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This journal brings authentic experiences of social workers, doctors and teachers working for the International Scientific Group of Applied Preventive Medicine I-GAP Vienna in Austria, where they have been preparing students for the social practise over a number of years. Our goal is to create an appropriate studying programme for social workers. A programme which would help them to fully develop their knowledge, skills and qualification as the quality level in social work studying programmes is increasing along with the growing demand for social workers.

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IMPRESSUM
CLINICAL SOCIAL WORK, 2011

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Few words from the Editor-in-Chief

This journal brings authentic experiences of our social workers, doctors and teachers working for the International Scientific Group of Applied Preventive Medicine I-GAP Vienna in Austria, where we have been preparing students for the social practise over a number of years. Our goal is to create an appropriate studying programme for social workers, a programme which would help them to fully develop their knowledge, skills and qualification. The quality level in social work studying programme is increasing along with the growing demand for social workers.

Students want to grasp both: theoretical knowledge and also the practical models used in social work. And it is our obligation to present and help students understand the theory of social work as well as showing them how to use these theoretical findings in evaluating the current social situation, setting the right goals and planning their projects. This is a multidimensional process including integration on many levels. Students must respect client's individuality, value the social work and ethics. They must be attentive to their client's problems and do their best in applying their theoretical knowledge into practice.

It is a challenge to deliver all this to our students. That is also why we have decided to start publishing our journal. We prefer to use the term 'clinical social work' rather than social work even though the second term mentioned is more common. There is some tension in the profession of a social worker coming from the incongruity about the aim of the actual social work practice. The question is whether its mission is a global change of society or an individual change within families. What we can agree on, is that our commitment is to help people reducing and solving the problems which result from their unfortunate social conditions. We believe that it is not only our professional but also ethical responsibility to provide therapeutic help to individual and families whose lives have been marked with serious social difficulties.

Finding answers and solutions to these problems should be a part of a free and independent discussion forum within this journal. We would like to encourage you – social workers, students, teachers and all who are interested, to express your opinions and ideas by publishing in our journal. Also, there is an individual category for students' projects. In the past few years there have been a lot of talks about the language suitable for use in the field of the social work. According to Freud, a client may be understood as a patient and a therapist is to be seen as a doctor. Terminology used to describe the relationship between the two also depends on theoretical approach. Different theories use different vocabulary as you can see also on the pages of our journal.

Specialization of clinical social work programmes provides a wide range of education. We are determined to pass our knowledge to the students and train their skills so they can one day become professionals in the field of social work. Lately, we have been witnessing some crisis in the development of theories and methods used in clinical social work. All the contributions in this journal are expressing efforts to improve the current state. This issue of CWS Journal brings articles about social work, psychology and other social sciences.

Michal Oláh
Peter G. Fedor-Freybergh
Edition of journal

LEGAL ADAPTATION OF SOCIO-LEGAL PROTECTION OF CHILDREN AND SOCIAL GUARDIANSHIP IN SLOVAK REPUBLIC

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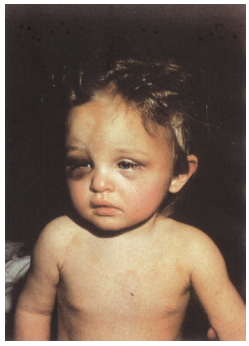
ABSTRACT

The subject of socio-legal protection of children and social guardianship in Slovak Republic is delineated in Act No. 305/2005 on Socio-legal Protection of Children and Social Guardianship ("Act No. 305/2005"). The present-day system of socio-legal protection in Slovakia; in the framework of the upper mentioned Act is introduced in this paper.

Key words: Socio-legal protection, child, substitutive care, protection

Socio-legal protection of children

Act on socio-legal protection of children deals with situations in which families with children require social help from the society. Every child has, by the law, the opportunity to contact responsible authorities when in need; even without parent's knowledge. **Prohibition of any corporal punishments on children** is anchored in the act, together with prohibition of other coarse or degrading forms of punishing children.



A child abused by her mother »»»

Socio-legal protection of children is a complex of precautions for securing protection of a child, inevitable for his welfare in accordance with the Convention on the Rights of the Child; important for ensuring proper upbringing and all-around development of a child in his natural family environment; and for ensuring of substitutive environment for a child, who cannot be raised in his own family.

Social guardianship is also a complex of precautions focused on eliminating, easing and preventing the deepening or repetition of child's and young adult's mental development disorders; and on providing help appropriate to certain situation or degree of disturbance a child or an adult might be in.

Precautions of socio-legal protection of children and social guardianship are anchored in legislation for the purpose of forestalling crisis situations within a family; for securing the

abidance of guaranteed rights and their subjects; also for the purpose of preventing the deepening or repetition of disturbance in mental, health or social development of children or young adults.

While in socio-legal protection, a child is its primary recipient, social guardianship is aimed also at young adults (persons of legal age). In both cases, of course, precautions are carried out in the frame of a family, group or community. It is necessary to point out, that the precautions are offered to all children living on territory of Slovak Republic – even if a child is not Slovak citizen or whether a child is in the country with or without parents.

Socio-legal protection and social guardianship precautions are held in various environments. The Act defines four basic environments:

1. natural family environment (own home environment of a child, family or young adult),
2. substitutive family environment (e.g. home environment of foster family.),
3. open environment – public environment which is well-known for individuals and groups; environment where they spend time,
4. environment constituted and organised for carrying out the precautions in accordance with the Act 305/2005 – a facility such as orphanage, crisis centre, re-socialization centre, etc. for socio-legal protection of children and social guardianship

A great deal of attention is devoted to crisis and conflict situations in families. There is a specially regulated set of precautions in divorce proceedings, situations which require solving problems and conflicts in families or adaptation to a new reality; or other specific situations depending on certain families. These precautions are held and carried out by the Central Office of Labour, Social Affairs and Family. In various situations, various forms of help are offered – mediation, social counselling, psychological counselling, etc.

Social Guardianship

In social guardianship, and especially in social guardianship concerning children, a construction of combination of various precautions from the Act is commonly used.

For example, precautions of social guardianship are carried out for a child who: committed a crime, young adult who is committing crimes, or a young adult who is suspected of committing crimes; a child who is abusing drugs or a child who is drug addicted, a child whose disorders are causing difficulties at school, in groups or relationships with other children, parents or other adults; a child who does not show any behaviour disorders, yet his one-off actions require help and attention due to their inappositeness and seriousness. Legal instruction brings target groups and various precautions and duties for social curators, who must work not only in the accordance with the Act but also with the Code of Criminal Procedure.

Procurations of social guardianship for a person of legal age are mostly carried out after release from prison, especially when that person abuses drugs, or is addicted to drugs.

The choice of the precautions of social guardianship for children and young adults is conditioned by nature and seriousness of psychological, physical and social development; and by a situation client is in. Social guardianship is carried out by an organ of socio-legal protection of children and social guardianship, with the exception of various types of group programmes for children and their family. These programmes can be either arranged by that organ or it can be mediated. In social guardianship for young adults of legal age, there is not a direct obligation to organize such programmes. In this case, help in specialized institutions or programmes (possibly organizes by other subjects) can only be recommended, offered or arranged.

The Act talks in detail about various precautions for securing protection of life, health and positive psychological, physiological and social development of a child:

- foster care and guardianship,
- precautions securing return of a child who is residing in the Slovak Republic but us outside its territory without an accompanying parent, relative or other responsible person; a child that was born to a slovak citizen outside of Slovak territory and is abandoned,
- precautions for unaccompanied children on the territory of Slovak Republic (meaning children who are not Slovak citizens and have no responsible company while in the Slovak Republic).

The organ of socio-legal protection of children and social guardianship provides constant care in the interest protecting life, health and positive development of a child via 24 hour accessibility.

Much attention is devoted to precautions targeted at providing substitutive family environment. Mostly, it is precautions in cases in which the parents of a child do not or are unable to take care of a child and it is not possible to commit the child into anyone else's care, than the parent's. In such case, the organ of socio-legal protection of a child and social guardianship arrange foster care or adoption.

Thanks to arranging foster care or adoption (including international adoption) following data are available:

- a register of children in need of arranging substitutive family care,
- a register of people who wish to become foster parents; or woud like to adopt a child,
- preparation, evaluation and recommendation of a person who wishes to become a foster parent or to adopt a child,
- decision making on listing those who are interested in becoming a foster parent or would like to adopt a child as appropriate; register of candidates,
- arranging first personal contact between a child in need of a substitutive family care and the candidate.

The Act brings detailed description of the procedure of arranging substitutive family care with emphasis put on children's rights (child's preparation for substitutive family care, asking child's opinions, maintaining siblings' bond, etc.).

As already mentioned before, there are several types of institutions and environments in which precautions of socio-legal protection and social guardianship may be carried out. The Act provides possibility to establish different types of institutions and only regulates running of those, where precautions are carried out based on a ruling of a court. Among such institutions, there are:

- orphanage



Orphanage in Trnava

- crisis centre



Alžbetka – crisis centre in Spišská Nová Ves

- re-socialization centre



Re-socialization centre in Žakarovce,

Institute of Christ the Hierarch

Orphanages provide care for children who have been assigned to such care by the court. This care may be temporary, only until there is a better solution for child's situation – such as returning back to his own family or, if that is not possible, finding substitutive family. In case there are objective reasons why a child cannot return to his own family, or an appropriate substitutive family cannot be found, a child may stay in the orphanage until 25 years of age or until he is able to be self sufficient and independent (financially and housing). Orphanages may be established as children homes or children centres.

