Giornale Italiano di Educazione alla Salute, Sport e Didattica Inclusiva / Italian Journal of Health Education, Sports and Inclusive Didactics - Anno 6 n. 3 - ISSN 2532-3296 ISBN 978-88-6022-455-2 - luglio - settembre 2022 - CC BY-NC-ND 3.0 IT- https://doi.org/10.32043/gsd.v6i3.723

CORPOREITY AND INCLUSIVE TEACHING: AN EDUCATIONAL RESEARCH
CORPOREITÀ E DIDATTICA INCLUSIVA: UNA RICERCA EDUCATIVA

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Abstract
With this work we intend to offer a different perspective on the influence and educational value of motor activity as a functional method for learning Life Skills: "effective strategies that people can learn and train for address the various problems of daily life ". The goal is to enhance Corporeity as a precious and indispensable key to access, knowledge and management to cognitive, emotional and relational skills that relate to the psychological variables of self-efficacy, locus of control and coping capable of developing resilience skills and personal empowerment useful to accompany people throughout their life (lifelong learning). The intention is also to push to increase the implementation of Life Skills Based Education (LSBE) projects in Italy within the School and in sports education contexts.

Il presente lavoro intende offrire un'ottica diversa sull'influenza e la valenza educativa dell'attività motoria come metodo funzionale all'apprendimento delle Life Skills (competenze per la vita): "strategie efficaci che le persone possono imparare ed allenare per affrontare i diversi problemi della vita quotidiana". L'obiettivo è quello di valorizzare la Corporeità quale preziosa e indispensabile chiave di accesso, conoscenza e management alle competenze cognitive, emotive e relazionali che attengono alle variabili psicologiche di self-efficacy, locus of control e coping in grado di sviluppare le capacità di resilienza ed empowerment personale utili ad accompagnare le persone lungo tutto l'arco della loro vita (lifelong learning). L'intenzione è anche incentivare in Italia la realizzazione di progetti di Life Skills Based Education (LSBE) all'interno della Scuola e nei contesti educativi sportivi.

Keywords : Life skills, self efficacy, coping, corporeality.

Parole chiave : Competenze per la vita, auto efficacia, coping, corporeità.

Introduction
The practice of physical activity, body education, depend on various factors, for example the economic-social and cultural environment, motivation, knowledge of the benefits or the perception of not having space and time to practice an activity . If in a family there is no habit of practicing any activity, it is more than likely that the children are also sedentary; then often cities lack the places where you can practice activities or simply dedicate yourself to your well-being for free or at affordable prices; if we add to all this a difficult economic situation and therefore the impossibility of accessing private structures, the difficulties and commitments already foreseen for families with disabled people, we must realize that our greatest resource is the school. Clearly we cannot delegate to the school institution and to the few hours dedicated to physical education per week, all the commitment to educate the population to a correct

lifestyle but, through education, it is possible to learn the most effective strategies for take care of yourself and face the problems that will be part of our life, like it or not. To begin with, let's clarify the coping mentioned above: the term "coping", typically associated with the concept of stress, derives from the English to cope with and means "to cope, react, resist, manage". Since the late 1970s and early 1980s, coping has been viewed as a response to stressful / negative events related to external factors. Later, in the vast scientific literature existing on the subject, it was considered that the coping, therefore the stress, was due as much to the stressors of the external world as to those of the internal world. Coping is now considered an adaptive and dynamic process, as it is expressed in the interaction and mutual influence between the individual and the environment. According to Lazarus first and then Folkman, the cognitive-transactional theory considers stress as the result of the transaction between environmental and personal variables mediated by cognitive evaluations. Coping is seen as an adaptive process resulting from the reactions operated to manage the demands of the external environment. The concept of coping has several variations. In fact, speaking of coping strategies we refer to the ways in which people deal with different situations. Reference is made to more stable ways in which the person typically faces adversity, the ways of coping that characterize her personal style. Still according to the theory of Lazarus and Folkman, it is possible to distinguish two different coping strategies:

· Problem-focused coping or strategy focused on the problem, whereby the person explores their abilities to face and dominate the event, taking actions to intervene directly on the problem;

· Emotion-focused coping or emotion-centered strategy, or regulatory attempts to modify the negative emotional impact of the event.

