Przegląd Badań Edukacyjnych
Educational Studies Review
ISSN 1895-4308
nr 46 (1/2024), s. 149–172

ORIGINAL RESEARCH PROJECTS

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Personal Values of Young Persons with Intellectual Disabilities. Before and during COVID-19 Pandemic

http://dx.doi.org/10.12775/PBE.2024.008

Abstract

Background: A study of the personal values of 109 young adults with intellectual disabilities was conducted before and during the COVID-19 pandemic. Learning about the personal values of this population group is important for implementing core curriculum content and developing support programs. Method: The purpose of the study (in a quantitative strategy) was to learn about the hierarchy of personal values and symbols of happiness in young Polish adults with intellectual disabilities before and during the pandemic. The questionnaire "List of Personal Values" by Zygfryd Juczynski, developed basing on the Rokeach's concept of value measurement, was used. In particular, the position of health in the hierarchy of personal values was examined. Results: Health remains one of the three most important values before and during the pandemic, together with love and friendship. The least frequently chosen are fame, popularity, and good looks. Conclusions: Persons with intellectual disabilities are raised in a cult of health. In their case, health is equated with "normalcy", the chance to live independently. The category of health occupies such a high position in their personal values, regardless of the COVID-19 pandemic.

Keywords: personal values, intellectual disabilities, COVID-19, human rights model of disability, health value.

Introduction

Values and attitudes determine the processing of information, for example, about the issues which they relate to. On the one hand, it is a facilitation because a human does not have to take a position to the same issue every time. On the other hand, values and attitudes can deform the adaptation of information (Fazio et al., 1992). Values, however, are a separate part of the human self and are not the same as traits, attitudes or motives (Roccas et al., 2002; Hitlin, 2003; Roccas et al., 2014). Human values are indicators of how they will think and act in value-relevant situations. Values can influence people's preferences and behaviours in different situations (Schwartz, 1992). However, there are studies that cast doubts about the impact of possessed values on human behaviour (Norman et al., 1996; Sagiv et al., 2021). Values are used to evaluate something that can be considered good or bad. They can result from personal strivings, needs, desire or aspirations. Such values are often held and internalized by young people (Aronson, 2004). Values create hierarchies. The position of values in the hierarchy determines to what extent a given value will be a regulator of purposeful action. The hierarchical organization of values is a unique feature that distinguishes them from other constructs related to self-concept (Schwartz, 1996). The study of the hierarchical structure of values is a critical issue for researchers. It allows to understand the changes in personal values and decision-making processes that occur as a result of the passage of years or crisis situations (Milfont, 2016). In 2020, mankind faced an unprecedented crisis situation, which was a consequence of the COVID-19 pandemic. Life in isolation for long months and in the new social reality also had its consequences for the hierarchy of values. Conservative values stood higher in the hierarchy during the first lockdown among a heterogeneous sample of French citizens, and in Poland, those related to safety, care and humility increased in the hierarchy (Bojanowska et al., 2020; Bonetto et al., 2021). Research by Bojanowska and colleagues and Bonnetto and his team clearly showed that values are a flexible system that responds adaptively to change.

Values are divided into different types: functional, monetary, social, instrumental, cultural, psychological, pedagogical and many others. One type of value are personal values which are hierarchically structured according to the degree of importance: one value may be more important to a person while another value may be less important (Sagiv et al., 2017). This hierarchical structure of values determines the main life choices (Sagiv, 2002; Bardi et al., 2014; Arieli et al., 2016).

The content, structure, origins, and consequences of values in many cultures were studied (Rohan, 2000; Hitlin & Piliavin, 2004; Maio, 2010; Schwartz, 2015). They show that personal values are transferred from parents to offsprings (Meeus, 2011; Daniel et al., 2012). Passed-on values are again challenged during adolescence (Barni et al., 2011), which is associated with a greater impact of peers than parents on adolescents (Benish-Weisman et al., 2017). Individual differences in the hierarchy of values derive both from biologically determined individual temperament or personality, as well as from social and cultural influences (Rokeach, 1973; Cieciuch et al., 2016).

A review of research on personal values revealed many factors determining their formation. There are therefore genetic and institutional factors including family and school, social environment and cultural factors. There is no unified model in social sciences that would combine all these factors and characterize their relative character (Sagiv et al., 2017). Values research also lacks an exploration of the values of persons with intellectual disabilities.