In children homes, the care is provided by „professional families" (employees of orphanage who provide care in their own homes), or in independent and specialized groups where each group is placed in a house or an apartment.

In children centres, there is a possibility of creating more groups in one building with the maximum of 40 children in one building.

Care in orphanage may be provided in several models:

a) in professional families, where the care is provided by orphanage employees at their private homes. One employee may care for maximum of three children. Employee may be a single individual but also a couple,
b) in independent diagnostic groups – for maximum duration of twelve weeks,
c) in independent groups – maximum of ten children in one group,
d) in independent group for young mothers with babies,
e) in independent group of young adults – children of legal age before they become self-sufficient,
f) in specialized groups for children – maximum of eight children per group:

- children with behavioural disorders,
- addicted to drugs, or other substances after completing therapy,
- children who require special care due to past maltreatment, abuse, and other crimes that may have disrupt healthy development committed on them,
- children without accompaniment (children of foreigners who are on Slovak territory without parental care, or care of relatives),
- children with mental disorders, physically disabled or with combined inflictions.

In Slovak republic, the law determines placing each child up to three years of age into the care of orphanage's professional family, unless there is a health condition that requires careof a specialized group. Today, in a bill that is being prepared, presumed prolongation of professional family care up to age up to six is being lively discussed.

Crisis centres are institutions in which a family with a child is provided with crisis intervention, which may be provided in a form ambulatory or sojourn type of help.

Re-socialization centres for drug and other addicted – institutions established for activation of children's / young adult's inner skills necessary for overcoming psychological, physical and social consequences of a drug addiction; with the aim of re-involvement of such children to their natural environment after they have successfully completed antidrug treatment.

For the support of increased protection of children and re-socialization of adults, several precautions of socio-legal protection of a child and social guardianship and financial factor have been introduced:

- financial contribution for supporting the improvement of family relations of a child in orphanage care (for improvement of child's conditions, municipality may provide a financial contribution on transport for the parents, so they are able to regularly visit their offspring; the orphanage provides financial contribution on dietary needs in cases when a child is visiting parents or relatives; municipality obeys the law in providing financial contributions for improvement of child's conditions or rather helps to set savings),
- financial contributions for securing the objective, in accordance with court's ruling, of institutionalized care and to ease the transformation of a young adult to become a self-sufficient person (allowance, gifts),
- re-socialization financial contribution (for supporting re-socialization after release from custody or imprisonment)

In the following charts, we present selected data of socio-legal protection of a child and social guardianship:

Tab. 1: Total number of cases filed in socio-legal protection of children and social guardianship agenda

number/year	**2007**	**2008**	**2009**
number of families	236 039	236 302	237 552
number of children	353 789	349 932	346 213

Source: Central Office of Labour, Social Affairs and Family

Tab. 2: Number of children who are rendered social guardianship

year/number of children	**number of children**				
	children together	**ages up to 14**		**ages 15 – 18**	
		boys	**girls**	**boys**	**girls**
2007	25 316	6 308	3 000	12 421	3 587
2008	26 239	6 213	2 975	13 322	3 729
2009	25 704	5 800	2 998	12 933	3 973

Source: Central Office of Labour, Social Affairs and Family

Tab. 3 : Help provided to children who were abused, maltreated, sexually harassed or abused, bullied in 2009

help provided to children who were abused, maltreated, sexually harassed or abused, bullied			**physical abuse**	**psychological abuse**	**sexual abuse**	**bullying**	**abused for commercial intents – prostitution, pornography**	**total**
Number of children	total		124	95	141	40	8	408
	ages	ages up to 6	38	10	9	0	1	58
		ages up to 15	66	66	120	29	1	282
		ages up to 18	20	19	12	11	6	68
number of filed suits			38	5	30	0	4	77

Source: Central Office of Labour, Social Affairs and Family

Tab. 4: Number of children in personal substitutive care (PSC), foster care (FC), guardianship (G) in comparison to children placed in institutions* (I) upon the court's ruling

form/year	**2007**	**2008**	**2009**
PSC/FC/G	8 174	8 286	8 517
I	5 696	5 622	5 356

* by institutions we mean: orphanages, crisis centres, re-socialization centres, re-education centres, diagnostic centres – institutions under Ministry (of Social Affairs or Education) regulation. *Source: Central Office of Labour, Social Affairs and Family*

Tab. 5: Number of children in substitutive care in years:

year/ form	pre-adoption care	personal substitutive care	foster care	guardianship	total
2007	312	1196	315	223	2 046
2008	283	794	293	184	1 554
2009	287	820	283	209	1 599

Source: Central Office of Labour, Social Affairs and Family

Tab. 6: Number of orphanages, number of children and young adults in the care of orphanages

number/year		2007	2008	2009
total number of orphanages		97	97	96
from that	state managed	78	77	77
	private	19	20	19
total number of children and young adults in orph.		4 570	4 579	4 510
from that	Placed in state managed orphanages	4 145	4 145	4 046
	Placed in private orphanages	425	434	464

Source: Central Office of Labour, Social Affairs and Family

Tab. 7: Forms of care in orphanages

form - number/year		2007	2008	2009
form of care – number	professional foster families	208	333	448
	independent groups	327	328	324
	other groups	166	147	137

Source: Central Office of Labour, Social Affairs and Family

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SOCIAL CONSEQUENCES OF CHRONIC DISEASES WITH EMPHASIS ON ALLERGIC DISEASES IN THE POPULATION OF THE CZECH REPUBLIC

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ABSTRACT

The central topic of the text is the issue of social consequences of chronic diseases on the life of people diagnosed with a serious disease with the aim to create a summary of social consequences of diseases and point out the need for multidisciplinary cooperation that is to include, besides other areas, also the profession of social work. In the Czech Republic, there has been an increase in hypertension disease and in diagnosed chronic allergic disease. Not only do the patients find themselves in certain special social situations in connection with these diseases in which psychosocial support and involvement of the social network is needed, patients also need specialised assistance when arranging for medico-social services and assistance.

Keywords: Chronic Diseases. Social Consequences.
Social Work

Introduction and present situation

The issue of impacts of chronic diseases on the social life of an individual is a topic based on the generally valid assumption that disease has a negative influence on an individual's life in society (Bártlová, 2005:53-56). The attention devoted to this issue is not a coincidence. These disorders are mostly related to unhealthy lifestyles, poverty and the individual's inadequate behaviour towards himself/herself both at the physical and the psychological level that are related to numerous risk factors some of which may be

successfully prevented but others, unfortunately, may be influenced only partially – for instance the condition of the environment[1].

These diseases may be the cause of social exclusion, premature ageing and passive old age. Continuously, national as well as international strategies for public health protection, timely awareness of the epidemiological situation and prevention programs are discussed. At the international level, cooperation is implemented through the Treaty on the Establishing of the European Community. But the high occurrence of and increase in chronic diseases is still surprising. The contribution of cardiovascular diseases to total mortality in the Czech Republic is 50% and allergic diseases affect every fourth citizen of this country (ÚZIS – Institute of Health Information and Statistics of the Czech Republic, 2010). This means that almost every citizen has a relative or an acquaintance who are, or will become, allergic in the course of their life, or who carry marks of Atopy in their genetic information[2].

In the conditions of the Czech Republic, allergies are classified as "civilisation diseases"[3], in other words, diseases which are influenced by the negative impact of social development and progress. Just like other diseases, allergies are also subject to natural changes. They are affected by ecological influences, lifestyles, nutrition, ATB treatment, the use of chemical substances in the food industry. The quantity of allergens has been increasing (medications, chemical substances, cosmetic products, cleaning products, metal alloys, and the like) (Kašák, 2003:44-47).

As much as 80% of a person's overall health condition is influenced by the aforementioned factors (Zavázalová, 2008:12) and can be successfully influenced with preventive measures. "

In the Czech Republic, social workers in the area of health care are overloaded with work[4], which, among other reasons, is also caused by the increase in the numbers of clients with cardiovascular, metabolic, oncologic diseases, addictions, locomotor dysfunctions, mental disorders and others. These diseases may be successfully prevented by the citizens' active attitude towards their health. It is assumed that the number of such patients will increase and they will require medical and social care, care of their social environment, of the social network, and this will lead to increased costs if adequate care is to be provided.

The topic of chronic disease consequences is very extensive. They affect career choices, they are connected to the issues of incapacity for work and invalidity, school absence in children and youth, the costs of care and nutrition, the costs of therapy, prevention and medical check-ups that are specific for the different diseases, awareness of the wider society, communication and interaction of the patients with their social environment. The proposal of the overview finding an answer to the question of what possibilities there exist for social work in mitigating

[1] Because of the environment, the Moravian-Silesian Region, is a black stain on the map of Europe. The emission limits for harmful substances are often significantly exceeded in this area, for instance those of flue dust (PM10), benzo[a]pyrene and other substances. Due to this situation, the health of thousands of inhabitants living in this area is in danger. Ostravians and the citizens of the towns and municipalities in its vicinity are actively involved in petitioning for cleaner air for the region.

[2] innate predisposition to allergic disease

[3] The use of this term is not so widespread in Anglo-Saxon countries as civilised society is defined as "healthy", with a lower increase in chronic diseases due to the developed area of public health and public health promotion. Sweden or Norway are good examples.

[4] According to the nation-wide average, there is one medico-social worker in a healthcare institution per 135 beds in the Czech Republic, in practice, however, it is not unusual that a hospital only employs one sw for the whole institution (ÚZIS, 2010).

the social consequences of chronic diseases, or what role a social worker has in a multi-professional team, is a challenge for all whom it may concern.

