

**TRANSFORMATIONAL LEARNING: A DESCRIPTION OF HOW  
INCLUSIONARY PRACTICE WAS ACCEPTED IN INDIA**

**Dr. Vianne Timmons**

*University of Prince Edward Island*

**and**

**Dr Mithu Alur**

*The National Resource Centre for Inclusion-India*

*In this article, a program to support inclusive education in India is presented. India is described as a country with many challenges and much historical strength. Developing inclusive educational practice in a country with one billion people, an attitude of charity towards people deemed less fortunate and extremely limited resources is a challenge. The key components of sustainable inclusive practice are: understanding the concept, ownership of the approach and a commitment to further the process through proper policy channels. A process of the transformation of an organization that provided segregated services to children with special needs and moved to an organization which promotes and supports inclusive practice is described. Transformation requires multiple approaches and this paper will focus on the journey the staff undertook to achieve their goal.*

India is a country with many unique characteristics. Covering an area of 3.3 million square kilometers, India accounts for just 2.4% of the world's land area but, contains over 16% of the total world's population, or one billion people. India's population represents a rich mosaic of ethnic, cultural, tribal and racial groups. With more than 1,500 dialects, 18 official languages and several religious communities India is a country with rich diversity.

India has as its political structure, a union of 29 states and six centrally administered Union Territories. It is a socialist, secular, democratic Republic with a parliamentary system of government. The Republic is governed by a Constitution that came into effect in 1950 following Independence from colonial rule. The Constitution provides for uniform citizenship for the whole nation and ensures the Fundamental Rights of every

Indian citizen, including freedom of speech, expression, belief, assembly, association, migration, choice of occupation or trade and protection from discrimination on the grounds of race, creed, sex and religion. Article 41 grants the *Right to education and work* and Article 45 quotes *Free compulsory education for all children up to the age of 14 years*.

Poverty and large income disparities are dominant features of India as in most developing countries. Seventy percent of India live in the rural areas. After the Indian Independence, the population grew rapidly and there was a large influx of people from the rural areas into the cities. As a result of this migration from the rural to the urban, each metropolitan city has about 40 to 50 percent of its people living in shacks, and squatter settlements in extremely poor slum conditions. In stark contrast 15% of India's population nearly 150 million people, have purchasing power parity equivalent to the Western economy. This is what makes the country one of contrasts and contradictions, an inclusive, diverse society in many ways but which has its own exclusionary systems and barriers (Alur 2003).

#### *Education in India*

India has a rich history of education. Under the Buddhist influence, education was available to virtually everyone who wanted it. During the 11th century the Muslims established elementary and secondary schools, *madraisas* or colleges and even universities. With the arrival of the British, the English educational system was adopted. Through the Act of India in 1835 and the Woods Despatch in 1854 a basis for a properly coordinated system of English education was determined.

At the time of its Independence, India inherited an educational system which was not only quantitatively small but was also characterized by regional, gender, cast and structural imbalances. Only 14% of the population was literate and only one out of three children were enrolled in primary schools. (Government of India, Ministry of I& B, (1996), India 1995, p.79)

Having expressed a strong commitment towards education for all, India still has one of the lowest female literacy rates in Asia. Today in India there are over 200 million women aged 7 and over who are not literate. The National Policy on Education which was updated in 1992, and the 1992 Program of Action both reaffirmed the government's commitment for improving literacy levels by providing special attention for girls and children from scheduled caste and scheduled tribes. While there have been significant improvements in literacy in India there continues to be a large gap between the literacy levels of men and of women, between rural and urban areas and between States.

Significant barriers to education that are operative in India include: a high level of poverty impeding financing the cost of books, uniforms and transportation, negative parental attitudes towards educating daughters and children with disabilities, inadequate school facilities, a shortage of female teachers and gender bias in curriculum which includes textbooks that portray gender-stereotypic roles, lack of educational resources with appropriate historical and cultural content. Additionally, educational planning in

India has not been very sensitive to the requirements of the society and economy. For example, the academic session in the rural areas is not integrated with the agricultural cycle and examinations frequently coincide with peak harvesting activities. Educational resource utilization in India also shows the tendency of state governments to divert educational resources to sectors such as irrigation, electricity, drought relief, etc. (India at 50, 1997, p.396).

