COMPLEX DISABILITIES AND INCLUSION: A NEW CHALLENGE FOR THE EDUCATIONAL ENVIRONMENTS

DISABILITÀ COMPLESSE E INCLUSIONE: UNA NUOVA SFIDA PER GLI AMBIENTI EDUCATIVI

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ABSTRACT
Since the 2006 UN CRPD, many steps have been taken in the field of inclusion. For example, accessibility has become very important in Europe thanks to the EAA 2019. Many people with disabilities are finally fully included in social life, finding jobs, accessible activities, adaptive sports. But it's still clear that many other people with disabilities are excluded from society, especially people with complex conditions where a severe physical disability is combined with an intellectual disability. In these cases, it's necessary to activate many tailor-made interventions, attentive to the needs of each individual. This type of care involves a major commitment, which for some people may be an "unreasonable" effort, to use a provocative comparison with the basic concept of "reasonable accommodation" in the UN Convention. It is therefore essential to take up this challenge and offer educational activities that are accessible to people with complex disabilities, leaving no one behind

Dalla CRPD delle Nazioni Unite del 2006 sono stati fatti importanti passi avanti nel campo dell'inclusione. L'accessibilità è oggi una priorità in Europa, anche grazie all'EAA del 2019. Molte persone con disabilità sono finalmente incluse nella vita sociale, trovando lavoro, attività accessibili, sport adattivi. Tuttavia, è evidente che molte altre persone restano escluse, soprattutto coloro che sono in condizioni complesse, dove disabilità fisica e intellettiva si combinano. In questi casi servono interventi su misura, attenti ai bisogni di ciascuno. Questo tipo di assistenza richiede uno sforzo rilevante, che per alcuni può apparire "irragionevole", in contrasto provocatorio con il principio di "accomodamento ragionevole" della CRPD. Proprio per questo è essenziale raccogliere la sfida e garantire attività educative accessibili anche alle persone con disabilità complesse, perché l'inclusione non può fermarsi dove iniziano le difficoltà. Nessuno dev'essere lasciato indietro, se vogliamo una società davvero inclusiva e giusta per tutti.

KEYWORDS
Disability, Complexity, Exteriority, Face, Encounter
Disabilità, Complessità, Esteriorità, Volto, Incontro

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Introduction

Since the 2006 UN CRPD, many steps have been taken in the field of inclusion. In these almost 20 years much has been done in the direction of a more accessible society. The EAA, for example, has put the issue of accessibility at the heart of European policy, promising sanctions for countries that fail to act. Technology has also opened up new opportunities for people with disabilities, both in virtual and real life. In this positive scenario of change, unfortunately, there are people who are still invisible to society and who face barriers on a daily basis. We are talking about people with complex disabilities, where a physical disability is combined with an intellectual disability. These people are often isolated from social contexts and the relationship with them many times does not even develop. It is therefore essential to reflect on how to establish and maintain an authentic relationship with a person with a complex disability, involving them and respecting their individuality. For these reasons, we will analyse the question of relationship and try to understand why it is sometimes so difficult to enter into a relationship with others, especially when these others are perceived as different.

The famous Lithuanian philosopher Emmanuel Levinas stated that “exteriority” is a fundamental philosophical category concerning human beings (Levinas, 2004). In fact, we enter into relationships with others by meeting their corporeality. Our first approach to others is through the meeting of bodies. First I see the skin, the hair, the way the person in front of me moves. Only in the second moment will I be able to start a conversation with him (even a verbal conversation is part of the bodily expression). So we can immediately see that a "strange", "unfamiliar" corporeality leads to a problematic situation. Let's take an example from everyday life: when I'm walking down the street, I pass by a lot of people without paying attention, but a person with a peculiar feature (for example, dressed entirely in yellow-fluorescent clothes) attracts my attention. However, not every "striking" situation produces the same sensations. In the case of a person dressed in extravagant clothes, it is difficult to feel negative emotions, such as fear. But when analysing the conditions of disability, unfortunately, reactions of fear, disgust, exclusion are observed in many people. Why does this happen and how can philosophy help to understand the causes? Is it possible, thanks to a philosophical approach, to change the perspective and propose a new educational and ethical perspective? These questions will guide our reflections.