Chronic Diseases in the Czech Republic

The situation in the Czech Republic copies the development of chronic disease incidence in developed countries, with the exception, of course, of regional variances in the frequency of chronic disease incidence which are determined mainly by the environment. According to the document "Preventing Chronic Disease a Vital Investment" issued by the World Health Organisation (WHO), there has been a decrease in deaths caused by cardiovascular diseases in economically developed countries but for countries with mid-level or low state budgets, the issue of chronic disease mortality is a highly topical problem that calls for attention, new solutions and implementation of prevention programs. On a world-wide scale, chronic diseases are alleged to cause death in 45% of patients and 86% of people under 70 years of age suffer a chronic disease (WHO, 2005:55-70).

Information about the health condition of population in the Czech Republic is provided by information systems and registers. Treated morbidity in the care of out-patient departments is monitored by the Program of statistical data acquisition of the Ministry of Health. At December 31, 2008, the number of inhabitants in the Czech Republic was 10 467 542. From available sources – i.e. from the Czech Health Statistics Yearbook 2008, we can ascertain that in the case of hypertension disease the number of patients treated or monitored by outpatient departments and other health-care institutions reaches to 1.613 million patients out of which about 40% are aged over 65 years. In the case of ischaemic disease, this number is 797 thousand patients out of which 55% are over 64 years of age. 266 thousand patients are monitored for cerebrovascular accidents and here, 70% of these patients are over the age of 64. 774 thousand patients are treated for diabetes. In 2007, 72 thousand patients were treated for a newly diagnosed malignancy (a malignancy being the cause of death of every fourth citizen in the Czech Republic) and year-on-year, there is a mild increase of newly diagnosed malignancies. In 2008, out-patient departments of Clinical Immunology and Allergology treated 868 thousand patients.[5] (See Chart 1)

It is therefore obvious that allergies in the Czech Republic find themselves second in the imaginary "chart" of allergic diseases and the number of patients undergoing therapy has been ever increasing no matter how optimistic some specialists were in their estimates of trends in the allergic disease development. First signals that the increasing trend in asthma occurrence might slow down or even stop altogether came in 2003 (Kašák, 2003:16). However, the author also points out the permanent underestimation of allergic disease occurrence on the part of physicians. The table (see Table 1) offers a survey of the number of patients treated for asthma and the overall number of patients treated in allergy departments. The table proves that the number of patients treated for asthma has been increasing. It is interesting to compare the individual regions. Selection of the three regions illustrates a high variance in the occurrence of asthma and other types of allergy in the country; in the Moravian-Silesian Region that is characterised by the high content of harmful substances in its atmosphere (see Annex 2), the directly proportionate high occurrence of patients with asthma is evident.

[5] the most frequent diagnoses were: pollinosis, asthma bronchiale, atopic dermatitis and chronic rhinitis (the Czech Health Statistics Yearbook 2008).

Social Work, Multidisciplinary Cooperation

Social work in healthcare in the 21st century is, among other things, based on theoretical approaches that view an individual as part of his/her environment, i.e. on the person-in-environment" principle. This theoretical basis somehow simplifies the endeavours and efforts of welfare officers in healthcare, i.e. also their interdisciplinary cooperation within multi-professional teams where the aim is to understand patients' needs, the social network, family and the influence of the community as best as possible. Cooperation and teamwork involves physicians of all medical specialties, nurses, social workers, but also physiotherapists, nutrition specialists, psychologists, and the like (Beder, 2006:175). The knowledge of all of these professionals and their mutual cooperation is a prerequisite for successful evaluation of the patient's needs - but this cooperation still faces many obstacles. These problems occur because of the disparateness of these various professions, their different values, priorities and their varying focus. The team strives to mobilise a whole *network* of suitable people close to the patient (family members, friends, and the like) who have a positive influence on the ill person. There is difference between various levels of social support. At the macro-level of social support, this means support from society as a whole – i.e. through organisations, at the middle-level, it is social support from a social group[6], and the micro-level of social support means provision of help by people close to the patient.

Unfortunately, the problem of insufficient multidisciplinary cooperation is present in the Czech Republic and usually, (medico) social workers are not an integral part of work teams, they are instead invited by chief or head physicians to participate in the solving of a concrete situation and their competence is often limited. So the position of a social workers within a team of specialists is not sufficiently defined, there occur problems in mutual communication and with delimitation of competence and the scope of work. Healthcare services in the Czech Republic including hospital or in-patient care are funded through the system of health insurance in which patients partially cover the costs of medications, medical aids and certain types of specialised treatments. Employment of social workers in health care is wholly at the discretion of the healthcare institution's management and it is the members of the management team who decide whether or not a hospital provides social services to its patients from its budget. With regard to the expected increase in the prevalence of cardiovascular diseases, malignancies, diabetes, low immune resistance and other diseases – i.e. to the increasing number of patients who need medical, social and family care, and taking into account the increasing costs in connection with the provided care, goal-oriented prevention and mitigation of negative consequences play an irreplaceable role in this area. And the profession of social work contributes its fair share to this prevention which is a fact that needs to be constantly emphasised.

It is primarily the client who has to work on the renewal of his/her social functions, but a client may also choose one of the various forms of assistance provided by *social workers in healthcare institutions.*

First contact with a social worker predestines the quality of subsequent communication and cooperation. The high stress resulting from the given social situation, the environment of a healthcare institution, separation from those close to the patient, presence of a disease, many unanswered questions concerning the future, unpleasant physical symptoms and feeling of ill-being – all of this must direct the social worker towards understanding the patient's psyche and situation. The social worker should be able to answer the client's questions and advice on possible solutions to the problems caused by the disease and hospitalisation (Beránková-Kuzníková, 2001:51-55).

[6] For example, self-help groups and educational groups (Zastrow, 2001:244-281).

Social consequences of chronic diseases

If we were to allege that every disease has certain social consequences, the discussion would surely be very interesting. Of course, we will not lose our social position due to having a cold or running a temperature. But if we suffer from immunodepression so severe that infections are a frequent occurrence in our lives, this means we are repeatedly incapacitated for work and we may also suffer secondary ailments and similar problems. In this case, it is possible to claim that this leads to changes in social roles. Even more pronounced changes occur in cases of hospitalisation, a chronic disease diagnosis, accident, psychical trauma, and the like. The severity of the consequences which affect the personal and social life of patients derive from the severity of the diagnosis or implications of the disease. These may be temporary or permanent. Different diseases bring different consequences, let us summarise the consequences into the following categories:

1) The ill person is unable to carry out his/her present profession

and as a result of this situation, he/she is in danger of losing his/her job or having to change his/her career. Enforced job changes and related reduction in income may lead to uncertainty and depressive conditions, or even to the development of an addiction to intoxicating substances, and belong to the most sensitive consequences of a disease.

From the viewpoint of *social identification*, the manner of re-engagement with one's profession, and the course which such re-engagement is taking, are of utmost importance, especially for middle-aged men. It is therefore necessary to take into consideration that during hospitalisation, the patients' ability to return to work does influence their condition, especially their fears, worries and depression. The end of hospitalisation in people with chronic diseases does not mean they return to their normal social life from which they were pulled out by the hospitalisation, but means that they only start revealing the limitations caused by the disease which will probably increase with the progression of the disease (Auer in Badawi, 1990:57).

Patient's social integration after the end of hospitalisation: The objective of a social worker's work becomes the provision of responsive assistance to a patient, assistance that is oriented towards the use of the patient's internal resources and possible external support so that the patient can maintain the best quality of life possible and lead a fulfilled life. Because long-term therapy and possibly also repeated hospitalisation are expected, it is necessary to strive for a good quality professional relationship right from the very first contact. If the professional team, including the social worker, cannot ensure the holistic approach, there is higher risk of relapse of the ailments, aggravation of prognosis, exclusion of the chronic disease patient from social life and his/her dissatisfaction.

Let us use social phobia as an example. This disease forces people to avoid social contacts, The informal ones especially (banqueting, cafeterias, cafés, etc.). Praško (2005) states, that despite their high professional quality, these people often refuse a promotion if it means more frequent contacts with people. So they are often less successful at work or unemployed. Other problems associated with this disease are the development of various addictions which get more serious as the people try to suppress their bouts of anxiety or depression, and the like. For many psychiatric diseases, welfare officer's assistance may be used in order to start a cooperation with specialists who ensure follow-up assistance and support for those leaving the hospital. In patients with the diagnosis of Asthma bronchiale and with allergies which translate into limitations hindering their participation in professional life, there is a lot of space for the social worker's cooperation with other experts, for the engagement of the patient and those close to him/her into educational programs, to self-help groups etc.

I am extending this category to include changes affecting the educational process:

1a) If we turn our attention to ill children, there occur *social changes in the area of education.* The issues related to children with chronic diseases and disabilities form a very extensive area. We will therefore focus on social consequences of a child's disease only in the aforementioned area. A disease often means that the child's school adaptation is unsuccessful. Longer-term absence from school may result into failure in the educational process, unfavourable feedback and criticism from teachers, schoolmates and peers. Fear of failure in exams, especially when they take place in front of schoolmates, may cause the pupil's failure in his/her studies in spite of the fact that the student's/pupil's theoretical knowledge is good. School instruction taking place directly in healthcare institutions, including hospitals, may work as prevention against these difficulties with mastering the curriculum (especially in cases where due to these problems, there is no time for leisure activities underpinning the child's general development). Other approaches may involve the (ever more common) attempts at the integration of (not only) disabled children or, on the other hand, operation of specialised educational establishments (for instance opening of kindergartens for children with breathing disorders, offering special diets in school institutions, and the like).