India is a huge country encompassing one billion people, of which 50 million are considered to be disabled or have special needs. After Independence, an important turning point for issues surrounding these people was the National Policy on Education (1986). The policy aimed at making it *an effective instrument for taking the country into the 21st century*. It envisaged improvement and expansion of education in all sectors, elimination of disparities in access and stressed improvement in the quality and relevance of basic education. This policy for the first time included a section on disabilities (Section 4.9). Briefly, the pertinent areas addressed in this section include:

1. Education of children with mild disabilities will be in regular schools.
2. Children with severe disabilities will be in special schools with hostel facilities in district headquarters
3. Vocationalization of education will be initiated.
4. Teacher training programmes will be reoriented to include education of disabled children.
5. All voluntary efforts will be encouraged.

The translation of policy into practice is lacking in many of the initiatives the government has developed. The capacity to deliver on the policies is not evident. The education of children with disabilities in India is primarily delivered by non-governmental organizations. Jha (2002) states that *In Indian culture helping others is considered an extension of self-help* (pp. 42). The non government organizations in India have set up, developed and maintained segregated schools for children with special needs. Alur (2002) describes a system of segregated schools as produced by NGOs as the major provider of education for children with disabilities. However, she states *One of the main problems of the voluntary sector is the very limited and fast dwindling capacity to raise funds, and their increasing dependence on grants in aid from the Central and State Governments for survival* (pp. 42). This is evidenced by the large and macro level exclusion taking place. The real challenge facing India is that ninety-eight percent of children and adults with disabilities receive no service at all. This is despite the fact that non-governmental services play a strong role in providing services.

As experienced by other developing countries, special schools had a number of untrained teachers. If trained, the training often ranged in duration from 3 days to three years. The content, purpose and style of training differed and the training institutes do not have full recognition from government or the Board of Education. Training Institutes are few and the government is unable to keep up with the professional development needs of teachers. When examining pedagogy, with the exception of a handful of Universities, it is still an

NGO responsibility to provide special courses for Teachers interested in the education of children with disabilities.

*The History of the National Resource Centre for Inclusion-India*

Dr. Mithu Alur is a mother of a child with cerebral palsy. When her daughter was born she struggled to find appropriate services and education opportunities for her daughter. Her journey carried her to England where she found educational services which allowed her daughter to thrive. Exposure to the models of special schools in Britain shaped her views and philosophy and upon her return to India she set up the first school in the country for children with cerebral palsy and other physical difficulties in Mumbai. This was called the Spastics Society of India. For the first time education combined with treatment was available under one roof of a special school setting for children with multiple difficulties. The main objective was to educate the country about the needs of a group of children who had been left out of schooling and even left out of Government's classification of disability.

When her daughter was an adult, she decided to pursue doctoral work. Her research focused on the investigation of a government policy, the Integrated Child Development Scheme. She discovered that the policy which states that it is for *all children* does not in practice, serve children with disabilities. She found gaps in policy stated and policy enacted.

This research also led to an examination of the sustainability of the segregated services she had established for children with cerebral palsy. She examined the effectiveness of the segregated system in educating children with special needs. She found the cost of developing segregated services for the masses of children with disabilities not receiving an education would be exorbitant. Through an analysis of other approaches she realized that India needed to embark on a policy which led to inclusive practices for financial and ideological reasons.

One of her findings focused on how families perceive having a child with a disability. For them it is a matter of an *individual responsibility, a personal tragedy*. Their cultural mind-set and fatalistic attitude are reflected in the opinions they voiced: *who can do anything?, It's my fate and I have to bear it, it's my fault ...* an individual construct of a personal tragedy theory. *They believed that their disabled child should not go to the same schools as normal children.* The parents of children with disabilities confirmed that the attitude of society was full of pity and sympathy about what had happened, and the birth of their handicapped child was generally regarded as a calamity.