This article presents an analysis of data collected during the study of personal values of young adults with intellectual disabilities. The aim of the study was to find out the subjective assessment of personal values and symbols of personal happiness in this group. Due to the fact that the research began before the outbreak of the COVID-19 pandemic and ended during it, the article also compares the hierarchy of personal values in two time and social spaces – before and during the pandemic, especially looking at the placement of health values in these hierarchies. In addition, the article tries to show that by adopting a disability model based on human rights, research should aim at understanding the nature of a person's functioning, including their values.

Personal values in intellectual disabilities

The medical disability model focuses on deficits, damages and impairments of individuals rather than on the resources of persons with disabilities. However, personal values are a human resource, and the above assumption may exclude the research of personal values of persons with intellectual disabilities because resources have become the domain of an able-bodied person. Studying personal values of persons with intellectual disabilities is methodologically possible. In order to make it possible, there must be an overlap in the mental perspective between the assumptions of positive psychology and the theory of intellectual disability, as Albaum and co-authors (2021) interestingly write. Another point of reference for the research concept of the hierarchy of values of persons from this social group is the human rights model of disability, described by Degener (2014; 2017). The author puts forward a thesis that "the human rights model is an improvement of the social model of disability and that is a tool to implement the CRPD (Convention on the Rights of Person with Disabilities)" (Degener, 2014, p. 3). This model allows to learn the personal values of people with intellectual disabilities based on the same rights that determine their cognition in other social groups.

In the same style, Buntix and Schalock (2010) present the vision of the disability model and the quality of life associated with it and draw attention to the socio-ecological concept of matching a person with disabilities to environment. They characterize an approach focused on human functioning and disability through interactions between personal and environmental characteristics. The perception of intellectual disability in the context of person-environment interaction not only broadens the understanding of a person with this disability but also changes the approach to diagnosis, classification, assessment and planning of individualized support. This analysis of a person-environment interaction allows to get to know the whole person, their life situation and the roles they play in social life (Buntinx & Schalock, 2010). Person-environment interactions are also generated by a system of personal values possessed individually by people with intellectual disabilities. Therefore, it is worth examining this hierarchy of values, including personal values, with the use of a disability model based on human rights. The assessment of disability in this model was studied by Waddington and Priestley (2021)

in 34 European countries. They asked for a balance between the socio-contextual understanding of disability and its interpretation in the human rights model. Assessments should target individuals as rights holders and focus on their interactions, including interactions with physical and social barriers. Does being diagnosed with intellectual disability shape the system of personal values? It does not seem to shape it. It is not the diagnosis that matters but the comparison of a person with this disability to others. This is consistent with studies that indicate that people with intellectual disabilities make social comparisons. These, in turn, are important in experiencing stigma and its significance for psychological harm among this group (Dagnan & Waring, 2004; Paterson et al., 2012). Norms and values can be the same, similar for everyone or different, regardless of a possessed disability. Such a value can be physical and mental health, courage and having a large circle of friends. By adopting a person-centered disability model, and especially a human rights-based model, researchers are required to learn the values of a person with disabilities and the needs associated with it. Socci and co-authors (2021) as well as Alonso-Sórdon and colleagues (2019) point out that personal values are more dependent on psychological well-being and, in case of persons with intellectual disabilities, on the support system and a sense of autonomy. Therefore, finding out personal values of this group can help diagnose its needs and develop the assumptions necessary to introduce legal and social changes.

The personal values of people with intellectual disabilities have not been and are not being studied. This is an area that has not yet been explored. There is practically no literature on this issue. There are a few old scientific articles similar in their problems to the subject of the research presented in this article but created in the medical model of disability (Neumayer et al., 1996).

Methodology. Sample, tools, procedure

The project concerned the study of personal values in a group of 109 young persons with intellectual disabilities, aged 18 to 23, with the use of the questionnaire "List of Personal Values" (LWO) by Zygfryd Juczyński. According to the latest AAIDD (Schalock et al., 2021) manual guidelines, research projects involving individuals with intellectual disabilities do not include degrees of these disabilities (subgroups). "Current diagnostic criteria for in-

tellectual disability categorize ability as measured by IQ tests. However, this does not suit the new conceptualization of intellectual disability, which refers to a range of neuropsychiatric syndromes that have in common early onset, cognitive impairments, and consequent deficits in learning and adaptive functioning" (Bertelli et al., 2018, p. 88).