2) Social Consequences which manifest themselves in the family

Family as an institution has many social functions (Keller, 1995, Matoušek, 1997). In case one of them is impaired due to a disease/disability of one of its members, there might arise problems in the area of socialisation and upbringing of the child in the family, impairment of role fulfilment according to the sexes, impairment of the family structure and positions in it, of dynamics in the family and its atmosphere. The patient's/ill person's problems are also the problems of all family members. Today, the wider society has accepted many family functions, for instance through the legal system, social security or healthcare, and so our attention turns to these systems when our safety is in danger. But when we experience a crisis and our safe world is in danger, we still turn to the family and expect to receive maximum attention as in childhood.

In connection with this, Bártlová (2005) also mentions impairment of the relationship between the partners. This situation might result into a breakdown of the partnership/family and here, sexual discord may also play an important role. The family's first reaction to disease is mobilisation of help, accompanied with a decrease in external contacts, and perhaps strengthening of those contacts which might bring help. The more demanding the situation, the greater degree of frustration family members experience (Matoušek, 1997:103-106).

3) Changes affecting leisure time

It is important to find an adequate substitution of the activities which the client used to love doing. Again, the support of social networks plays an important role here and so does education of the public in the area of preservation of health, coping with disease, disability, mental disorders and the like. This may translate into fewer displays of compassion and less stigmatisation from the ill person's surrounding environment.

4) Social isolation as a consequence of a disease

Social isolation may be temporary due to the deterioration of the patient's health, repeated hospitalisations, or due to weather inversion or pollen season (in asthmatics), or it may be permanent due to changes in the patient's appearance or the use of medical aids (during oxygenotherapy), and others.

Some authors allege that social isolation may be behind the increased mortality of ill people (Ruberman, 1984 in Křivohlavý, 2001).

5) Stigmatisation and the ill person's position in society

Labelling – stigmatisation is at the centre of attention of the so called Labelling theory (Keller, 1995). Especially in mental diseases, we meet with negative attitudes of the surrounding environment and society. And even though the problem of stigmatisation mainly affects psychiatric clients whose social status is influenced by the manifestations of their

disease, we may not say that people with non-psychiatric diseases are spared of this difficulty altogether. These are, for instance, people with eczema atopicum, burns or with apparent changes in their appearance, patients with permanent tracheostomy, tumours in the facial region and the like.

6) the ill person's living in their natural conditions under threat

People are entitled to decide where and who with they are going to live. Close cooperation is necessary when planning temporary "living arrangements" for sick patients during the whole period of rehabilitation or physiotherapy (Matoušek, 2005:101). In the case of allergic children, it is necessary to highlight and support children's rights with emphasis on the parents' education as parents are those who are to ensure adequate conditions for the healthy lives of their children, modification of the surrounding environment in which their children live, that children live in a non-smoking environment, and the like.

In the case of after-effects of accidents, what should become the focus of attention is the follow-up support provided to the patients with regard to their living arrangements. When discharging a patient from hospital, it is necessary to engage the cooperation of a social worker in the planning of further healthcare and social services at the ill person's place of residence.

Conclusion

Taking into account the extent of the issue which may not be covered comprehensively in one article, the text focuses on the description of the situation in the Czech Republic in world-wide context. Its aim was to draw attention to the wider – social context, including possible impacts. And to highlight room for improvement in the area of prevention and secondary prevention which may be provided and ensured not only by the medically oriented healthcare staff, on the contrary – also social workers working in the area of healthcare may do so.

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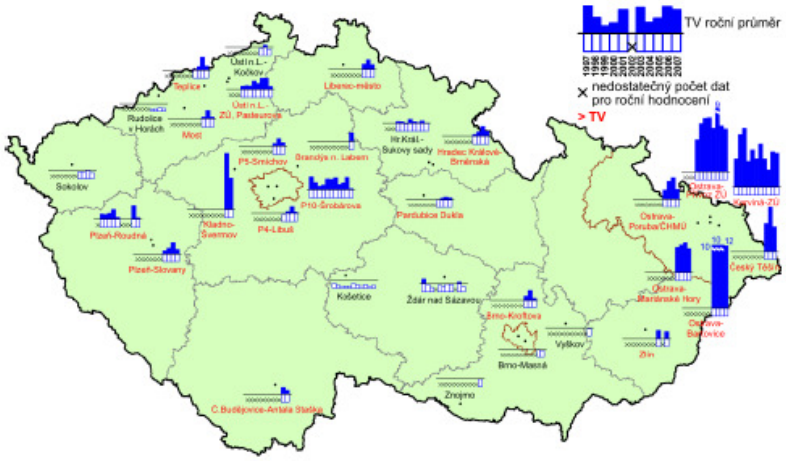
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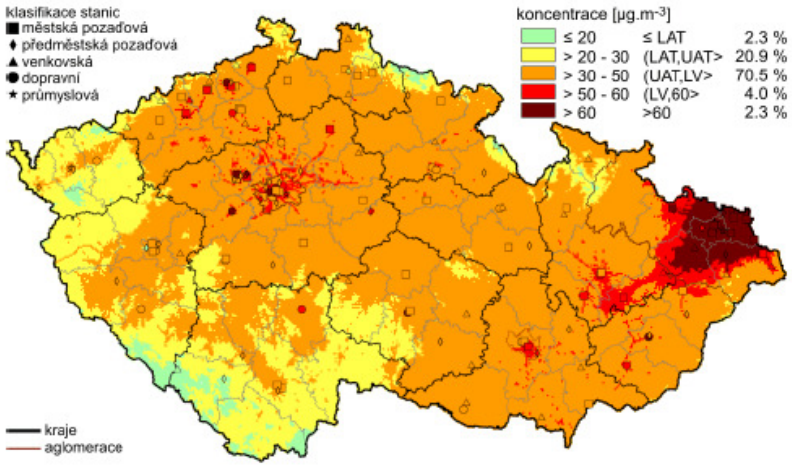
Annex 1 – Regions of the Czech Republic



Annex 2 – Air Quality in the Czech Republic in 2007



Annual concentration of benzo[a]pyrene in the air in the period 1997 – 2007



24-hour PM10 concentration in 2007

(Czech Hydrometeorological Institute, 2010) Available [online] <http://www.chmu.cz>

Chart 1
The first investigation was carried out by the Institute of Health Information and Statistics of the Czech Republic (ÚZIS ČR) in 2002.
Chart 2 offers a comparison of selected chronic diseases incidence in 2002 and 2008:

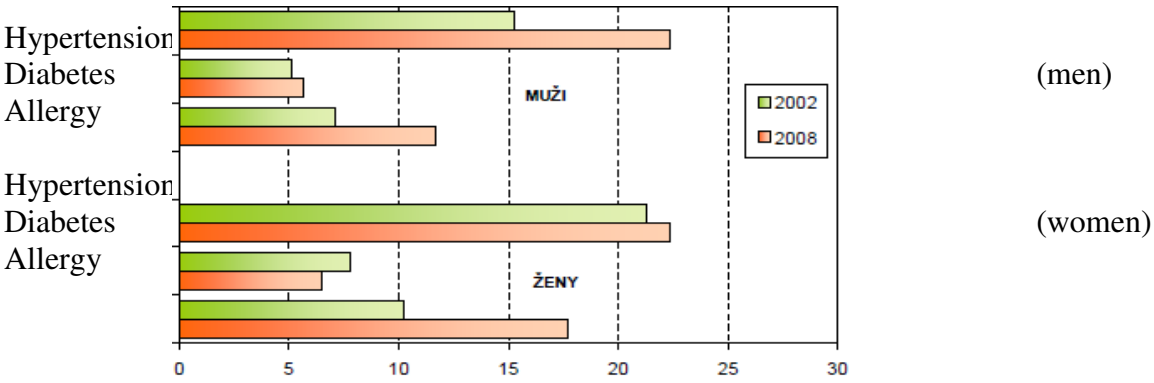


Table 1: Number of patients undergoing allergy/asthma therapy per 10 000 inhabitants in the Czech Republic in the period 2001-2007

	Patients undergoing therapy in CR / per 10,000 inhabitants		Patients undergoing therapy in MSK *		Patients undergoing therapy in JHM *		Patients undergoing therapy in JHČ *	
Year	Treated in allergo-logy dept.	out of which treated for asthma	Treated in allergo-logy dept.	out of which treated for asthma	Treated in allergo-logy dept.	out of which treated for asthma	Treated in allergo-logy dept.	out of which treated for asthma
2007	890,3	256,2	996,0	291,3	815,8	245,5	1029,4	166,0
2006	907,2	244,0	969,0	260,4	900,6	236,5	1071,5	162,8
2005	885,5	181,0	902,9	108,8	801,7	171,1	1070,7	161,1
2004	859,3	118,0	809,5	97,8	831,8	126,2	976,1	88,2
2003	861,8	104,6	590,2	81,8	831,7	96,8	903,7	87,6
2002	822,3	93,2	561,3	59,6	813,0	82,4	869,4	66,0
2001	642,7	86,0	502,6	45,5	765,4	84,3	343,9	66,9

* Regions of the Czech Republic – See Annex 1

SELF-IMAGE, TEMPERAMENT AND DISPUTE RESOLUTION IN LONG-TERM UNEMPLOYED

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ABSTRACT

Presented research show self-evaluation of 88 long-term unemployed people in relation to their temperament and conflict solving strategy, but also in relation to their age, sex and education. Research methodologies were psycho-diagnostic methods: Test of Intelect Potential (T.I.P.), Eysenc Personal Inventory (EPI), 5 Conflict Solving Strategies Inventory (Thomas-Kilmann, short version), Self-evaluating Questionaire (Reichel) and Test Drawing Figure (Baltrusch). Findings of this explorative research with quanlitative-quantitative methodoloy brings interesting findings: positive self-evaluation especially in evaluating of own initiative, reliability, will for cooperation; more distinctive decreasement of self-confidence, withdrawing from the reality and non-sociabil tendencies (decreasement of effort for contact with other people) ; higher introversity and phlegm; most prefer way of conflict solving is expressy integration (cooperation, will to cooperate) and least are avoidance and compromis; conflict moments (some anxious neurotic items) are more often evident in the drawing figure of respondents with lower education and of man with lower sociability tendencies and higher withdrawn from the reality.