Endler and Parker (1990) added a third coping strategy: Avoidance coping or strategy centered on avoidance and represented by the attempt to ignore the threat or distance oneself from it with social or distracting expedients. Defining coping is a bit like talking about resilience or what we define as the ability to face and overcome stressful events, increasing one's resources and positively reorganizing one's experience; however, coping strategies do not always lead to positive results. Reacting positively means being "antifragile" that is people, organizations, systems that have the ability to change and evolve when they are exposed to stress factors and uncertainty. Being resilient and strong allows us to withstand and overcome shocks without them changing us, always returning to the condition of origin while being antifragile means being able to use the unexpected as a starting point for change and the ability to evolve. The uncertainty and fear we are experiencing today as a consequence of the Covid-19 pandemic are the things most of us try to defend against but some, instead, choose to be antifragile by creating new reaction forces that allow them to get out of it. stronger than before. The first to use this term was the philosopher, mathematician and stock market trader Nassim Nicholas Taleb, author of numerous essays, considered best sellers on an international level. When we are about to talk about motivation, self-efficacy and self-esteem, about individual and collective problem-solving strategies, we cannot fail to mention the construct called “Locus of Control” theorized by J.B. Rotter, clinical and personality psychologist. The "locus" (from the Latin "place") of the control of situations that happen to us can be perceived as internal or external. This theory considers the existence of a natural mental disposition by which we are able to determine our destiny, and to obtain results through our (internalistic) commitment; or instead it is believed that they are external factors such as chance, luck, other circumstances that influence our condition and our way of being (externalist). People with external Locus of Control are convinced that extraneous events have a strong influence on their professional and personal life, while people with internal Locus of Control are convinced that they can influence events that affect them. This theory that provided for a measurement scale, has then evolved over the years, by other authors who have produced other scales, elaborating new items.

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1. Strategies for life

On the evident importance of supporting people throughout their life (lifelong learning) in learning effective strategies to be adopted to face the various daily problems, the World Health Organization in 1993 produced the document Life Skills Education (LSE) in Schools and in 1994 the Life Skills Education for Children and Adolescents in Schools identifying the school as the ideal place for effective interventions and planning. By integrating the development of transversal skills to the curricular disciplines, it contributes not only to the educational success of the student and to strengthen the value of health promotion but also and above all it encourages the construction of identity, the "perception of self-efficacy, self-esteem and trust. playing an important role in promoting mental well-being by increasing the motivation to take care of ourselves and others, preventing mental distress, behavioral and health problems. " (WHO, 1993). Learning and developing psycho-social and affective-emotional skills at school means improving well-being and being personal but also professional. Development and reinforcement of Life Skills require experience-based learning "and can be taught to young people (and adults) as skills that are acquired through learning and training ... enabling the person to transform knowledge, attitudes and values in real capacities, that is knowing what to do and how to do it (WHO, 1993). Life Skills are the set of personal and relational skills that support the management of oneself in the relationship with the rest of the world to positively face our existence and represent the range of cognitive, emotional and relational skills of basis (WHO, 1992) on which coping strategies, resilience and empowerment are rooted (WHO, Ottawa Charter, 1986). The Life Skills Based Education (LSBE) education approach, still not very widespread in Italy, has been used for a long time in the field of developmental age and health promotion throughout Europe and the world. It is an approach recognized by science as effective and essential for intervening both on the growth of children and adolescents and in support of the adult person; as they affirm (Marmocchi, Dall'Aglio, Zannini, 2004): "Life Skills represent the fulcrum of every prevention program, aimed at promoting the well-being of children and adolescents, regardless of the context". It is also an important strategy on issues related to health promotion and very useful in situations that require prevention actions or relevant interventions. Life skills include 10 skills, according to the WHO, these skills can be grouped according to 3 areas:

• EMOTIONAL AREA that it contains: self-awareness, at the body level or knowing how to recognize the signals of the body; on an emotional level, that is, giving a name to emotions and recognizing them; know your reactions to situations. On a cognitive level, what we know about ourselves: recognizing our strengths and weaknesses, desires, needs, goals, preferences and tastes. Finally, knowing how to manage emotions, stress always aiming at psychophysical well-being.