The sample was representative. It represented some students in secondary special schools for young adults with intellectual disabilities. This sample is representative, but only for students of Polish schools of this type. All respondents were students of special high schools[1], at the last educational stage provided for in the Polish education system for persons with moderate and severe intellectual disabilities. It was decided to focus on the last stage of education, in which the respondents were young adults because it is during this period that the system of personal values of a human being is most intensively formed and begins to take a structured form (Iijima et al., 2020). This period is also important as respondents enter adulthood and approach the moment of leaving school.

The project envisaged the participation of 109 respondents. The following criteria were used for the selection of a sample group: moderate intellectual disabilities, willingness to participate in the study and status of a student of a secondary school. In Poland, secondary education for persons with moderate and severe intellectual disabilities is organized in a segregated system. There is only one type of school available and obligatory for students with this type of disability: a special school preparing for work in which all individuals with more profound intellectual disabilities are educated, regardless of race, gender, social class or ethnicity.

In the first part of the research project, carried out in December 2019 and January 2020, three special secondary schools were randomly selected, and participants were recruited voluntarily. 54 students expressed their willingness to participate, of whom 51 eventually took part in the study. There were plans to select more schools to recruit the missing number of respondents, but due to the outbreak of the COVID-19 pandemic, the project was temporarily suspended. Research resumed in December 2021. Given the importance of crisis situations for the hierarchy of human personal values (Milfont

[1] In Poland, it can be an adoptive school or a first-degree vocational school.

et al., 2016), it was decided to compare the results obtained before and during the pandemic. However, during the second stage of the research, carried out during the pandemic, a significantly increased absenteeism of students at schools made it impossible to conduct vertical studies. A higher risk of infection and more severe disease (Courtenay & Perera, 2020; Landes, 2020) prompted many persons with intellectual disabilities to a longer than legally recommended isolation period. Despite the reopening of schools, many students did not return to in-person schooling. Therefore, research was continued with the participation of an available group of students while the implementation of vertical studies was abandoned. The second stage of the study involved 58 respondents, students of secondary special schools with the same type of disability. In order to recruit an appropriate sample size in the second stage of the study, three additional schools from same voivodeship were randomized.

The aim of the study was to learn about the hierarchy of personal values and the hierarchy of symbols of personal happiness of young persons with intellectual disabilities. Due to the fact that the relevant research began before the outbreak of the COVID-19 pandemic and continued during it, it was also decided to look at whether there were any changes in the indicated hierarchies. Particular interest was paid to changes in the evaluation of health by the respondents. The research project posed the following questions:

1) Which personal values are most important in the hierarchy of young persons with intellectual disabilities?
2) Were the hierarchies of personal values created by young persons with intellectual disabilities during the COVID-19 pandemic different from the hierarchies created by persons from this group before the outbreak of the pandemic?
3) What position in the hierarchy did young individuals with intellectual disabilities assign to health identified with physical and mental fitness, before and during the COVID-19 pandemic?

The questionnaire "List of Personal Values" (LWO) by Zygfryd Juczyński was described in the textbook "Tools of Measurement in Health Promotion and Psychology" (Juczyński, 2012). The tool was designed to study (individual or group) children and adolescents but can be used in studies of healthy and sick adults. The tool can be used by psychologists, educators, and soci-