Neighbours and other members of the community would try and be helpful and come and tell them of people who would be able to *cure* their child through certain medicines, about gurus and faith healing, of evil spirits being exorcised by witchcraft. A strong fear of disability being infectious prevailed. Instances were quoted when neighbours instructed their children not to eat or drink food that was touched by a disabled child; mothers of able-bodied children instructed their child not to play with the disabled child

in case of getting infected. In one case, the normal child was beaten for disobeying his mother and playing with a disabled child (Alur, 1998)

Alur (1998) found that ignorance about their disabled child, a lack of any counselling support led the parents to believe that having a disabled child was a retribution for past sins. The Karmic theory of traditional Hindus, about the present being a reflection of past deeds was strongly entrenched. The neighbors taunted the family whenever there was a quarrel, and brought up the fact that they were cursed because they had a disabled child.

*It is unfortunate that they have a disabled child. It is God's way of punishing them for past sins.*

*Some day God will forgive them and their child will be normal again.*

*We do not know why God is putting them through this kind of suffering.*

The disabled child, due to lack of services, suffered from a lack of socialization leading to isolation for mother and child.

After reflecting on all she had learned Dr. Alur founded the National Resource Centre for Inclusion-India. The philosophy of inclusion is not restricted to children with disabilities but in the India context it draws in the impoverished child who is socially disabled and out of education, the girl child who suffers from cultural oppression and the child with disability facing systemic barriers. The definition of inclusion the Centre promotes is the processes of increasing the participation of these students into the existing educational system and reducing their exclusion from the system regardless of their social background, gender or disability.

#### *Description of the National Resource Centre for Inclusion-India (NRCI-I)*

The National Resource Centre for Inclusion-India was established in 1999 with an aim to serve the region by leading a movement towards the development of a more inclusive community. It obtained funding from the Canadian International Development Agency (CIDA) through its Canadian partner, the Roeher Institute. The Roeher Institute is a leading policy-research and development organization located in Toronto, Canada. Its mission is to generate knowledge, information and skills to secure the inclusion, citizenship, human rights and equality of people with intellectual and other disabilities.

The National Resource Centre for Inclusion-India established four objectives, to:

- increase the access of children to educational opportunities irrespective of disability, gender and/or social disadvantage;
- promote the exchange of information and ideas on sustainable inclusive policy and practice;
- develop a cadre of resources (human and technological) to support a sustainable model for the universalization of primary education; and
- foster community attitudes, professional practices and legislative measures supportive of inclusive education and a social model of disability.

NRCI-I has developed four main areas of activity:

- A demonstration site which demonstrates inclusionary practices and effective pedagogic;
- A public education campaign to raise public awareness and sensitize the community about the need for and benefits of inclusionary practices; and
- Work on policy change and implementation for inclusion, within a human rights framework.
- A project management unit based in a result based management system as specified by CIDA.

### *Transformational Learning*

Critical to the success of this advocacy of inclusion is the ability to demonstrate the potential for successful inclusionary practices. This required extensive staff training as they were accustomed to delivering segregated educational services to children with cerebral palsy. There were a number of areas where training was essential: understanding of inclusionary concepts, an ability to assess a situation and develop appropriate interventions, education of parents, curriculum adaptation and modifications and development of resources. A daunting task, one which the staff viewed as a developmental process. The area of transformational learning is a difficult one.

*Learning means using a meaning that we have already made to guide the way we think, act or feel about what we are currently experiencing* (Mezirow, 1990, p. 10).

The theory of transformative or transformational learning emerged out of the work of Mezirow in the late 1970s. (Caffarella & Merriam, 1999; Cranton, 1992; Taylor, 1997, 1998, 2000).