Key words: Long-therm unemployment. Self-evaluation. Temperament. Conflicts.

PROBLEM AND THEORETICAL BACKGROUND RESEARCH

Become long term unemployed persons registered at employment office for more than one year. It is this group is threatened to be much more rapidly and reduce her chances of rehire. Furthermore, when it comes to people with other associated factors which have a disadvantage in the open labor market (low education, elderly, etc..) Their social situation and mental condition may worsen and require a special approach and specific forms of assistance.

The theme of self-image in our research is closely linked to the theoretical basis of unemployment. The first studies of psychological effects of unemployment are from the thirties of the 20th century. Although originated in the world economic crisis, provide important methodological knowledge. Jahoda, Lazarsfeld and Zeisel (1933) in their study marienthalskej first to indicate the psychological needs that are satisfied with job. Employment enables one to contribute to the objectives which it go, constantly gaining and perfecting their skills and abilities. Defines a spoluutvára his personal identity and social status. Buchtová (2002) work well as themes of relevance and importance of the need,

coupled with the prestige of the profession, further joy of its own activities and the satisfaction of successful performance. Stresses the importance of work in meeting the needs of life and sense of fulfillment.

The question of self-image is reflected in some variation to each theoretical approach to unemployment. Strawberry (1995) emphasizes the centrality of work as a professional activity in human life from the perspective of two basic functions, manifest (financial security of regular pay for work performance) and latent (work by his organization gives the time structure of the day, extending the boundaries of social relationships, work performance člověk demonstrates the transcendence of individual and collective goals, and social status attributed to clarify personal identity; requires regular activity, etc.) In this context, says Strawberry latent functions of work closely linked with self-image (Jahoda, 1995).

Company also creates social pressure on individuals in the process of its social and personal identity. Mead (according to Krech, Crutchfield, Ballachey, 1968) in the characterization process of the emergence of "I" says that "I" emerges in behavior when the individual becomes a social object in experiential experience himself. This occurs when the individual adopts the stance or use gestures, which would use an individual and responds to it himself, or tends to answer. A man looks at himself through the eyes of other people, directs and controls its behavior so that it is appropriate for a company in which he lives. Similarly, Cooley (according to Krech, Crutchfield, Ballachey, 1968) describes "self mirror" that is, in other words, people's pictures of himself, which is formed on the basis of the perception of how others react to it. And Harré (Harré, Gilett, 2001) notes, that means you have to be some sort of theory about how you interpret the world and ourselves in the world. Our culture nevtláča us into thinking only their content but also guidance on methods and procedures of knowledge - how to perceive and learn about themselves, people and things happening around us.

In addition, unemployed, self-image is strongly influenced by the stage of experiencing unemployment, in which it is located. Eisenberg and Lazarsfeld (1938) as first reported that after the initial shock, when one becomes unemployed, it is usually the first reaction of denial to believe this fact. Later, one begins to accept his unemployment and optimism coming stage, which will replace pessimism. It may even go up to complete despair, resignation and fatalism, as described by Seligman (according to Hall, Lindzey 1997) in his theory of "learned helplessness". Seligman concluded that people experiencing repeated stress may learn to respond to powerlessness. Later the following will also respond in situations that would have been able to effectively manage. Dependence of these stages from the time said Harrison, while long-term unemployment (1 year) is expressed precisely stage fatalism, which includes changes in mental and physical health affected by stress and a load life event, such as unemployment for many people. Holmes and Rahe (according Schraggeová, 1996) in the table the impact of different intensities of stress events on life satisfaction of man indicate a loss of employment in the fourth most significant stressful events in life, to score 49 out of 100 Might develop anxiety, nervousness, depression, hopelessness and apathy. Loss of previous social status, social dignity and prestige attributed to a given individual based on his position in society, can lead to a reduction in social contacts, or to social isolation. Correspondingly it also decreases self-esteem and confidence unemployed man. Moreover, the longer a person remains unemployed, this is his financial situation and the existential situation of his family worse (Jahoda, Lazarsfeld, Ziesel, 1933).

Further examination of the psychological impact of unemployment in the 70 - 80s years,

based on greater knowledge of developmental and social psychology. Examined the motivational factors of human behavior (Fryer, Payne, 1986), various factors such as length of unemployment, age, gender, socio-economic background, experience from the previous employment etc., affecting mental and physical condition of the unemployed (Fryer, McKenna, 1987); affect the quality of social environment for its unemployed psychological well-being (Warr, 1985) and others.

In behavioral terms are known three primary approaches to the study of loss of work (Leana, Feldman, 1990), which focus on:

- Impact on physical and mental health,
- Impact on contextual factors such as length of unemployment, financial difficulties, which may moderate the relationship between job loss and adverse physiological and psychological results
- Research programs consist of studies that have attempted to identify demographic statistics (such as age, race, gender, etc.), which may potentially intensify the relationship between job losses and adverse reactions to it.

In the area of temperament Assuming the theoretical biopsychologického and neurophysiological approach.

Biological approaches understanding temperament determined depending on the constitutional structure of the body of an individual (Kretschmer, 1963, in accordance Nákonečného, 1995) cyklotýmny temperament with pyknickým physical type, temperament schizotýmny with asthenic type of physical structure of the body and finally ixotýmny with athletic physique. McDougall (1923 podľa Nákonečného, 1995) Following the first ideas of Hippocrates and Galen recognized as essential temperament also metabolic and chemical changes in tissues of the body adapting to the individual's mental life.

Neurophysiological understanding temperament is prvotnopsychologický access Heymans and Wiersma (1906 according Nákonečného, 1995) and their logical-empirical model of mutually independent basic characteristics of temperament, and emotion - the lack of emotionality (emotional excitability - the frequency and strength of emotional responses), activity - passivity (-activity vzrušivosť - the amount and intensity of activities with regard to moral významné motívy, active or passive relationship to work and leisure), the primary functions - secondary fukncie (immediate silná reaction that quickly odozneje as prímárnosť and persistence of mental dejov which are initially weakly reacting postupne increasing and as long odoznievajúcou sekundárnosť). Research is the most important psychometric typology approach Eysenck Personality Inventory (Eysenck, 1947, 1957) his temperament types - sanguine, choleric, phlegmatic, melancholic of the degree of extroversion and neuroticism in personality. Hothead (Eysenck, 1982 According to Hall, Lindzey, 1997) is characterized by activity, optimism, impulsivity, menlivosťou, excitability, aggression, restlessness and intransigence. For the sanguine (ibid) are typical characteristics such as leadership, lightheartedness, liveliness, satisfaction, perception, expansiveness, openness, sociability. Stoic characterized (ibid) peace, serenity, confidence, self-control, peace, prudence, caution and passivity. For melancholic (ibid) are the most typical characteristics of meekness, nesociabilita, reluctance, pessimism, sobriety, rigidity, anxiety and mood swings.

In examining theories of conflict resolution are starting Zandenova definition of conflict as a form of social interaction in which people are involved in the fight for prestige and social value of resources (Vander Zanden, 1990), other important theoretical basis of conflict for us podľa Křivohlavá (1973, 1988) , Levi (1985) and of course the theory of Thomas and Kilmanna (Pat, 2001), whereas we used as a research method just a shortened version of the

questionnaire, 5 conflict resolution strategies. Thomas-Kilmannov questionnaire was designed to evaluate the behavior of people in conflict situations, in which the goals of two people appear to be incompatible. In such situations, we can describe the behavior of people with two basic dimensions, namely: (1) assertiveness - the extent to which a person meets their own objectives in conflict resolution and (2) cooperation - the extent to which a person meets the goals of others. These two fundamental dimensions of behavior can be used to define five specific methods of handling conflicts. Dominant character is assertive and uncooperative way to solve conflicts. Persons who prefer this method of conflict resolution is trying to force their opponents to take their deal. Particularly interested in their own goals, while relationships with other people have for them generally less important.

Compliance is neasertívna and cooperative strategies for conflict resolution - is the opposite of the dominant character. For people who prefer this method of conflict resolution are important interpersonal relationships as their own objectives. They want to take them and others were happy at the cost of renunciation of their own goals. Avoiding neasertívny is a non-cooperative style of conflict resolution. Persons who prefer this method of conflict resolution, first giving up their own goals and both interpersonal relationships. They believe that it does not address the importance of conflict and try to remain a party at any price. Integration is assertive and cooperative style of conflict resolution - is the opposite of avoiding. People who prefer this method of conflict resolution to highly value their own goals as well as relationships with other people. Looking for a solution to the conflict, in which they reach their own goals and objectives of other parties to the conflict. Maintain good relations and are not satisfied until such time as they find a solution that will satisfy them themselves and others. Compromise the style of conflict resolution, where people are preferring this style of interest on your own goals as well as relationships with other people, but only to a certain extent. Also looking for solutions to conflicts where both sides gain something and give something for it. No strategy for conflict resolution is not appropriate for every conflict situation and what strategy a person chooses depends on the situation, as well as the personal predisposition of a particular person (Pat, 2001).