ologists. The tool consists of two parts. Part I (Symbols of Happiness) has 9 symbols of personal happiness: a large circle of friends; successful family life; doing a favourite job or profession; success in learning and working; good health; being needed by other people; good financial conditions; a life full of adventures, travels; fame, popularity. The respondents choose 5 most important for them, assigning them ranks from 5 (the most important symbol) to the rank of 1 (the least important symbol) and the rank 0 – if the symbol was not chosen. Part II (Personal Values) lists 10 different values: love, friendship; good health, physical and mental fitness; a sense of humour, wit; intelligence, mental acuity; knowledge, wisdom; joy, satisfaction; courage, firmness; goodness, kindness; nice appearance, presence; wealth, possessions. The task of the respondents is the same as in the first part. The tool refers to the measurement of values proposed by Milton Rokeach (1973), who considered the values compared by children and adolescents to other values as a preferred procedure. The basis for the construction of the tool was the assumption of Talcott Parsons (1969) that "personal values are acquired in the process of internalization, i.e. transforming various normative aspects of the culture of the society surrounding an individual into an inseparable part of the personality structure" (Juczyński, 2012, pp. 122–123). The first part of the study, therefore, requires the respondents to indicate symbols of happiness that are normative in nature. A person adopts certain attitudes towards them and puts them into practice through their behaviour and actions. In the second part, the respondents focus directly on personal values. The reliability of the tool for both parts is 0.78 and 0.76 (test-retest), and the theoretical accuracy is 0.74 (Juczyński, 2012). The chosen tool and method of conducting the study were adapted to the needs and capabilities of the sample group – persons with intellectual disabilities. Each study was conducted individually, a researcher and a student with intellectual disabilities. There were cases where the presence of a third party, e.g. a therapist, was required due to the specific needs of a student. The instructions concerning the questionnaire and its items were either read by the examiner or the respondents themselves read the content of the questionnaire if they declared their ability to read. The researcher then checked the level of understanding by asking additional questions. For each item in the questionnaire, a set of photographs and pictograms illustrating its meaning was

prepared, which facilitated the understanding of abstract concepts (Boulton et al., 2018). The researcher additionally provided a definition for each item. For example, in the case of the item "a large circle of friends", the definition used was: "it is when you have a lot of people close to you, friends" or "you have a lot of friends". The studies were conducted with the consent of the respondents and school headmasters and in the presence of school counsellors or psychologists, if so desired by the respondent. The same rules applied during the second part of the study, in 2021. The planned procedures could cause stress and embarrassment for the respondents. If such reactions occurred, then the role of the researcher and earlier the therapist was to relieve these reactions. In the first and second parts of the study, the respondents did not experience such reactions.

The use of Zygfryd Juczynski's Personal Values List in the study of young adults with intellectual disabilities is consistent with studying this social group with standardized tools, such as the Wechsler scale or the Stanford-Binet scale. Such a research procedure implements the rights established by the UN Convention on the Rights of Persons with Disabilities. It is also an implementation of the human rights-based model of disability. The legal assumptions of the research and the disability model chosen for it give people with intellectual disabilities the right to respond according to their own opinions and personal experiences (Estreder et al., 2021, p. 6). The subjects in their biographies are elementary and secondary school students, and therefore many years of education concerning cognition and understanding of abstract concepts. Including the concepts contained in the tool, they were surveyed with. The researcher is not allowed to judge the degree of knowledge of these concepts by the subjects, and in particular to consider that people without intellectual disabilities always understand these concepts correctly. "However, an increasing number of scholars have suggested that the perspective of persons with intellectual disability is also needed. They argue that persons with intellectual disability are in a good position to provide their own perceptions, attitudes, and experiences" (Irvine, 2010; Alveirinho et al., 2017, cit. after: Estreder et al., 2021, p. 4).

The research project, its first and second parts, received a positive decision from the Research Ethics Committee of the Faculty of Philosophy and Social Sciences.

Results

The age of respondents in the first stage of the study was as follows: 18 years (36.5%), 19 years (23.5%), 20 years (17.3%), 21 years (7.7%), 22 years (8.2%) and 23 (6.8%). In Polish law, it is possible to extend some educational stages and postpone compulsory education (therefore, students of different ages may study in one school class). The first stage of the study involved 27 men (52.9%) and 24 women (47.1%). The age of the respondents in the second stage was as follows: 18 years (24.1%), 19 years (24.1%), 20 years (13.8%), 21 years (20.7%), 22 years (3.5%) and 23 years (13.8%). The second stage of the study involved 26 women (44.8%) and 32 men (55.2%).