In general, the similar doesn't frighten us, but we are alarmed when we encounter something different from the usual. The other, the diverse, frightens us because we feel the risk of being "contaminated" by it. They make us aware of something

different from our routine, putting our own certainties in crisis. The "other" manifests the existence of an alternative way of “being in the world” to which we could be exposed. A person in a wheelchair puts into question the certainty that "every man, by definition, walks as a man". In this sense, it is possible to intend the risk of contagion felt by many people. During the Covid-19 pandemic, this fear of contagion returned as a very treated topic: the other became a possible medium of infection. Covid-19 was a real threat because it was a virus that spread very quickly. In the case of disability, there's no real possibility of infection, but many people react in a similar way. What are the reasons for this attitude? Roberto Cescon tries to answer this question by saying: « Two feelings prevail when faced with a disabled person: pity is the superficial layer, i.e. compassion for an existence that we feel lacks something compared to the socially accepted idea of normality, while the deeper layer touches the irrational fear behind that image. […] According to Leslie Fiedler, pity is the expression of the puer archetype, while fear is the expression of the senex archetype: both puer and senex are weak and defenceless, but while the puer evokes protection, the senex is what we fear, since it is associated with the consummation of life” ». (Cescon, 2020, pp. 11-12).

Cescon identifies two different feelings in the face of "disability": the aforementioned fear and pity. Both arise from our perception of a lack compared to the idea of "normality". So it's already possible to outline two philosophical issues that we will face: the traditional idea of normality and how people have historically related to disability. Let's start with 'normality'.

1. Deconstructing the idea of “normality”

For centuries, Western thought has believed in the existence of a metaphysical "normality", an archetype of the perfect human being. Metaphysics has used strong categories and rigid schemes to analyse the world, and in this regard, Joan- Carles Mèlich states that “the body has been the big excluded of metaphysical tradition” (Mèlich, 2024, p. 24). Mèlich takes this concept to the extreme by saying that there's no place in traditional philosophy for a vulnerable body. After the famous Cartesian division of matter into res cogitans and res extensa, the body lost its primary philosophical interest for centuries. This consideration applies even more to the "injured body". Disability, especially in the case of complex disabilities, is completely inscribed in the field of vulnerability, in other words, according to Mèlich's argumentation, unthinkable with the old categories. In this approach, disability is seen as 'deviance', an exception to the norm.

However, the 20th century was marked by cultural movements that deconstructed the typical idea of normality. The Italian scene played a very important role in this process. In fact, the innovative and disruptive experience developed by Franco Basaglia and his team was an important turning point in Italy. To get to the heart of the matter, let us quote a famous phrase from the psychiatrist. Basaglia provocatively said: "Seen up close, no one is normal", inviting everyone to rethink the concept of normality. It's fundamental to underline that in the past, but still today in many parts of the world, to label someone as "not normal", as "different", implies their exclusion, their material isolation. The cultural criticism about “what is” and “what is not” normal has a real impact on the quality of life of the person. Basaglia decided to fight against discrimination and violence through care practices based on philosophical reflection. Phenomenology has played a very important role in this sense: it has given rise to a new approach to the person, which puts the illness in brackets to focus attention on the patient. A phenomenological approach rejects the reification of the subject, recognising it as a person. Previously, labelling the patient, the "sufferers" was considered as objects of study (this problem is still present in contemporary medicine). Basaglia changed this perspective, putting the disease in parentheses and focusing his attention on the person and his "being in the world". He wrote in 1953: « Only by assessing the manifestations of a subject, the manner of ‘his being in the world’, of his Dasein and not of his ‘being’ can we understand something more of his individuality, of the manner in which he ‘opened up’ to the world ». (Basaglia, 2017, p.51).