Essentially Mezirow (1991), defined transformational learning as, *the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience in order to guide future action* (p. 12). The theory examines how perspectives are created, challenged and revised. Mezirow (1997), also described transformative learning as *the process of effecting change in a frame of reference* (p. 5). He further stated that at the heart of transformative learning is perspective transformation which he defined as:

*. . . a process of becoming critically aware of how and why our assumptions have come to construe the way we perceive, understand and feel about our world; changing those structures of habitual expectation to make possible a more inclusive, discriminating and integrative perspective; and finally making choices or otherwise acting on these new understandings.* (Mezirow, 1990, p. 167)

Cranton (1992) emphasized that perspective transformation can be *precipitated by challenging interactions with others (including an educator), by participation in carefully designed exercises and activities and by simulation through reading and visual materials* (p. 146). Cranton (2002) advocated that an educator can help trigger transformation by

presenting other view points that are typically different than the views held by the learners.

There appears to be three components that are critical to Mezirow's theory: the importance of experience, critical reflective and rational discourse, and action. Experience is vital to perspective transformation because that is the starting point (Cranton, 1992; Mezirow, 1990, 1991, 1994, 1997; Taylor, 1998). The process begins with a learner who has developed, through life experiences, a set of assumptions about how the world works. Mezirow (1991) used the term, meaning perspective to refer to *the structure of assumptions within one's past experience assimilates and transforms new experience* (p. 42). As adults, we have *ways of seeing and understanding that we have acquired through socialization . . . and through our schooling* (Mezirow, 1990, p. 1).

Essentially adults have an existing repertoire of skills and strategies. Adding more tools to their repertoire will help somewhat, yet the real and deeper professional development will involve examination of themselves and a thorough look at what they believe and why (Cranton & Sokol, 1998). This is the essence of perspective transformation. It is when the old way of doing is no longer producing the desired results that the person may begin to challenge his/her assumptions. *It is through engaging with life experience to make meaning that there is an opportunity for change in perspective* (Caffarella & Merriam, 1999, p. 320).

Critical reflection on the validity of one's assumptions is considered to be essential for perspective transformation (Caffarella & Merriam, 1999; Cranton, 1992; Imel, 1998; Mezirow, 1990, 1991, 1994, 1997; Taylor 1997, 1998). Most of the studies that Taylor (1997) reviewed concur with Mezirow's conviction that critical reflection is a significant factor in achieving perspective transformation. As Mezirow (1990) advocates *by far the most significant learning experiences in adulthood involve critical reflection, reassessing the way we have posed problems and reassessing our own orientation to perceiving, knowing, believing, feeling and acting* (p. 13).

Rational discourse, which is part of the critical reflection stage, allows learners to openly discuss and challenge their beliefs with other people (Caffarella & Merriam, 1999; Mezirow, 1990,1991; Taylor, 1998). Discourse becomes the medium for critical reflection to be put into practice, where experience is reflected upon and assumptions and beliefs are questioned. (Taylor 2000). Mezirow (1991) stated that rational discourse allows participants to enter into an exchange, of communicated ideas, with others who are considered to be the *most informed, rational and objective* (p. 76). Facilitators can attempt to create the optional conditions for participating in rational discourse. These conditions involve participants (a) having accurate and complete information; (b) being free from coercion and distorting self-deception; (c) being able to weigh evidence and assess arguments; (d) being open to alternative perspectives; (e) critically reflecting upon presuppositions and their consequences; (f) having equal opportunity to participate; (g) being able to accept an informal, objective and rational consensus as a test of validity.

Transformative learning can result in social action which may involve individuals taking action to bring about *changes in relationships . . . changes in organizations . . . or changes in system* (p. 209). Once a person's perspective has been revised, the individual, according to transformative theory, will begin to think and act in a way that is in sync with the transformed perspective (Cranton, 1992, 2002; Mezirow 1990, 1991, 1994, 1997).

Taylor (2000) identified practices that are important to assisting transformational learning:

- fostering group ownership and individual agency;
- providing intense shared experiential activities;
- developing an awareness of personal and social contextual influences;
- promoting value-laden course content;
- recognizing the interrelationship of critical reflection and effective learning; and
- the need for time (p. 10).

