism of the pupil with disabilities. This paradigm shift has increased the need to define a person-centred planning, on the *plurality of dimensions of the student's life* (Giaconi 2015).

Through the IEP, the school undertakes to positively welcome the student with disabilities (including intellectual and developmental). It represents a document in which “the balanced and integrated interventions are described, in a

given period of time, for the purpose of realizing the right to education and instruction" (DPR, 24 February 1994, p. 67).

Through the IEP, the school undertakes to positively welcome the student with disabilities. It represents a document in which "the balanced and integrated interventions are described, in a given period of time, for the purpose of realizing the right to education and instruction" (1994). It includes related educational rehabilitation and socialization projects and integrates school and extracurricular activities. The functionality of its use is directly proportional to the level of collaboration between curricular and support teachers. In fact, for the IEP not to translate into an instrument of exclusion, marginalization, the result of a dysfunctional use of the specialized teacher, it needs a horizontal application "that puts all the actors in synergistic communication, through teaching strategies that are a hinge between the 'disabled pupil and his classmates and among teachers' (2007, p. 6). A practical example for a good quality of student inclusion could be the product of collaboration between all teachers, to agree the objectives set in the class work schedule and those set out in the IEP. Another example of inclusive didactic action could be the use of strategies and ways of working such as tutoring, cooperative learning, laboratory didactics, friendship and help networks between peers, which have the purpose of activating resources - also informal - of the class group.

However, there are some risks inherent in using IEP. Surely a first risk could be that of believing that a meticulous recognition of the functioning profile could lead to a certain prediction of who the single individual will become, neglecting the set of unforeseen elements that the dynamism of the developmental age and the offers of stimuli environmental factors can interpose. Obviously, we are aware that it is very complicated to make the design representation of the operators coincide with the image that the learner with disabilities can develop of himself and his potential for autonomy, but we must never forget that the learner must be considered a privileged interlocutor, able to have ideas, thoughts, and emotions to discover and enhance. A further risk is "that of stiffening the vitality of the minor in a specific and static formal representation over time, also procedurally correct: this is the case of IEP which adopt a language and standardized formulas identical to themselves over the years, almost as if the Individualized Educational Plan is a bureaucratic report rather than the evolutionary narration of life stories." (Peacock 2014). Building a good Individualized Educational Plan leads to the acquisition of awareness that the planning reference horizon cannot be confined to the school, not only because the needs that the student with disabilities manifests are extensive and take on different forms, but above all because the planning of school activities is closely linked to the extracurricular experience.

In this sense, the IEP is a dynamic element inserted in the student's life project, to the extent that the school project takes into consideration the centrality and globality of the minor as a person, as an existing person, i.e., always committed to building and find out who he can be in the different environments in which he lives and in the different phases of his life. This perspective has been emphasized by the assumption of the anthropological model of description of disability introduced by the ICF. A good Individualized Educational Plan must allow the

pupil to be thought not only as such, but seeing him inserted in wider contexts, different from the school and not restricted to the family, in which he has the real possibility of fulfilling the needs of autonomy, competence and relationality. To recover the construction of an IEP-life project with an ecological value, the various relationships that are activated around the student with disabilities should not be isolated but conceived in continuous and reciprocal connection. A good Quality of Life should be the horizon for orienting school teaching towards wider social inclusion, with maximum possible autonomy. This leads us to think that the IEP is a life project not only in a horizontal perspective, but also in a vertical one, imagining that we are building the dimension of the future day after day.

In this sense, in a design that pursues self-determination and Quality of Life - according to the construct of Schalock and Verdugo Alonso (2002) - it will be necessary to promote an improvement of each single domain that constitutes the entire construct³, considering the different levels of the social system that reflect on the person (Bronfenbrenner 2002). Therefore, it is necessary that the teacher is a promoter of significant outcomes in the various domains of well-being. For example: emotional well-being can be improved through increased confidence; interpersonal relationships improve by fostering friendships; material well-being varies by supporting employment; personal development evolves with a good education; physical well-being increases by ensuring adequate care; self-determination can be pursued by encouraging people to make choices, to take decisions, to take responsibility for their own choices; social inclusion takes place if you take part in community roles, integrating into the community; rights can be promoted with political participation (Giacconi 2015).