In the world of science, intensive research is underway on various aspects of the lives of persons with intellectual disabilities during the pandemic (Mills et al., 2020; Linehan et al., 2020). Persons with intellectual disabilities belong to one of the groups particularly vulnerable to physical, mental and social consequences of the COVID-19 pandemic. In terms of morbidity, persons with intellectual disabilities are more prone to infections and severe course of a disease due to frequent comorbidities (cardiological, metabolic, respiratory, etc.) (Courtenay & Perera, 2020; Landes, 2020). Limited cognitive abilities can also result in difficulty understanding what is happening, the causes of home isolation and sanitary standards (Courtenay & Perera, 2020). The research also indicates that quarantine time is associated with negative emotions such as fear (of being infected), frustration, boredom or anxiety resulting from a lack of information (Brooks et al., 2020). In the case of persons with intellectual disabilities, the change in lifestyle, the emergence of many new prohibitions and restrictions as well as negative emotional states can cause stress, intensify or trigger mental disorders or lead to an escalation of negative behaviours (Courtenay & Perera, 2020).

As a result of the statistical analysis, there were no significant differences in the assessment of happiness symbol categories and personal value categories between men and women ($p>0.05$; test ANOVA) before and during the pandemic. The age of the respondents was not a statistically differentiating factor in the evaluation of the categories of happiness symbols and personal values ($p>0.05$), before and during the pandemic. These two variables gen-

der and age were not significant in the evaluation, which is also confirmed by the study of Aygun and Imamoglu (2002). The research design did not ask research questions about these two variables, but in the data analysis it was chosen to examine them. Gender was also not a differentiating factor in the choice, before and during the pandemic, of a health-related symbol and value. The happiness symbol "good health" was chosen before the pandemic by 21 women (out of 24) and 21 men (out of 27). The personal value "good health, physical and mental fitness" was chosen before the pandemic by 18 women (out of 24) and 22 men (out of 28). The happiness symbol "good health" was chosen during the pandemic by 23 women (out of 26) and chosen by 20 men (out of 32). The personal value "good health, physical and mental fitness" was chosen during the pandemic by 21 women (out of 26) and selected by 22 men (out of 32).

The tables below show: Table 1 – symbols of personal happiness: average weights and rank distributions (in %) before the pandemic; Table 2 – Personal values: average weights and rank distributions (in %) before the pandemic; Table 3 – Symbols of personal happiness: average weights and rank distributions (%) during the pandemic; Table 4 – Personal values: average weights and rank distributions (%) during the pandemic.

Table 1. LWO – symbols of personal happiness: weighted mean and rank choices (in %) before the pandemic.

Symbols of personal happiness	Ranks (choices in %)						Weighted mean
	0	1	2	3	4	5	
1. A large circle of friends	38.46	13.46	15.38	11.54	17.31	3.85	**2.72**
2. Successful family life	7.69	11.54	15.38	7.69	30.77	26.93	**3.50**
3. Doing your favourite job, profession	28.84	19.23	11.54	26.93	9.62	3.85	**2.54**
4. Success in studies, work	17.30	11.54	15.38	26.93	17.31	11.54	**3.02**
5. Good health	19.22	9.62	9.62	11.54	13.46	36.54	**3.71**
6. To be needed by other people	61.54	7.69	15.38	3.85	3.85	7.69	**2.70**
7. Good financial conditions	76.92	3.85	7.69	3.85	5.78	1.93	**2.75**

Table 1. (continued)

Symbols of personal happiness	Ranks (choices in %)						Weighted mean
	0	1	2	3	4	5	
8. Life full of adventure, travel	57.69	19.22	5.78	7.69	1.93	7.69	**2.36**
9. Fame, popularity	92.30	3.85	3.85	0.00	0.00	0.00	**1.50**

Note: Rank 5 – the most important value; rank 0 – no choice.

Source: Own study.

Table 2. LWO – personal values: weighted mean and rank choices (in %) before the pandemic.