• RELATIONAL AREA where we find: empathy, which means knowing how to recognize the emotions of others; effective communication, having to express oneself clearly in any context both through words and with expressions and posture, tone of voice; effective relationships, recognizing one's role, affirming oneself without overcoming others, managing a relationship in the best way over time.

• COGNITIVE AREA composed as follows: solving problems, making decisions, critical thinking: it consists in knowing how to analyze information, situations and experiences in an objective way, distinguishing reality from one's own subjective impressions and prejudices, means recognizing the factors that influence one's thoughts and behaviors and others. Knowing how to think about possible alternatives, have original ideas to find solutions, get out of difficult

situations or behavioral patterns that block us. Problem solving means having a set of methods and methodologies based on logical processes aimed at defining problems, identifying possible solutions and making them operational keeping in mind the context and the people involved. Make decisions by identifying alternatives based on practical, relational and emotional assessments and priorities. WHO suggested training these skills through group work, discussions and comparisons, peer education, brainstorming and role playing; what we intend to propose with this work is the use of these methodologies through above all motor activity. Leads us to this idea, the fact that physical education is precisely the ideal place for learning, starting from school through other educational / sports contexts. In 1986, in the Ottawa paper, the WHO wrote: "health is created and experienced by people within the organizational environments of daily life: where they study, work, play and love". Health cannot be traced back to any lowest common denominator, it can, on the other hand, be understood as a synchronic and generic feeling of well-being. On the contrary, it presents itself as a diachronic tension that proceeds tumultuously along evolutionary trajectories that move towards progressive increases in the levels of self-awareness and control over processes (self-empowerment). Health is linked to an existential perspective of growth and development that also relies on the resources of the territory, we are talking first of all about the school. In the Italian legislation, in particular the national and regional health plans, have more developed this perspective, giving specific responsibilities to the educational institution, first dealing with prevention and then turning to the promotion of personal and social development. Basically this can be found in Law 104/92 relating to the inclusion of pupils with disabilities within the classrooms and in the 1990 regulatory provision on addictions.

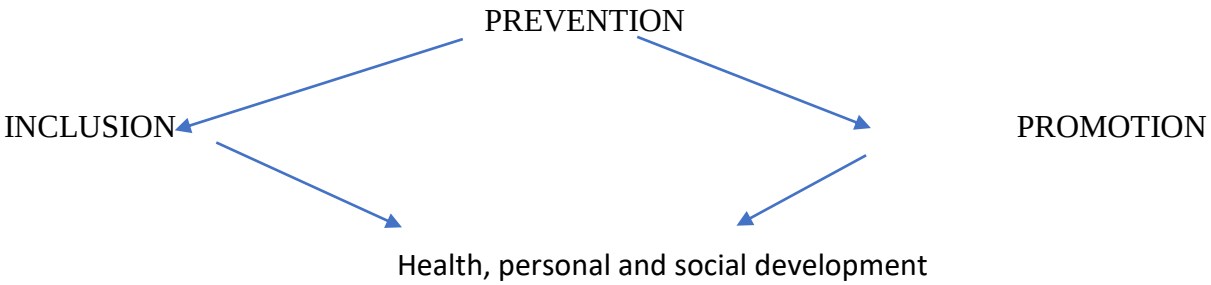

Fig. 1 Evolution of the school mandate of prevention to personal and social development

2. Corporeity as an engine of inclusive learning

The importance of psychosocial skills is evident in the issues related to behavior due to the lack of ability to deal with stress and problems of existence. The promotion of psychosocial skills is an intervention that broadens the resources to cope with an individual's problems. Prevention programs aimed at children and adolescents provide for the teaching of Life Skills in a supportive learning environment. The school is a place suitable for the development of knowledge and attitudes related to health and, therefore, capable of influencing the behavior of young adults. Promote the development of Life Skills in the school context, by means of active methodologies, such as cooperative learning and peer grouping, needs a restructuring of the common idea of the class and, above all, of a revision of the approach of the teacher and the class with respect to the meaning of schooling. Today we know that to work in a group it is necessary to adopt a positive emotional state. That is, it is necessary to foster a positive climate in which there is a mutual respect that allows the sharing of a reciprocal emotionality. The document considers the school a suitable place for Life Skills education for the following reasons:

• its role in socialization from an early age;
• the possibility of reaching a large number of children and adolescents;
• economic efficiency due to existing infrastructures;
• experienced teachers already present or in the case of physical activity, to be inserted as soon as possible and everywhere !;
• the authority of parents and community members;
• the possibility of evaluations in the medium and long term.