Basaglia is interested in the person in front of him, in his own way of "inhabiting" the world. In a famous television interview, he said: "I'm more interested in the patient than the disease”. The philosophical value of the Basaglia's thought is underlined by Pier Aldo Rovatti, in his book “Restoring subjectivity. Lessons on the thought of Franco Basaglia” (Rovatti, 2013). In fact, it reads: « What did Basaglia do? It does not matter that he did not write a treatise on psychiatry, what is important is to see how he critically linked psychiatry and philosophy. His professor at the University of Padova, when he began to see that his promising pupil, in addition to reading books on psychiatry, was reading Husserl, Bergson, Heidegger, Sartre, referred to him good-naturedly as ‘the philosopher Basaglia’, and so he was long called in the environment he was leaving, because he not only read these authors, but also used them in his ‘scientific’ communications ». (Rovatti, 2013, p. 18).

« In my opinion, philosophical discourse today really needs ideas that shift the centre of gravity elsewhere, otherwise we fall back into the metaphysics of the ego

every time. Metaphysics is a construction, an imaginary product of the ego, it is the delirium of philosophy. Now instead, we are interested in philosophy passing through practices, relationships, concrete things, which is why I propose reading Basaglia ». (Rovatti, 2013, p.164).

For Basaglia, thanks to the phenomenological view, the doctor must listen to the "patient's knowledge". The patient, the person in front of me, knows first-hand his condition, has a unique knowledge of his experience. Traditional science, in this specific case psychiatry, doesn't listen to the patient, it reifies him. This overturning also concerns the power games present in the relationship. If previously the doctor had unlimited power over the patient, as if patient was an object, in the Basaglia perspective the doctor relinquishes his power to truly meet the other. Basaglia invites the whole working group to constantly question their own position, using a dialectical method. A symbolic gesture adopted by the team was to dress in common clothes, taking off the white coat. The hierarchy lost its rigidity, allowing a new relationship between people. The generic patient takes his own name and becomes Marco, Giovanna, Fabio, Laura. The persons are now at the centre of the discourse. So, phenomenology and Basaglia's experience were very important in overcoming the traditional notion of normality. But Basaglia wasn't the only one in the whole democratic psychiatric movement who was concerned with normality. Franco Rotelli, a Trieste psychiatrist who is considered by many to be the "successor" of Basaglia, dedicated an entire book in 1999 to this subject (Rotelli, 1999). In 2008, during a class at the University of Trieste, Rotelli was asked what normality was for him. I think his answer has great ethical value. He said: « I think that normality is the whole, the complexity of behaviour, of things that happen, of lives; normality is that someone can be well and someone can be ill, because we do not know precisely what it means to be well and to be ill. Normality includes about twelve thousand diabetics in Trieste, it includes more than three thousand people assisted by the mental health services, it includes a few thousand elderly people who have lost many cognitive capacities due to age. All this lies within normality. This is the vast normality in which one must be aware that there are illnesses, there is being well and being ill, there is futility and intelligence ... in normality there must be room for everyone. This is what I have tried to do over the years, to show that the 180 was feasible by creating services that were as strong as possible, services open around the clock, social cooperatives, flats, activity workshops, involving all those who allowed themselves to be involved in a reflection around this possibility of interacting, of being together, of not throwing certain things out of the window as if they were rubbish, but trying to be part of the civil community, of society. I tried to get the public institutions to be there in terms of inclusion and not exclusion

or denial of rights based on a scientific criterion that defines a person incapable of understanding.[…] For me, each one of us must feel normal, when he has pneumonia rather than when he doesn't sleep at night because he has thoughts that devastate him, rather than when he is diabetic, whereas instead we are trained, there is an unspoken culture or non-culture that lets us imagine that normality is to be healthy, acculturated, with a series of appropriate behaviours, etc. But normality is not made up of values, it should be considered normal to have diabetes, heart failure, to lose the use of an arm, to become demented, to be unable to cope with certain situations, to be ignorant of a range of areas. Each of us should incorporate an extreme respect for this kind of normality, instead of looking at ourselves in the mirror and trying to be normal because we weigh a certain number of kilos, are a certain number of centimetres tall, have the right body temperature ... This is not normality, the normality we would like is to consider it normal that one does not make it ». (Rovatti, 2013, pp. 172-173).