#### *Transformation of Staff*

The hundred staff and parents at NRCI-I engaged in a transformational learning process. The workshops developed were participatory and focused on knowledge creation by the participants. Teachers, psychologists, parents, social workers all participated together in the sessions. They began with extensive training in disability, human rights policy and social justice. This was value laden and challenged much of their perspectives and approaches to disability issues. It was an important first step.

A second workshop focused on the approach to inclusive practices. The history of services in the western world was presented and the participants attempted to trace the history of services for people with disabilities in India. The participants created a model of inclusive practice that fit the Indian context. The models which emerged were child centred and presented both micro and macro elements.

The participants spent time exploring case studies which they had developed from their practice. The first case study was then presented and the participants began a problem solving exercise. They were asked to clearly define the issues presented. The participants first identified the problems as residing in the child or the family. The participants were lead through a process, which shifted the focus from the individual to the situation. Collaboration was introduced as a key element of an inclusive process. The point was made that to collaborate one needs to be aware of others roles. The participants were asked to generate strategies to assist in the role transformation and benefits that each stakeholder may experience in an inclusive setting.

This approach reflected the training undertaken by the staff. They focused on collaborative problem solving and working together. The content and the skills utilized in the training were critical to the transformation that occurred.

They then committed to putting into practice the knowledge and skills which they had.

Much of what they needed they knew before they engaged in the training, it was the focus and attitude they assumed when working with children with disabilities or from socially disadvantaged backgrounds. The staff understood good pedagogy, but they needed to understand that inclusive practice was just that, good pedagogy. When teaching a group of diverse learners you have to employ a variety of techniques such as differentiated instruction, interactive learning, peer helping. The participants quickly identified these strategies as they worked with individual cases.

The parents needed to look critically at the attitudes they and their families held towards disabilities. They moved from a deficit model (trying to fix the child) to a focus on enabling (changing the environment to ensure child participation).

In the evaluation there were comments that illustrated the transformational learning which occurred. The participants all came with experience with children with disabilities through parenting or a professional capacity (Mezirow's first component). One participant wrote that s/he would take the following away from the workshop which illustrates critical reflection (Mezirow's second component):

*A shift in thinking from the medical to the social model- that is the environment that is the problem. Hopefully –a shift in the language we use. A problem solving approach-Some insights into the fears of the other partners in inclusion, the parents, regular teachers etc...*

The participants engaged in rational discourse as illustrated by the following comment:

*The problem does not lie with the child, but lies with society. The language to be used should be appropriate. Take down solutions and try to find out which works best for that child. Inclusion is an ongoing process, and at times you may take the wrong path. Have a multidisciplinary approach for inclusion.*

The final component as identified by Mezirow is social action. There were numerous comments that identified social action as a workshop outcome:

*Before I attended this workshop I thought inclusion would never work in an Indian setting. I never even thought for a moment it is possible. You showed me the beginning of the road and now I know from where to start. I will take away the entire precious teachable Moments that you gave me and yes, the most important thing that I realize Inclusive education is a good education.*

*To actually put into action the various strategies being put forth by us. To see each child individually and focus on all aspects equally.*

These comments are reflective of the participants feedback. The predominant comment relating to how the workshops could be improved was around more case studies. These seem to spark an appetite for more discussion. (Timmons, 2000).

### *Conclusion*

The journey undertaken from the staff in this organization was transformational. This transformation began with the workshops described above. The participants of the workshops have started process of desegregation of a long standing institution which served children with cerebral palsy. They began with one child at a time, working with the parents, and staff from regular schools. They have engaged in outreach activities which have resulted in over 1000 children from disadvantaged areas and children with disabilities being included in local schools. They are now approached by schools requesting assistance in planning for inclusive education.

They have influenced other organizations through training and conferences. This example of transformational learning reflects excellent educational change. If India with its limited resources and massive challenges can embark on the journey of inclusion through transformational learning then any country has the potential to implement inclusive practices throughout its educational system.

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