OBJECTIVE RESEARCH

The aim of our exploratory research is to find a connection between self-image and gender, age, education in long-term unemployed in the first step and temperament and way of resolving conflicts thereafter. The center of our interest is a self unemployed, therefore, because it is positive or negative self-image makes a significant extent self-confidence, which in turn affects the choice of strategies for addressing unemployment. In the present paper we not only at the beginning of the examination of self-image, depending on the above variables. Linking self-image and strategies to address unemployment will follow in our other research projects.

METHOD, SAMPLE, DATA COLLECTION AND ANALYSIS METHOD OF RESEARCH

The exploratory nature of research using a combination of quantitative and qualitative techniques. Research methods were:

1. Test intellectual potential (TIP) (Rican, 1971) - nonverbal method of landmark measurement of intelligence, in which the author was trying to minimize the role of spatial factor and maximize the importance of finding the rules instead of using rules to solve a variety of tasks. Test consists of 4 and 29 drilled in the test tasks, which in principle is

disclosure rules arrangement of three consecutive images. Proban is missing select the fourth image from the provided 6 variants. Shooting test lasts 12 minutes. Test was chosen for determining the average to slightly below the average adult population and its punishment in particular, fluid intelligence, independent of education.
2. Eysenck Personality Questionnaire (EOD, EPI) (Eysenck, Eysenck, 1968) - the choice of this test is based on its priority destination for people with lower intelligence or even lower levels of education. Measured factors extraversion and neuro-lability allow not only indicative to describe personality, but can also put them into relation with the four classic temperaments - sanguine, choleric, melancholic, phlegmatic. It is composed of 57 questions, while 24 measured extraversion, 24 diagnosed neurotic tendencies and 9 items is stupincu Lie (L-scale). Shooting test takes about 5-15 minutes, investigated person answers "yes" or "no" to all questions.
3. Thomas-Kilmannov questionnaire five strategies of conflict resolution - a shortened version (Thomas Kilmann) - the authors to compile a questionnaire based on 5 potential models of conflict management: integration (cooperation), dominant character, compromise, compliance, avoidance. Questionnaire with 15 items via a 5 point scale (from rarely to always) finds most and least preferred method used to coping with conflict.
4. Sebaposudzovací questionnaire (Reichel, 1997) - 29 item-questionnaire developed on the basis of experience in working with job seekers determined as respondent considered himself to 5 point scale (never apply to me, rarely, sometimes, often and always applies to me) in each Item - purposefulness, flexibility, communication skills, creativity, networking, willingness to perform, willingness to compromise, willingness to take risks, willingness to learn new, organizational skills, openness, attitude towards criticism, decisiveness, flexibility, decisiveness, independence, self-discipline, self-assurance, ability to inspire, the ability to succeed, reliability, sense of responsibility, self-initiative, sensitivity, eloquence, demeanor, perseverance, resilience and load-sense tímovosť.
5. Figure Drawing Test FDT (Baltrusch, 1958) - The test provides information on the image of a neurotic personality conflicts. The role of the proband is a draw in the left half of the paper the whole human figure. On completion is asked to drew for the second half of paper as the opposite sex is on the left side. The interview with questions on the drawing. FDT examined on the basis 30 characters, drawing the following areas: integration of personality and its adaptability and relationship to the world, blue cheese power and instinctive structure, potential infringements of the instinctive and affective life, sexual attitudes, the manifestation of conflict and moments podstatu allows dynamic interpretation of personality traits. We chose only those features drawings - figure size (small figures indicate uncertainty, insufficiency, etc.), arrangement of figures (top figure shifted signals optimism, extroversion transport etc.), express the moments of conflict (eg, reinforcement drawings, Erasers, shading, transparency, etc.), draw the eyes (small eyes suggest withdrawal from reality etc.), arms (open and the body are a sign of sociability and the pursuit of contact with the surroundings etc.) (Svoboda, 1999, p. 189). In moments of conflict, we paid close attention to anxiety and neurotic symptoms were compared with their neuroticizmom in EOD.

The research sample consists of 88 long-term unemployed. All are unemployed at least three years and a maximum of seven years (is kept at the Office of Labour, Social Affairs and Family, hereinafter UPSVAR SR in two waves - in 1999-2000 and 2002-03). Come from the district Bánovce Bebravou and partisan.

Tab. 1 Distribution of survey sample by selected criteria

Gender	Men 47 (53.4%)		Women 41 (46.6.%)		
Age	20 years old 7 (8%)	30 years old 15 (17%)	40 years old 30 (34.1%)	50 years old 33 (37.5%)	60 years old 3 (3.4%)
Education	Basic 2 (2.3%)	Apprentice ship 46 (52.3%)	High school graduation 35 (39.8%)	university 5 (5.7%)	

The distribution of survey sample can not be considered statistically representative. However, perfectly corresponds with the reality of unemployed people in Slovakia. Among the long-term unemployed find just more elderly and less educated and moderate. The composition of the sample will be taken into account when interpreting research results.

Data collection was conducted in August 2006, respondents were participants in a project supported by the European Social Fund, organized UPSVAR SR - Partizánske, except with psycho-diagnostics and ongoing education aimed at re-enter the job process.

Acquired qualitative data were categorized, transformed into quantitative indicators and through the statistical program SPSS Win undergo basic deskripcii and then analyzes the percentage of individual variables in relation to the phenomenon.

RESEARCH RESULTS

Self-image unemployed, depending on the sex of respondents

The Maleny and Stroh (1988) men are more actively looking for work than women, focusing on activities directly targeted to find a new job (as is the opportunity to seek employment through recruitment agencies or to relocate for work) compared with women. The results of our research support these claims, because our respondents - men are considered more widely for highly motivated than women (Chi-square (4) = 10,936, p = 0,027, V = 0355). Also, men assessed their willingness to take risks and often mostly always, with women sometimes or rarely (Chi-square (4) = 18,875, p = 0.001, V = 0466). Those results correspond to the results of research and Schraggeovej Mesarosova (1993), under which men are characterized by more active principle of access to their own unemployment, in the foreground is a desire to be powerful and successful in social relationships and a tendency to self-improvement.

According to Schraggeová and Mesarošová (1993), the women, however, concluded to myself, predominates in their passive attitude, decreased need to self-improvement and self realization, some reliance on assistance from the exterior, which have a higher tendency to fall into passivity, to enter into ourselves and Do not search actively background. This is in contradiction with our results in the drawing figures, which showed that women have much lower scores than men in reduced contact with reality (Chi-square (1) = 12,787, p = 0.001, V = 0381).

Likewise, wives, according to drawings and characters are sociabilnejšie strive for contact with others more often than men (Chi-square (1) = 5219, p = 0,022, V = 0244). This fact is confirmed by Malen and Stroh (1988), which published the research that women are more dependent on social welfare than men.

Further results showed that women are treated as often hardier than men (Chi-square (4) = 10,180, p = 0,037, V = 0342).

However, men in the drawing figures are significantly greater in moments of conflict (anxiety and neurotic symptoms) than women (Chi-square (1) = 4778, p = 0,029, V = 0233), which contradicts the conclusions and Schraggeovej Mesarosova (1993), that male unemployment been linked with an increased number of negative indicators of psychological states than employed men, while among women it was just obvious. This discrepancy is easily explained - Schraggeová Mesárošová and is working with a sample of young graduates, which is related to developmental tasks prináležiacimi given the age of young adulthood, have only short-term unemployed. Our respondents were mostly aged 40 to 50 years, while the unemployed were 3-7 years, which reflects longer survival with stage unemployment rate of fatalism, apathy and learned helplessness.

Self-image unemployed according to the indicative IQ respondents

Tab. 2 Distribution of survey sample by category achieved IQ scores in the TIP

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
Valid	a lower average to sub-standard mental (70-89 IQ)	30	34,1	34,5	34,5
	average (90-109 IQ)	30	34,1	34,5	69,0
	Better average to above average (110 a viac IQ)	27	30,60	31,0	100,0
	Total	87	98,9	100,0	
	missing	1	1,1		
Total		88	100,0		

Here are only relevant results with significance level greater than 95% (p <0.05): The respondents recorded higher scores indicative IQ test, the questionnaire in sebaposudzovacom considered kreatívnejších, more autonomous, sensitizes (attuned to new information quickly) and they are often reliable. Reliability is just interesting for those respondents with average intellectual abilities, as compared with higher intelligent they are treated as always reliable and convincing in comparison with other groups of respondents. Conversely, those respondents who achieved lower scores are considered in much greater than the expected values for the less responsible.

For respondents with below-average mental až subnormnými intellectual abilities are present in human figure drawings significantly more conflicting moments (úkostné až neurotic symptoms), signs of narrowing of touch with reality and lower sociability than other respondents.

Self-image unemployed, depending on the education of respondents

In interpreting the above results the following should be aware of uneven distribution of survey sample by education - the most by the respondents with vocational certificate and leaving certificate (only 5 universities and school only 2 respondents from the total of 88 respondents).

In sebaposudzovacom questionnaire respondents reported higher education (secondary and university graduation with highest level of education) more often or use more creativity, and an apprenticeship with lower education (apprenticeship without GCE) are considered rare or never creative (Chi-square (12) = 31177 , p = 0.002, V = 0346).