The last sentence is emblematic: normality includes people who cannot keep up with others. There is no longer an exclusionary normality, because normality is reconsidered as what we really encounter in everyday life. In this sense, disability is a reality that has existed since the birth of man. In recent years, some academics have devoted their studies to the presence of disability in human history, defining a new field of study that could be called "the history of disability". This type of study underlines the evidence of the existence of people with disabilities since the first civilisations (the most famous example of disability in ancient times is the deformity of Tutankhamun's body. In particular, the mummy shows a disability in walking). Therefore, if we mean by 'normality' what is commonly found in a society, then disability must be included in what we indicate as normal. This conceptual point is very important in trying to change the traditional view of disability. Always related to the question of 'normality', it's fundamental to analyse the language with a philosophical approach.

First of all, we can say that the term "disability" is not ethically neutral. If we look at the word, it is composed of two parts: "dis" and "ability". The prefix "dis" indicates the absence of something, so a "disabled person" is a person without one or more "abilities". Thinking in philosophical language, we can say that the term disability belong to the sphere of "not being", the sphere of the negative. This statement is significant: by using this word, we are defining someone from an absence. We don't emphasise something positive that a person has, but we identify a person with a lack. The "disabled" is an unremarkable person, identified with a negative aspect. Other examples that present the same operation are "visually

impaired" and "hearing impaired". A person is identified with their own illness, especially with a lack. A similar linguistic discrimination, although based on the opposite assumptions, is the use of expressions such as "heroes" or "special" in relation to a person with a disability. This phenomenon, called "inspiration porn", is born with positive desires, but ends up defining people with disability as extra-ordinary (out of the ordinary) people. Even in this case, there is still a difference between what is "ordinary" and what is "not ordinary" (albeit with a positive intention). So these terms are also inappropriate, because they indicate a divergence by normality, ordinary, common.

Moreover, the "disabled" are called that by the "able", without respecting the principle of self-determination. The "able" decide who is "disabled", there is an imposition from above. This phenomenon is called "labelling", because people are treated like things in a supermarket, with an offensive label. Aware of this non-neutral dimension of the terms "disability" and "disabled", we have to do something to try to change the mentality on this issue. Firstly, we can stop using the word "disabled" (and other more offensive terms) in favour of "people or person with a disability". By doing this, we focus our attention on the person: the disability is only one part of the whole. A person can have a disability as well as other characteristics such as "having blue eyes", "being tall", etc. The disability is a part of the person's life, but it is not their whole life. Fortunately, this message is spreading and it's getting through to institutions and other important organisations. For example, in 2024 the Order of Italian Journalists published a guide on how to communicate about disability, recognising the importance of its own role as communication authority. The English translation of the title is: "Communicating disability. The person first", which emphasises the central position of the person (Malafarina, Arrigoni, Sani, 2024). If we compare these new initiatives with Basaglia's experience, it's possible to see how innovative and philosophically remarkable it was. In Basaglia's thinking, inspired by the phenomenological approach, it's possible to find the concept of "the person first", with a central value.

2. The relationship at the centre

It's now clear that language is not neutral and has a heavy impact on practice life. In particular, language affects the way we relate to others. We give reality to something when we name it. In literature there is the famous example of Odysseus, who pretends that his name is "None", creating a wordplay that leads to an aporia. That which has no name, and therefore cannot be named, doesn't exist in a certain

sense. Consequently, what is named using negative forms of language will be seen and perceived as "strange". That's why it's important to educate society, to promote an ethical use of language in order to enter into a good relationship with others.