Personal values	Ranks (choices in %)						Weighted mean
	0	1	2	3	4	5	
1.Love, friendship	23.08	19.23	11.54	7.69	13.46	25.00	**3.18**
2. Good health, physical and mental fitness	23.08	5.77	21.15	5.77	21.15	23.08	**3.45**
3. Sense of humor, wit	46.16	15.38	5.77	13.46	11.54	7.69	**2.82**
4. Intelligence, sharpness of mind	42.30	3.85	9.62	21.15	23.08	0.00	**3.10**
5. Knowledge, wisdom	40.38	9.62	11.54	21.15	7.69	9.62	**2.94**
6. Joy, satisfaction	42.30	11.54	9.62	9.62	19.23	7.69	**3.03**
7. Courage, firmness	69.23	7.69	11.54	7.69	0.00	3.85	**2.38**
8. Kindness, gentleness	57.69	11.54	13.46	3.85	1.92	11.54	**2.73**
9. Nice appearance, presence	73.07	9.62	5.77	11.54	0.00	0.00	**2.07**
10. Wealth, possessions	82.69	5.77	0.00	0.00	1.92	9.62	**3.56**

Note: Rank 5 – the most important value; rank 0 – no choice.

Source: Own study.

Table 3. LWO personal happiness symbols: weighted mean and rank choices (%) during the pandemic.

Symbols of personal happiness	Ranks (choices in %)						Weighted mean
	0	1	2	3	4	5	
1. A large circle of friends	31.03	6.90	10.34	10.34	17.24	24.14	**3.6**
2. Successful family life	6.90	20.70	6.90	10.34	20.70	34.46	**3.4**
3. Doing your favorite job, profession	51.73	13.79	10.34	13.79	6.90	3.45	**2.4**
4. Success in studies, work	48.27	10.34	20.70	13.79	3.45	3.45	**2.4**
5. Good health	17.24	17.24	17.24	13.79	13.79	20.70	**3.0**
6. To be needed by other people	34.48	10.34	6.90	17.24	20.70	10.34	**3.4**
7. Good financial conditions	55.19	13.79	10.34	10.34	10.34	0.00	**2.4**
8. Life full of adventure, travel	79.32	0.00	10.34	0.00	10.34	0.00	**3.0**
9. Fame, popularity	86.20	3.45	0.00	3.45	0.00	6.90	**3.5**

Note: Rank 5 – the most important value; rank 0 – no choice.

Source: Own study.

Table 4. LWO – personal values: weighted mean and rank choices (%) during the pandemic.

Personal values	Ranks (choices in %)						Weighted mean
	0	1	2	3	4	5	
1. Love, friendship	13.79	10.34	6.90	6.90	24.14	37.93	**3.84**
2. Good health, physical and mental fitness	10.34	10.34	17.26	13.79	10.34	37.93	**3.54**
3. Sense of humor, wit	44.84	20.69	13.78	20.69	0.00	0.00	**2.0**
4. Intelligence, sharpness of mind	79.32	13.78	3.45	0.00	0.00	3.45	**1.8**
5. Knowledge, wisdom	55.19	13.78	6.90	13.78	3.45	6.90	**2.62**
6. Joy, satisfaction	44.85	6.90	20.69	13.78	13.78	0.00	**2.54**
7. Courage, firmness	44.80	10.34	17.26	10.34	17.26	0.00	**2.65**

Table 4. (continued)

Personal values	Ranks (choices in %)						Weighted mean
	0	1	2	3	4	5	
8. Kindness, gentleness	41.35	6.90	6.90	17.26	20.69	6.90	**3.2**
9. Nice appearance, presence	75.85	6.90	3.45	3.45	3.45	6.90	**3.0**
10. Wealth, possessions	93.10	0.00	0.00	0.00	6.90	0.00	**2.0**

Note: Rank 5 – the most important value; rank 0 – no choice.

Source: Own study.

Discussion

Personal values are transformed into principles that a person follows and at the same time are responsible for individual differences (Rokeach, 1973; Schwartz, 1992; 2006; Parks & Guy, 2009). In the hierarchy of personal values of young adults with intellectual disabilities, health has a high ranking both before the pandemic (average weight of 3.71 – happiness symbol (Table 1); average weight of 3.45 – personal value (Table 2) and during the pandemic (average weight of 3.00 – happiness symbol (Table 3); average weight of 3.54 – personal value (Table 4). The "good health" symbol before the pandemic also has the highest percentage rate of indicating the most important value (rank 5 – 36.54%) (Table 1) and during the pandemic the third highest rate (rank 5 – 20.70%) (Table 3). The pandemic did not change the position of health identified with physical and mental fitness in the hierarchy of personal values: before the pandemic the rate of rank 5 was 23.08% – second in order (Table 2), and during the pandemic the rate of rank 5 was 37.93% – first in order ex aequo with the value – love, friendship (Table 4). The assumption that individual values are adaptive systems that respond to external circumstances such as the global crisis event – the COVID-19 pandemic (Bojanowska et al., 2020), was not confirmed for the respondents and their choice of health categories. Persons with intellectual disabilities grow up and are raised in a cult of health, which they lack. In their case, health is equated with the concept of "normality", the chance to live independently (Kittelsaa, 2014).