With increasing education, respondents considered sensitizes and attuned to new things quickly - almost all respondents have completed secondary education and university education are considered to be always or at least parts quickly attuned to the new. (Chi-square (9) = 34,666, p = 0.001, V = 0365).

Higher educated unemployed respondents (university, graduation) are considered to be always part of the organization or potentially more efficient than respondents with lower education (apprenticeship, basic), who in many cases even considered themselves as never or rarely capable organization (Chi-square (12) = 31,668, p = 0.002, V = 0348).

Furthermore, respondents with a college graduation is considered to be always or at least part adaptable, which is a lot more than expected and also compared with other less educated respondents. (Chi-square (12) = 25,882, p = 0,011, V = 0315).

Own initiative to consider their particular personality characteristic feature of the university, respondents with graduation to assess how often respondents take initiative and trained to take initiative at times. (Chi-square (12) = 24,606, p = 0.017, V = 0307).

Moments of conflict (anxiety and neurotic symptoms) are more frequently occur in the drawing figures for respondents with low education (primary, apprenticeship). (Chi-square (3) = 8,433, p = 0,038, V = 0310). Probably these results may be related just with more adaptability, initiative, a more pronounced and more frequent use their organizational skills in higher educated respondents.

Self-image unemployed according to the temperament of the respondents

The tables below show that in the survey sample of respondents is more free of neurotic symptoms, respectively, with slight neurotic symptoms, are more phlegmatic and introvertovaní. That is consistent with the major theoretical issues of unemployment - the negative impact of unemployment on the mental state of man and his survival of subjective well-being (Jahoda, Lazarsfeld, Ziesel, 1933 Fryer, McKenna, 1987 etc.), reduced social contact due to unemployment (Warr, 1985; Strawberry, 1995; Buchtová, 2002), and casual attitude rezignujúci due to learned helplessness and fatalism (Eisenberg and Lazarsfeld, 1938; podľa Schraggeová Harrison, 1996; Seligman podľa Lindzey, Hall, 1997, etc.).

Tab. 3 Distribution of survey sample by categories of neuroticism in EOD

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
valid	0-10 items	43	48,9	50,0	50,0
	11-16 items	24	27,3	27,9	77,9
	17-24 items	19	21,6	22,1	100,0
	Total	86	97,7	100,0	
	missing	2	2,3		
total		88	100,0		

Tab. 4 Composition of survey sample by categories of extroversion in the EOD

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
valid	0-9 items	36	40,9	41,9	41,9
	10-14 items	36	40,9	41,9	83,7
	15-24 items	14	15,9	16,3	100,0
	Total	86	97,7	100,0	
	missing	2	2,3		
total		88	100,0		

Tab. 5 Distribution of survey sample by categories of temperament types in the EOD

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
valid	Sangvinique	18	20,5	20,9	20,9
	Choleric	12	13,6	14,0	34,9
	Melancholic	23	26,1	26,7	61,6
	Flegmatic	33	37,5	38,4	100,0
	Total	86	97,7	100,0	
	missing	2	2,3		
total		88	100,0		

Here are only relevant results with significance level greater than 95% ($p < 0.05$), confirming the widely known facts of the temperament (Eysenck, 1947, 1957): Communication skills within a self confirmed sangvinickí and choleric respondents. Autonomy was also confirmed by the results in a self sanguine (stronger than expected results at each assessment) and stoic (often). Organizational skills are more pronounced in the sanguine and often in stoic. Again, compared to the expected values vary significantly črte perseverance and often sangvinici cholerici while flegmatici and melancholics rare.

To be considered reliable and sangvinici flegmatici, which is contrary to the sense of responsibility for the sanguine (half had never considered responsible). Compared with results

expected in liability according to the statistical normal distribution in the survey sample results differ in the frequency of choleric often with melancholic frequently and always noble and stoic. Significant results in terms of temperament came in at a self personality črte nerve, where cholerici were considered more precious than ever confident, and sometimes melancholics flegmatici rare and often (Chi-square (12) = 27,295, p = 0.007, V = 0325).

Interconnection of extroversion and communicativeness, networking confirmed generally accepted theory - the more extrovertovanejší individual, the more communicative and also smoother in establishing new contacts in sebaposudzovacom questionnaire.

There are interesting relationships between higher extroverziou and greater use of creativity, at least according to a self respondents.

For respondents who considered themselves frequently and always flexible, willing to learn new, having organizational skills, reliable, responsible and stress resistant appear in the lower level elements in neuroticism questionnaire EOD.

Self-image unemployed according to the preferred method of conflict resolution respondents

According to the results of research listed below (Table 6 and Figure 7). The long-term unemployed respondents most preferred way of resolving the conflict (according to Thomas Kilmann) clearly integration (cooperation, willingness to cooperate) and least evasive. What is interesting when we consider the least used method to resolve conflicts "compromise" in Table 6 - most preferred method in Table 7 - least preferred method of conflict resolution should be just "compromise" in Table 7 as the strongest (which became more avoidance rate). Since we do not control the results of the survey sample, we only based on our previous practical experience agree that compared to the general population práve in long-term unemployed is at a significantly lower rate used styles compromise. Correlation seen with displacement sebaposudzovacom questionnaire survey sample throughout the more positive pole (4 - and 5 often - always), which may result in the frequency of use in assessing the strategy of avoiding conflict, seeking a better show (and yourself before you).

Tab. 6 Distribution of survey sample according to the most preferred method of conflict resolution (Thomas Kilmann)

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
valid	Integration	50	56,8	62,5	62,5
	Domination	10	11,4	12,5	75,0
	compromise	5	5,7	6,3	81,3
	uphelding	9	10,2	11,3	92,5
	Avoidance	6	6,8	7,5	100,0
	Total	80	90,9	100,0	
	Missing	8	9,1		
total		88	100,0		

Tab. 7 Distribution of survey sample according to at least preferred method of conflict resolution (Thomas Kilmann)

		Frequency	**Percentage**	**Valid percentage**	**Cumulative percentage**
valid	Integration	4	4,5	5,0	5,0
	Domination	19	21,6	23,8	28,8
	compromise	13	14,8	16,3	45,0
	uphelding	7	8,0	8,8	53,8
	Avoidance	37	42,0	46,3	100,0
	Total	80	90,9	100,0	
	Missing	8	9,1		
total		88	100,0		

Here are only relevant results with significance level greater than 95% ($p < 0.05$):

Those respondents who reported sebaposudzovacom questionnaire prefer self-discipline and openness as the most common method of conflict resolution integration.

Respondents who cited as their most preferred method of conflict resolution in compliance with drawing figures show aggressive features (Chi-square (4) = 9,994, p = 0,041, V = 0353), which may indicate a tendency to passive aggression.

Least preferred method of conflict resolution - avoiding the typical for respondents who are considered to be highly motivated (the second least preferred method is the dominant character), willing to exercise, adaptive (the second least preferred method is the dominant character), separate sebadisciplinovaných (the second least preferred method is a compromise), reliable (the second least preferred method is the dominant character), persistent (the second least preferred method is the dominant character). Those who use compromise as a way of resolving conflict than are in the drawing figures more emphasized moments of conflict (anxiety and neurotic symptoms). Those who have difficulty in making contacts, also have conflicting moments shown in the drawing figures also indicate a withdrawal from reality to a greater extent.

Self-image unemployed depending on the results of respondents in drawing characters

Distribution of survey sample according to categories in the drawing figures (Table 8) points to the smaller self-esteem, reduced contact with reality and weaker social trends (at a reduced rate to seek contact with other people) a total of unemployed respondents research. Results from ESA, talking about more research introverzii samples were confirmed in the drawing figures. Moments of conflict (anxiety and neurotic symptoms) are again in line with the results of neuroticism in EOD and did not go well in the prevailing rate (only in the interface zone). Overall long-term unemployed respondents research have only occasionally aggressive tendencies.

Tab. 8 Distribution of survey sample according to categories in drawing characters

Size of figures	Reduced self-esteem 42 (47.7%)	Appropriate self-esteem 39 (44.3%)	Increased self-esteem 7 (8%)
Arrange figures	Introvert 30 (34.1%)	Neutral 55 (62.5%)	Extrovert 3 (3.4%)
Conflict moments	Present conflict moments 41 (46.6%)	Absent conflict moments 47 (53.4%)	
Eyes of figures	Reduced contact with reality 52 (59.1%)	Adequate contact with reality 36 (40.9%)	
Arms of figures	Sociability 38 (43.2%)	Decrease sociability 50 (56.8%)	
Agressive tendencies	Present aggresive tendencies 13 (14.8%)	Absent aggresive tendencies 75 (85.2%)	

Here are only relevant results with significance level greater than 95% ($p < 0.05$): Less sociabilite prevents greater reliability and responsiveness, rapid understanding of new information, also greater load-resistance and a greater sense of tímovosť. Reduced contact with reality prevents greater reliability and eloquence. Those who sebaposudzovacom questionnaire indicated that they are always aware of their own responsibility in the drawing figures show features a lower confidence (Chi-square (8) = 17,962, p = 0,022, V = 0321).

DISCUSSION AND CONCLUSION

Unemployment is definitely a big social problem, related to the developed western countries as well as post-communist states, such as Slovakia. Unemployment is characteristic of a wide range of aspects, which can be seen on this subject and interdisciplinary cooperation is needed in analyzing and finding different solutions.