In the Life Skills Education in Schools (WHO, 1997) document, the fact that many young people are not "equipped" with Life Skills since the family and culture of belonging, they would no longer be suitable for passing them on, recalling the importance of recovering how to transmit them. The Life Skills refer to Bandura's Theory of Social Learning (1977) which means learning an active process, which allows you to build your own experience and not simply the passage of information. The person is not the one who passively suffers the influences of the environment, but the one who increases their level of self-efficacy by acquiring knowledge and skills to manage different situations, even problematic ones. "Most human behaviors are learned through the observation of patterns: by observing the behavior of others, we form an idea of how a new behavior can act, and on subsequent occasions this observed experience will serve as a guide for a possible action". (Bandura, 1977). The acquisition of Skills is based on a type of learning centered on active participation, the basic principle thanks to which in the School children and young people are involved in a dynamic process of teaching and learning. The strategies used to facilitate the active involvement of pupils are for example work in small groups, brainstorming, role play, games and debates. Sport promotes participation and the intent of motor and sporting activity is precisely to help the encounter between people of different abilities, ages, culture and social class through positive action by discovering skills by enhancing, strengthening, enhancing them; physical activity can help, can support, can increase and can increase the levels of autonomy and self-esteem of any subject, even and above all disabled or in a situation of social difficulty (Altavilla, Tafuri & Raiola, 2014; Di Palma & Tafuri, 2016; Holt, 2016). Recently, efforts have been made to intensify efforts towards the promotion of many competences for the development of skills that integrate affects (emotional competence) with thinking (cognitive competence) and action (behavioral competence) and provide help to children in achieving specific objectives (Catalano, Berglund, Ryan, Lonczak, Hawkins, 2004) in order to guide, support and develop the potential of people by promoting

active, proactive attitudes and stimulating the ability to make choices that last over time (lifelong learning). Numerous studies, researches and experiences carried out in different states, Life Skills represent the central node of every health promotion and education program and, for this reason, they must be strengthened beyond the cultural and social differences of the different environments. Promoting Life Skills projects means implementing interventions to prevent behaviors that are harmful to health (smoking, use of substances, unwanted pregnancies, road accidents, HIV infection, bullying) and at the same time allowing to affect the psychological mechanisms and skills necessary to achieve the best possible the potential of the person, helping him to live in harmony with others and with his social and cultural context. The indications of the World Health Organization (1993) Life skills education in schools address the need to train human and personal coping skills to cope with life events and relational skills to relate to others. The intentional, planned and systematic process of education, education and training in the school is considered the viaticum for "making each boy and girl acquire those knowledge, skills and competences, those ways of being that help them become a person, a citizen , a responsible worker, participates in social life, capable of assuming roles and functions autonomously, capable of knowing how to deal with the vicissitudes of existence "(Cattaneo, 2007). Initiatives, programs and projects of "Life Skills Based Education" (LSBE) in school contexts therefore allow to enhance the cognitive, communicative and relational strategies essential for achieving educational success, essential for the development and consolidation of social and cultural identity , necessary to acquire basic social and personal skills aimed at managing one's own existence and to choose a lifestyle oriented towards health and well-being in line with the indications of the World Health Organization. For decades now, the body dimension has been the subject of renewed interest in health (WHO, 2015) but above all for its role in educational and learning processes since, by involving both the emotional dimension and the cognitive dimension on an equal footing, it is a fundamental element in the development of self-knowledge. (Rosa & Madonna, 2019). The authors Sibley and Etnier (2003) also observed, both in the acute and chronic phase, the effects of cardio and non-cardio activity, on perceptual abilities, intelligence, academic performance, level of development and on improvements in phonic language, as well as on mathematical tests on children and adolescents (4-18 years). The advantages of physical exercise are more pronounced when greater cognitive engagement is required, requiring actions of awareness of cooperation, anticipation of task requests and strategic thinking as in team sports, compared to exercises that do not require cognitive involvement (Best 2010). Such actions implement mechanisms that produce beneficial psychological and cognitive effects, such as an increase in vagal activity, pain-relieving and anti-depressant function and activating neurotransmitters such as serotonin and decreasing stress hormones (Field, 2012). It was found that after practicing motor activity, the results obtained were positive, the work was faster and behavioral problems also improved. Certainly the improvement of behavior is due to the need to cooperate, work in a group, accept the diversity of situations that are always created when doing sports; It is known that with physical exercise, by increasing the levels of dopamine, noradrenaline, serotonin, the result is an improvement in mood and a lowering of depression levels, giving the brain greater ability to adapt to different contexts.