There is another issue related to the use of language that conditions the relationship: the serious mistake of speaking in the third person, despite the presence of the person with disability. Unfortunately, people with disabilities are often treated as if they were transparent: they are ignored, their individuality is not recognised. It's important to specify that there is a difference between individuality and autonomy: a person has a specific individuality, even if it is not autonomous. People with disabilities are often seen as children and other adults prefer to talk to parents or educators. There is a problem of perceived adulthood related to people with disabilities: they will always be "boys" and "girls", even when they are adults. That's why it's important to use an appropriate language, to respect the real age of the interlocutor and to speak directly to them. This essential point is also reported in an official document available on the website of the Italian ministry[1] for disability: « Always ask the person with disabilities to express their personal point of view on the facts, even when these are represented by third parties (e.g. a parent or other family member) and always capture their will with respect to the way he/she prefers to be represented, even with respect to the specific indication of references to one's own health condition. If the person concerned needs support in decoding any requests or to express his or her wishes, it is advisable to ask family members or other persons close to him/her for help. » (Intesa San Paolo, 2023, p. 6)

We must interact directly with the person with a disability: if he/she needs communicative support or doesn't communicate, a third person will help him/her or speak for him/her. This approach doesn't deny the need for help and care, but at the same time it recognises the individuality of the person. The choices of daily life must be made by the person concerned and can't be imposed by others. Of course, there are cases of people with complex disabilities where it's very difficult, sometimes impossible, to communicate. In these particular cases, carers must first try every form of alternative and augmentative communication to test the possibility of even a minimal form of interaction. If this isn't possible, then the responsibility and burden of care is entirely in the hands of the carer. Even this point deserves a philosophical reflection. In fact, this case presents a relationship in which

[1] The birth of this specific department dedicated to the disability, in 2019, was not without criticism. The Italian Constitution should be valid for every citizen, without distinctions. Why are necessary a particular department for disability?

the power of the subjects concerned is entirely on one side of the relationship. In the history of philosophy, relationships between people have often been seen as power relationships, with hierarchies and specific positions. In the case of disability, there's a difference in power that's hardly verifiable in other kinds of relationships. An example that unfortunately still exists in the world today are the mental asylums. Historically closed for the first time in Italy in 1978, thanks to the law n. 180 (known as "Basaglia's law"), they are still operating in many countries of the world. In this type of institution, people with mental illnesses (the diagnosis is often not very precise) live in terrible conditions, in overcrowded rooms and suffer violence at the hands of the "caring" staff. Benedetto Saraceno, WHO Director-General, comments on WHO's 2022 World mental health report: « These data indicate that in too many countries the organisation of services is still designed in such a way that it does not facilitate the promotion and defence of rights but, on the contrary, encourages their violation. In fact, countries still allocate most of their resources to psychiatric hospitals. The dramatic reality is that in many countries, often the least economically developed ones, people with mental disorders continue to reside in large asylums or social welfare institutions with precarious living conditions, inadequate clinical care and frequent violations of human rights. Many authors have abundantly shown the risks of human rights violations in mental hospitals. The ubiquitous persistence of large psychiatric institutions is a clear indicator that reality is far from the declarations despite the UN Convention on the Rights of Persons with Disabilities adopted in 2006 by the UN General Assembly, signed by 159 states and ratified by 153. The time is ripe for a global mental health advocacy initiative that makes manifest the ‘moral case’ evoked by Patel, Saraceno and Kleinman in 2006 and which concerns all psychiatric users ». (Saraceno, 2022, p. 4).