In the studies before and during the pandemic, respondents were least likely to select the symbol "fame, popularity" (before the pandemic: rank 0 – 92.30%) (Table 1); during the pandemic: rank 0 – 86.20% (Table 3). During the pandemic, the symbol "adventurous life, travel" also had a very low selection rate – rank 0 – 79.32% (Table 3). It seems that the latter indication is a consequence of home isolation that lasted for many months and resulted from the pandemic. This time, on the one hand, formally (legal acts) required isolation, and on the other hand, was due to fear of infection. Persons with intellectual disabilities are often accompanied by combined disabilities and chronic diseases (Pinals et al., 2022), which added to their fear of contracting COVID-19. The rapid spread of the coronavirus disproportionately affected persons with intellectual disabilities, as illustrated by a 2020 study by Perara and co-authors.

The happiness symbol "being needed by other people" changed its position in the hierarchy, as before the pandemic was the third least frequently indicated (rank 0 – 61.54%) (Table 1), and during the pandemic became the fifth most frequently indicated (rank 0 – 34.48%) (Table 3). This apparent change is probably a consequence of life during the pandemic, which in Poland was characterized by spontaneous social support and assistance for persons with disabilities, the sick, and the old. The respondents with intellectual disabilities are male and female high school students, where distance learning was implemented during the pandemic. The young women and young men had remote contact with their teachers during the pandemic, which tangibly demonstrated the importance of having people around who want to be needed by others.

The symbol "fame, popularity" is among the least frequently indicated symbols of happiness, regardless of the time of the research, (before the pandemic: rank – 92.30% (Table 1); during the pandemic: rank 0 – 86.20% (Table 3). It seems that for respondents this symbol is unrealistic and unattainable in the hierarchy of symbols of personal happiness. It is similar with the second least indicated (before the pandemic) personal value "nice physical appearance, presence" (rank 0 – 73.07%; no rank 4 and 5) (Table 2) and during the pandemic the third least indicated (rank 0 – 75.85%; rank 4 – 3.45%; rank 5 – 6.90%) (Table 4). In line with Talcott Parsons' (1969) assumption, it can be assumed that these two values "fame..." and "nice appearance..." are

not attributed to the group of respondents. In the normative aspects of the culture of Polish society, there is no norm for a famous and pretty person with intellectual disabilities. So, they will not acquire these values in the process of internalization.

The symbol of personal happiness "adventurous life, travel" had a rate of 57.69% of the lowest rank – 0 before the pandemic (Table 1), and during the pandemic it had a rate of 79.32% (Table 3). This significant increase in the lack of choice of this symbol by those respondents seems fully justified by the realities of social functioning during the pandemic. In Polish economic and social realities, persons with intellectual disabilities have little opportunity to travel anyway, due to mental barriers of their caregivers and insufficient financial resources available to the respondents and their immediate families.

The personal happiness symbol "successful family life" received a 26.93% rank of 5 before the pandemic (Table 1) and a 34.46% rank of 5 during the pandemic (Table 3). This is the highest among all happiness symbols. Family life is extremely important for persons with intellectual disabilities, and it became especially important during the pandemic. Noteworthy is the personal value "love, friendship", which has the first position among the highest-rated personal values, before (rank 5 – 25%) (Table 2) and during the pandemic (rank 5 – 37.93%) (Table 4). There is no doubt that this is the dominant value in young adults, regardless of their disability (Whittle & Butler, 2018). This value defines desires, needs and a sense of being in young adulthood. It gets the highest ratings because it is a desired value, even though the respondents realize that they may not experience this value in their lives. In particular, love as an emotion typical of young adults is often denied to the study group by caregivers and social stereotypes (Retznik et al., 2022).