Conclusions

Education to corporeality, in the complex of health, sports, recreational, adaptive and social fields, represents a training context with a strong educational value, an ideal area for the enhancement of the subject even in the presence of psychophysical and sensorial difficulties,

but requires personnel specialized capable of guaranteeing opportunities and rights to encourage the participation of disabled people. Primary school in particular, must guarantee the rights of people with disabilities, must experiment with integration itineraries based on the body-kinesthetic dimension of the person. The physical sciences still deepen the research on the relationship between corporeality and teaching aimed at scholastic integration, studying the relationship between body, movement, learning; on the potential of physical exercise in relation to various pathologies. Education and learning should take place through movement, not only for the body disciplines but for all other teachings. The psycho-pedagogical sciences have established a correlation of motor sports activities with educational values and training processes, recognizing the body dimension as a fundamental role in the psychophysical development of the child and in the body the first tool for accessing knowledge; to name a few: the activism of J. Dewey and M. Montessori, the cognitivist approach of J. Bruner, and the sensory-motor approach of J. Piaget, the pluralism of H. Gardner, the emotional approach of D. Goleman , the metacognitive approach of D. P. Ausubel and J. P. Novak, have contributed to an enhancement of the body-kinesthetic dimension as the basis of all learning. Learning the disciplinary contents, through bodily experience opens up access to multiple knowledge. The body becomes the means by which to solve problems, to implement complementary strategies, a real support engine for teaching. Physical and sporting activities bring into play values such as tolerance, solidarity and respect for differences and act as privileged channels for access to knowledge even for the disabled, supported by national sports organizations. Special Pedagogy today no longer uses the terms of handicap and integration but uses those of disability and social inclusion, for this reason we have a new vision of disability that focuses on the potential of each person. Valuing diversity by supporting the growth of the person and that of others who live around him; consequently the educational interventions are aimed at the acquisition of skills, at the development of potentialities also on a social, emotional and affective level. Currently the aim is not only to transmit knowledge but by analyzing special needs, strategies are identified to be proposed in the present and in the life project of the future disabled adult, which lead him to his own and ever greater autonomy. The school was created to train people in sociality, autonomy and relationships. Through physical activity and sport the person grows on a physical, behavioral and relational level. At school it often happens that sports motor activity, both that carried out in the gym in the dedicated hours, and that proposed during the break and in open spaces, is experienced as a moment of discomfort and exclusion for children with motor, cognitive or sensory disabilities. The obstacles derive not only from the pathological conditions of the children but also from the poor preparation of the teachers who are assigned the chair of Physical Education in primary school, teachers who often do not possess the appropriate qualifications for teaching the discipline. A further obstacle is represented by families who exempt their children from activities for fear of possible injuries, as well as the lack of specific inclusive regulations applied to all levels of education and the lack of adequate spaces and equipment. (Maietta, D'Andria, Valentino, 2022).

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Maietta M.C., D'Andria A., Valentino L., (2022) Inclusive didactic strategies in primary school Giornale Italiano di Educazione alla Salute, Sport e Didattica Inclusiva / Italian Journal of Health Education, Sports and Inclusive Didactics - Anno 6 n. 1 - ISSN 2532-3296 ISBN 978-88-6022-436-1 - gennaio - marzo 2022 - CC BY-NC-ND 3.0 IT- https://doi.org/10.32043/gsd.v6i1.512 (ver.10/08/2022)

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