In this regard, in the wake of what has been outlined, it is suggested that innovative educational models be included in the IEP, such as Flipped Inclusion (FI), being tested at the University of Salerno since 2014, whose research data corroborate the transformative impact on students' learning, cognitive and attribution styles (Corona et al. 2020). This existential planning model allows us to glimpse the epicenter for the construction of a new *civilization project*, supported by the re-signification of community values (De Giuseppe et al. 2022). Based on the systemic logic of complementarity and social equity, the FI educational avant-garde model aims at building inclusive contexts for the promotion of the Quality of Life of self-determined people, of identities *in fieri*.

The span of the developmental age is particularly significant to be able to support the disabled student in building an identity that is as open, plural as possible, not flattened on a diagnosis that risks becoming binding and marginalizing. Obviously, the school, alongside the family, has a crucial role in accompanying towards self-determination and Quality of Life. In this perspective, as stated previously, the educational institution must "guarantee an ecological and also prospective value to an Individualized Educational Plan anchored to a life project" (Pavone 2014, p. 16), promoting interventions highly qualified and inclusive educational and didactic level. To be able to link the IEP to an existential project, it is necessary to foresee within it goals directly linked to real needs. The school, which acts as an orientation guide, stimulates learning and at the same time places

³See previous paragraph for the description of the domains that make up the Quality of Life.

the emphasis on the subject's abilities, as these are the ones that can allow him, through choices and operations, to function adequately in the context of membership. This entails considering the pupil not a prisoner of the deficit, but potentially rich in an action that must be urged to materialize by virtue of the situation proposed in the classroom, in school and outside school.

Therefore, for the student to be able to orientate himself towards elaborating an extracurricular project that allows him to be harmoniously included in society, the IEP must accompany him in the maturation of a gradual awareness of his own interests, motivations, attitudes, aspirations and, progressively, to broaden the knowledge of the reality in which he lives. In summary, the *journey* towards personal development and maturity passes through the enhancement of skills, the growing and continuous assumption of responsibility; the habit of making realistic, weighted, and autonomous choices that take into account - *semper idem* - the Quality of Life of self-determined people.

Conclusions

This study analyses the construct of Self-determination as a fundamental dimension of Quality of Life, due to the relevance that these constructs also have in the sectors of education, special education, and public health.

In this sense, the main models (Functional, Ecological, Learning and Agency Theory) - present in scientific literature - which analyse the concept of Self-determination are described first. From the analysis of the four perspectives, three common elements can be found: 1. First-person responsibility for one's own life, which includes both direct and indirect control of situations; 2. The effects of the environment and opportunities that influence the self-determination of the individual; 3. The idea that making decisions is a broader concept than choosing between various options, which requires a set of skills necessary to be able to exercise self-determination. Specifically, it is highlighted that self-determination is influenced by the places in which it is exercised. It is triggered by contexts that provide supports, by the opportunities that the environment offers, by the freedom of the causal agent to use external resources to achieve objectives consistent with its own needs and interests.

Furthermore, the main empirical research analysing the existing correlation between Self-determination and Quality of Life was also summarized, including for people with intellectual and developmental disabilities. The examination of the research by Cloutier et al. (2006) Schalock et al. (2005), Wehmeyer and Schwartz (1998), Wehmeyer and Bolding (2001), Lachapelle et al. (2005) and the other authors analysed highlights that people with disabilities attributed maximum importance to self-determination, the higher/lower levels of which were directly proportional to more or less high levels of QoL.

A critical element emerges from the analysis of this research. Most studies on the correlation between Self-Determination and Quality of Life are investigative or quasi-experimental research. In this sense, there is a need for more rigorous examinations of the two constructs: it would be important to have large-scale

studies to establish these relationships. Both constructs can only be measured using self-report assessments and, therefore, such research is laborious but necessary because people with disabilities, including intellectual and developmental, cannot always reliably complete self-report measures. Furthermore, research should be expanded on the ways in which self-determination interacts to improve people's Quality of Life.

In the educational field, scientific literature demonstrates that, through personalized supports and interventions and thanks to access to individualized inclusive programs, people with disabilities can achieve good levels of self-determination, regardless of individual functioning levels. The school's task is to promote access and participation in all areas of life, encouraging active and direct involvement in educational activities, also through flipped teaching models (Corona and Ianniello 2022, Ianniello et al. 2023) that support intrinsic and extrinsic motivation (Ryan and Deci 2020). In this sense, it is necessary to promote inclusive and integrated educational paths, starting from individualized educational plans (IEPs) that support the right of people with disabilities to live "normalized lives", to experiment with Self-determination to act towards a flourishing Quality Life (Nirje 1972, Giaconi 2015).

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