Saraceno denounces a critical situation regarding people with mental illness. If in many countries’ asylums are only a bad part of the past, in others they are still present situations. What happens in these places? What is the relationship between the carer and the person in need of care? We can take as an example the past Italian asylum situation, about which we have many documents. The Italian asylums were buildings where violence dominated the scene. Patients (called in this way, because "officially" asylums were places of care) were subjected to corporal punishment such as suffocation, straitjackets, chains, beatings. Patients lived in closed rooms, without interaction with patients from other wards, and were left for hours without the possibility of using the bathroom (excrements and urine often remained in the room for a long time). We are gradually beginning to analyse the second philosophical point that we have outlined: the relationships between a

person with a disability and another person. The asylum context shows a condition in which the "carer" uses all his power to dominate the "other" (in this specific case the fragile "other"), to impose his relational condition. The "other" is reified, treated as an object, its individuality is not recognised. In this situation we can observe the importance of a responsible use of power: ethics play a fundamental role. The tasks of care are not easy because they require a constant challenge. Phenomenology helps to face this problem by focusing on the deconstruction of traditional ways of relating in favour of a new concept of interaction. The phenomenological approach makes me aware of my non-neutral position towards the 'other' and allows me to suspend judgement (epochè). In this way I also reflect critically on my possibilities for action in relation to my power. It's only by doing this that I can open myself up to a caring behaviour.

“Care" is an alternative way of relating to other people. It is an ethical way to interact. The philosophy of care invites to become responsible of the life of others, acting in first person. To think in this way, however, it's necessary to change our perspective. If we stick to the Western idea of a society made up of autonomous individuals who sign a contract of peaceful coexistence, many people will remain excluded. Eva Kittay underlines this exclusion by criticising John Rawls's vision of a society made up of "equal" people: « First, conceiving of society as an association of equals conceals the inevitable forms of dependency and asymmetry that are part of the human condition-think of the dependency of children, the elderly and the sick-forms of dependency that often characterise the closest human bonds. In fact, therefore, such an assumption overshadows the needs of the dependent within society, as well as the traditional roles of women who attend to these needs ». (Kittay, 2010, p. 28).

It's necessary to rethink the foundations of our society, paying attention to the most vulnerable. This argument is not so different from thinking about "normality". To act differently, we need to think differently. Kittay stresses the concept of dependency: everyone is a child and has felt what it means to be dependent on someone. Disability is a condition often associated with dependency, and in a condition of dependency, the need for care is central. So now we have to face the problem of "how do we relate to a person with a disability? The answer "in the same way as any other common relationship" is not a satisfactory solution. If this answer contains positive aspects, such as "normalising" the situation, we must consider the specific condition of dependency, especially in cases of complex disabilities (today it's better to use the term "complex disabilities" instead of "severe", to overcome the negative medical aura created by the second word). A

person with a complex disability lives a life of dependency. Care is an essential part of their life. But there is a problem: the family and the people close to the person with disability themselves need help to cope with the situation. It's possible to resume this concept in the question: "Who takes care of the carers? There is a real risk of getting into an endless cycle. For these reasons, in order to approach this type of relationship in a good way, it's necessary to create a "care network" (Galanti, Sales, 2017). In a care network, responsibilities and professions are shared by a group with a common goal: the person's wellbeing. It's important to work with a community of people, not in an isolated context. Deconstructing the idea of normality is a good starting point, but it's not enough to change our perspective. The chronicles show us a reality in which people with disabilities are still victims of violence, discrimination and exclusion. We are reminded of the situation in institutions related to psychiatry and mental disabilities, but people with physical disabilities also suffer negative treatment. Violent carers, family homes that are like prisons, exclusion from school life and other sad conditions. Not to mention the more silent forms of violence, such as the partial, sometimes total absence of state medical, economic and social support. How is it possible to change this wrong approach? Where do we have to start for a fruitful reflection?

My suggestion is to start by analysing the physical approach to the 'other', which is perhaps the most complex. Reflections on language and relationships are fundamental, but in the absence of a real encounter between people, they become sterile. It must be recognised that the work done beforehand on deconstructing the concept of normality and analysing sad behaviour has a positive effect on a future encounter. But the concrete encounter with a person with a disability is inevitably a meeting of bodies. All relationships have this fundamental component. That's why it is necessary to dwell on this point and to make a philosophical analysis of the moment of meeting.