The fact that the hierarchy of personal values of young adults with intellectual disabilities did not change dramatically under the impact of the borderline phenomenon of the COVID-19 pandemic is particularly noteworthy. Research by Brooks and team (2020) shows that experiences of isolation, anxiety or loneliness are common in a pandemic situation. Persons with intellectual disabilities and their immediate environment are much more likely than the general population to experience these emotions also before an epidemic (Gilmore & Cuskelly, 2020). Research indicates that persons with

intellectual disabilities are more susceptible to loneliness and experience it more often, and, most importantly, experience its negative effects on mental and physical health to a greater extent and more often. Thus, one might expect that since this group is initially in poorer health and physical condition due to diseases and disorders which accompany intellectual disability, the experience of loneliness associated with the COVID-19 pandemic is a particular threat to the condition of this group. These expected changes, however, are not seen in the researched value hierarchies.

In the Polish pandemic reality, the group of respondents was always in the company of loved ones in their family homes. During the isolation, each student was in daily mandatory remote contact for several hours with teachers from their schools and peers from their classes. The extent of curriculum content delivered during the remote form of education is important. The content that is tailored to the pandemic situation minimizes isolation anxiety, emphasizes the importance of social contact and ensures that no male or female student is left alone. Perhaps it was the facts that weighed on the relatively fixed hierarchy of personal values of these young adults.

Limitations and strengths

The main limitation of the research project was the lack of literature on the issue of personal values of people with intellectual disabilities and this social group's understanding of symbols of happiness. To date, no scholarly texts have appeared that report on the personal values of this discriminated and excluded group of people. Perhaps this is due to the researchers' conviction that building and having a hierarchy of personal values is reserved only for people without intellectual disabilities.

The sample was selected for the study in a purposive manner, which makes it not systemically representative. The study area was special secondary schools that agreed to the research project. In Polish realities, obtaining a sample for research among young adults with intellectual disabilities can only take place if a school agrees, which was the case in the research project. A Polish secondary school that educates only persons with intellectual disabilities, and therefore implements a segregated system, has an important influence on the hierarchy of personal values of its male and female students. It

is given such opportunities by the core curriculum, which is a legal act (in the rank of a ministerial decree) that obliges teachers to apply it.

The implementation of the research project was disrupted by the outbreak of the COVID-19 pandemic. Due to the emergency situation, the research project was modified. Based on the literature (Milfont et al., 2016), it was assumed that the experience of the crisis situation could have an impact on the change in the personal value hierarchy of the respondents. It was decided to compare the results collected before and during the pandemic. Due to the high absenteeism of students in schools, despite the end of formal isolation, it was not possible to conduct a vertical study. Thus, results from two independent groups (of similar size) of secondary special school students in Poland were compared. Although persons with intellectual disabilities are a heterogeneous group, the biographies of members of this group in Poland are very consistent. Daily lives of persons with intellectual disabilities are confined and limited to their family homes and institutions. At the secondary level, one type of segregated school is available (Gil, 2007). The process of upbringing and education prepares persons with intellectual disabilities for their stay in day-care centers which serve as centers for therapy and social rehabilitation, as well as major centers of activity and relationships. Both groups were treated as homogeneous. The rationale for this thesis is the similar age of the respondents, the type of disability and the social status of the respondents, being male and female students of the same type of school, as well as the same requirements which are the basis for admission to this type of school in Poland. The condition for admission is a diagnosis carried out by a clinical psychologist and a special educator, of the level of intellectual functioning and the level of adaptive behaviour made with the same tools. In addition, 109 respondents – students of a special secondary school – were supported during the pandemic in the same way that was carried out remotely in Poland, in a similar manner by any school of this type.

Implications for research

The implementation of the research project yielded further research questions. What difficulties and barriers do young persons with intellectual disabilities face in realizing the researched personal values? What consequences

result from the fact that the researched values are not realized? This is an indication of the direction of further research, with a participatory and emancipatory role of persons with this type of disability. It is reasonable to invite young adults with intellectual disabilities to join the research team developing the next research project in the role of competent judges, members of the research team and consultants (Piantedosi & O'Shea, 2023). Rather, as people providing feedback, helping the study authors understand the subject and context of the study and the quality of the research tools.

Open science statement

The study materials, data, and analytics scripts used in this article are available from the authors. To access them, please contact author.

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