3. The “impactful exteriority”

Today, despite a new awareness of what disability is[2], there is still a resistance to the other, which prevents a relationship. People with disabilities are still ignored, passed over, not seen as if they were transparent. In fact, there is a fundamental difference between crossing and meeting someone: people with disabilities are often only crossed without really meeting them. That's why we need to focus our

[2] Consolidating the biopsychosocial model, rejecting the medical model, for example.

reflection on the preconditions of meeting, to analyse why it is so difficult to establish a connection with the "other", especially when the other is a person with a disability. The body is at the centre of this reflection.

Disability is often linked to an unusual physicality: if the connection with an "impressive" exteriority is clear for physical disability, it is less transparent for mental illness. However, a "crazy"/"foolish" person attracts the attention of others because of his unusual way of moving, his inhabitation of space. He has a particular way of being that is perceived by others as different from the usual: so his physicality is interesting for our considerations. The absence of physical impairments does not, therefore, immediately imply an ordinary corporeality; indeed, a "bizarre" behaviour doesn't go unnoticed. Even in this case, exteriority plays a central role. Levinas said of exteriority:

« Being is exteriority: the very exercise of being consists in exteriority, and no thought could obey being more than letting itself be dominated by this exteriority. Exteriority is true not in a sideways glance that would perceive it in its opposition to interiority, it is true in a face-to-face that is no longer entirely vision, but goes further than vision; the face-to-face is established starting from a point, separated from exteriority so radically that it is all in itself, it is I so that any other relation that did not start from this separate and, therefore, arbitrary point (but whose arbitrariness and separation is positively produced as I), would fail to grasp the - necessarily subjective - field of truth. The true essence of man presents itself in his face in which he is infinitely different from a violence similar to mine, opposite and hostile to mine and already grappling with mine in a historical world in which we participate in the same system. He arrests and paralyses my violence with his non-violent call from above. The truth of being is not an image of being, the idea of its nature, but being situated in a subjective field that deforms vision, but which, just so, allows exteriority to tell itself, entirely command and authority. « This curvature of intersubjective space inflects distance in height, does not falsify being, but, rather, makes its truth possible. [...] This ‘curvature of space’ is, perhaps, the very presence of God ». (Levinas, 2004, pp. 300-302).

In a face-to-face encounter, it's possible to really meet the other person. A "lateral" vision of the other's exteriority leads to a mediated knowledge of the person in front of me. In such situation, his exteriority is reified through the category of thought that I possess. In the case of our study, this fact is very clear: when someone sees a person in a wheelchair from a distance, they immediately identify this person with a person with disability. We use our prior knowledge to make sense of the world. Human beings need to name and label objects, phenomena and

people in order to move in an ordered environment. This human function easily leads to discrimination. Levinas underlines that what he calls "a later vision of exteriority" is already a form of violence: indeed, there's no place for the subjectivity of the person concerned. But everything changes in a face-to-face relationship. The face of the other enters into a direct relationship with me, without mediation. The other shows his own essence in his face, which enters into my perception. Levinas speaks of a "curvature of space", a moment close to something divine ("the very presence of God"). How can these reflections be useful for our theme?

I would like to go back to the first reflections of this paper. We have seen that piety and fear, according to Cescon, are the typical reactions when someone meets a person with a disability. This happens, to link these reflections to Levinas's thought, when we only pass through the other without really meeting him. A lateral vision of the other's exteriority doesn't allow a real relationship. In this way, it is impossible to care for others, because we remain anchored to prejudices and spontaneous emotions. Using Levinas's category of "exteriority", we can admit that disability[3] often presents what I have called an "impactful exteriority", that is, an exteriority that attracts attention. But piety and fear are emotions in which we frame the exteriority of others without addressing it directly. They are still part of a "later vision". Galanti says: « This is not an easy path. Involvement with those who are different from us, especially in relation to the universe of illness and disability, has always generated ancient and deep-seated fears, most of which we are not aware of. This is why we tend to look the other way, to postpone, to exorcise our fears by avoiding contact, but because it is difficult for us to recognise this, we find ourselves thinking about the problem in rhetorical and moralistic terms interwoven with what should be. However, the attitudes of rejection, stigmatisation and abandonment of the mentally ill and people with disability, typical of previous historical eras, have left deep traces in the imagination and today end up juxtaposing themselves, in a conflictual coexistence, with more modern ideas based not only on tolerance, but on understanding and identification with the other who is different. These profound traces point to the fact that conditions of illness and frailty have a deadly connotation because they make it clear or remind us that at different times and to different degrees, weakness and transience characterise the existence of every human being. We fear the world of illness because we could all be affected by it sooner or later, either directly or through the network of our

[3] It's important to remember that there are some types of "invisible" disability. However, in these cases it is easier to establish a relationship without the typical prejudices of disability.

affections. Sometimes, on the contrary, considering our condition as healthy and therefore fortunate persons, when faced with the diversity of pathology we may fall prey to feelings of guilt, or irrational fears of a sort of psychic contagion. Contact with a sick, weak or disabled person forces us to look our weaknesses in the face and thus, in marginalising them, we are actually trying to push away unwanted, feared and rejected parts of us. In their eyes we see reflected our anxieties, the fears of inadequacy that sometimes possess us, the fragility that also belongs to us and with which we do not know how to live ». (Galanti, Sales, 2017, p. 34).

Even Galanti recognised the power of this divergent exteriority, which many people feel to be different from normality, and which activates a primal reaction. Galanti adds that after this initial "shaking", the most common action is to tend to "look away". There is a refusal to face the other. Our attention is captured only for a brief moment, then we prefer to return to our lives. This brings us back to the issue of "looking the other way". It's difficult to observe people with disabilities because their physicality points to fragility and vulnerability. Although these conditions are part of the human essence, it's difficult to admit one's weakness (Han, B.C, 2022). I think that the philosophy of Levinas has provided specific categories for understanding human behaviour, and I would like to propose a possible pedagogical proposal based on them. To really meet the other, to really meet the person with disability, means to enter into a direct relationship with him. It means overcoming the block caused by the "shocking exteriority", by the primitive emotions and by the prejudices. It's therefore necessary to create a relationship based on "contact". "Contact" does not necessarily mean physical contact. When I talk about a relationship of "contact", I mean a relationship with an intimate value: for example, the relationship in which I look at the other's face, his eyes, and I feel a "non-violent call", as Levinas says.

The word contact indicates the touch between two or more beings. It’s interesting to note that in Italian language this word contains internally a second meaning: “*contatto*” (contact) can also be read as *con-tatto* (with tact), indicating a delicate way of acting (Paoletti, 2022). So a contact relationship can be seen as a respectful relationship, where I welcome the other, aware of how difficult it is. It's so important to be close, a physical proximity, a direct exchange. Only by staying close to the other is it possible to know him, in his identity. A distant (lateral) view only shows a "profile" and, living in the social network society, we know how many problems this aspect creates. A philosophical reflection can help us to understand, face and overcome our natural defences. Culture and education can change our vision of the world and show us different ways of relating to others. Violence and

discrimination suffered by people with disabilities are often the result of ignorance (in the sense of lack of knowledge) and disinterest. As Hannah Arendt observed, evil may in many cases be the banal consequence of a lack of reflection or a mistaken reflection (Arendt, 2006). Philosophy and special pedagogy can help people to see reality in a different way, to learn their own natural reactions. It's important to say that it's not easy to enter into a true relationship with the other, but culture and knowledge can overcome our egoistic blocks. It's also important to underline that accepting a face-to-face relationship means dealing with one's own fears, prejudices, primitive emotions, renouncing our interpretative schemes. The other, with his or her exteriority manifested in a direct way, enters into my "totality" and destroys it. But, as Levinas says, when this happens, it's possible to experience an incredible sensation: the presence of infinity.

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