The research results depending on the education of the respondents indicate that the proportion increases with higher education and self assessment in creativity, responsiveness (faster understanding of new information), their own sense of initiative, greater adaptability (good going out with other people) and more frequent use of organizational skills. These properties may be related to the fact that moments of conflict (anxiety and neurotic symptoms) are more frequently occur in the drawing figures for respondents with low education (primary, apprenticeship). (Chi-square (3) = 8,433, p = 0,038, V = 0310).

87 respondents from all 88 samples completed the questionnaire in sebaposudzovací all 29 items on 5-point scale (never, rarely, sometimes, often, always applies to me), whose results are significantly shifted to a better self-image (often for me and always is). Especially in assessing their own initiative (Chi-square (12) = 24,606, p = 0.017, V = 0307), confidence (Chi-square (12) = 33,971, p = 0.001, V = 0361). Likewise, a significantly significant are considered always or often "team player" willing to cooperate with others (Chi-square (12) = 29,105, p = 0.004, V = 0334). Interesting results in the heading of consciousness of its responsibility by sebaposudzovacieho questionnaire provides a comparison with the drawing figures, while those in sebaposudzovacom questionnaire indicated that they are always aware of their own responsibility in the drawing figures show a lower self-esteem (Chi-square (8) = 17,962, p = 0022 V = 0321).

Distorted perception of reality, which is also confirmed in the drawing figures, can be further related to the fact that our respondeti do not want to confront the reality of (the failure to find zamestananie), and therefore try to appear in a favorable light to others and yourself before themselves. Práve higher self-image in long-term unemployed respondents may indicate their unwillingness to confront its own failures. This assumption is supported by the results of neuroticism in EOD and drawing the characters - neurotic symptoms are only at a reduced rate because they are already resigned and apathetic as a result of unsuccessful attempts to rehire.

Distribution of survey sample according to categories in the drawing figures suggesting diminished self-esteem, withdrawal from reality and weaker social trends (at a reduced rate to seek contact with other people) a total of unemployed respondents research. Results from ESA, talking about more research introverzii samples were confirmed in figure drawings. Moments of conflict (anxiety and neurotic tendencies), again in accordance with the results of the EOD did not go well in the prevailing rate (only in the interface zone). Overall, however, long-term unemployed respondents research have only occasionally aggressive tendencies. EOD also yielded interesting results in the field of personality temperament unemployed respondents research - greatly outweigh flegmatici. Since the underlying theory of temperament suggest neurophysiological bases of temperament of man, can not be assumed that the respondents began to dominate phlegmatic setting due to learned helplessness and fatalism as the last stage of experiencing unemployment (Eisenberg and Lazarsfeld, 1938; Schraggeová by Harrison, 1996; Seligman by Lindzey, Hall, 1997, etc.). Can not say that flegmatici are the most represented group of long-term unemployed because of their temperament traits? This would be worth further investigation. Especially for long-term unemployed men are significantly noticeable elements of withdrawal from reality, moments of conflict (anxiety and neurotic symptoms) and reduced efforts to contact with other people (less sociability).

Respondents who cited as their most preferred method of conflict resolution in compliance with drawing figures show aggressive features (Chi-square (4) = 9,994, p = 0,041, V = 0353), which may indicate a tendency to passive aggression. It may be worth the feeling of injustice and blame others for the company that they are unemployed? According to research results in long-term unemployed respondents most preferred way of resolving the conflict (according to Thomas Kilmann) clearly integration (cooperation, willingness to cooperate) and at least avoid a compromise.

The project supported by the European Social Fund, as we already mentioned above were also long-term help to znovuzaradiť of unemployed into work. This was done using personal information obtained from them, as well as psycho-educational tests. Based on the results of psychodiagnostic tests as well as personal data, we consider the most interesting shift to a better self-image in respondetov sebaposudzovcom in the questionnaire, but this is in contrast with low self-esteem in the drawing figures.

Self-image greatly determines the confidence and confidence man. Especially for long-term unemployed, we see the lack of them, and the right demeanor is confident the entrance exams to work for the success. Hence our further research should move in this direction in order to understand more deeply concerning the choice of strategies to address unemployment.

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LIFE ETHICS AND EUTHANASIA

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ABSTRACT

Euthanasia is a controversial interest in the middle of philosophers, sociologists, theologians, doctors and health professionals. Affects the whole society. We have to deal with collective societal dilemma regarding the decision in matters of death, health and physical or mental disability. This dilemma involves every area of our lives. Euthanasia is still an open problem, is a very sensitive topic. Its timeliness is often fueled by the influx of information and experience from different professional circles. The content of this paper is to highlight the value of human life at the end of its existence, and to highlight the problem of euthanasia. Analyze and compare aspects of euthanasia and ethics of life. It is important to pursue the search for an objective view of the problems of disease and dying in the context of ethical life and the overall view of a man in his uniqueness and the fact that one of us.

Key words: Ethics. Ethics of life. Ethical principles. Euthanasia. Philosophy. Health.

In the center of our attention is the man and his life. We know that there is currently only an irreversible reality and our death. In accepting his mortality, one fights for life. Dying despite his feelings of helplessness associated with sadness, hidden fear of the unknown and the pain, accept as a part of life, therefore, is a versatile aid dying through life.

When one realized its finality, it has seen signs of his aging and dying, he began to think clearly about this fact of his life. He found that death is inevitable and that it can not escape. And when and especially how he came to the idea of euthanasia, a good and blessed death can not be accurately determined. Historical data tell us about different ways to murder, suicide, killed the sick and helpless people. Not all of these end of life but can be called euthanasia.

Ethical aspects of life and eutanzia

A man and his life in certain time are a primary qualifications and parts of a general process, what is named as human existence. Human being has to be open to truth and good in honesty, by a light of wisdom and under the magic influence of mercy impact a human being is able to come to cognition, that by a natural law, which shows that the work of the law is written in their hearts (Romans 2, 14-15), he knows sacredness of a life from beginning until the end, and he achieves a conviction, that every man has a certain ethics and absolutely a right to respect his life.

According to history of philosophy it is obvious that an ethics has its roots in philosophy, because ethics was born from philosophy and for ages was understandable as a practical philosophy. Even in present days we can perceive it so. Still a relation between them

it is possible to understand as "philosophy stands as a general view of human at the world."[7] And ethics and its interest in a man in relation with philosophy is becoming a partial science of philosophical nature. Ethics is interested in relation of a man to other people, to future, to life priorities. All of those are seemed as a philosophical point of view and they focus at a man and his place in a world, and a philosophical point of view of meaning of life. Ethics accepts a philosophical focus at a man and in this meaning a man is becoming a main subject of philosophy. „Since the ethics governing the proper behavior, treated with what would "it" or "might" be."[8] The ethics law has in common is that both concepts for dealing with the rules of conduct that reflect the internal principles of good and evil and moral codes."[9]

Real, objective and morally committed life ethics is not possible to be created only by special science basics, but it requires a deeper base, which points on a man, his priorities and origin of the priorities. We can find some answers for these issues in philosophy and theology. To learn and know life ethics we mainly need fully and truly, complex and universal understanding of human life.

Comprehension of life is usually unreasonable reduced to biological meaning of life, which even means incomparable much more. "It represents a basic metaphysical category in area so-called as bio-metaphysics, e.g. metaphysics, which includes life as its main principal. So life does not only have an empiric character, but also over-empiric character, so does not include only some experiences, which are interceded by senses, but also spiritual experiences."[10] According to this reason a biological life is necessary to understand in a connection with psychical life and in a life with God. "From this basic life phenomenology which is against any non-prior deduction of content and extent life results, that it is necessary to mind an integral life"[11]

Life in every its form is related to being. Even we can say that being is expressed in life and mainly in spiritual life by the most completed and the most obvious way. "As an existence of every being it has its basic ontological tendency to overstep itself, it means to become multi-being (esse plus)"[12], whereby it is continuing into more perfect "together-being" with other beings. As also life has its basic attribute in transcendence, how it is described by V. Gluchman, and this is "a knowledge to overstep its present area and to connect itself with other areas of life into greater and more complex groups, marked out higher perfection and interiority, therefore quality."[13] This process in an order of being, and also in an order of life directing in higher levels and more perfect forms is called as evolution according to philosophical point of view, which is the highest form of motion in creation and obviously in life. Life is unable to exist and fill only on its own, but it can exist and forward only in creating intention of God. Evolution in each way of life has basically creating origin.

The highest meaning of human being is to realize own existence and to work on creation of some other beings. By this creating it is possible to lead to fullness of life, to realize all positive and real possibilities and skills, which are contented in a man and whole human society. All the human action, which is in harmony with this leading, is morally accepted. This kind of fullness of a person or whole human society achieved by this action can lead a person or whole society to basic satisfaction.

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[7] VAJDA, J.: *Ethics.* Nitra : Enigma, 1993, p. 33.

[8] LACA, P.: *Ethical requirements for the profession in health care*, In: *Proceedings of International Conference - Ethical aspects of nursing care in theory and practice*, Ružomberok: Verbum, 2010, p. 162.

[9] HUDÁKOVÁ, Z.: *Ethical aspects in the treatment of geriatric patients.* Zlín : 2009, p. 52.

[10] GLUCHMAN, V.: *Introduction to Ethics.* Presov : LIM, 2000, p. 43.

[11] SPINOZA, B.: *Short treatise on God, man and his welfare.* Prague : CAVU, 1932, p. 38.

[12] GLUCHMAN, V.: *Introduction to Ethics.* Presov : LIM, 2000, p. 22.

[13] GLUCHMAN, V.: *Introduction to Ethics.* : LIM, 2000, p. 23.

"From a character of some tasks of life, and also from a relation of a man to it, we can give reason for the highest principals of ethics of life, what are consonant facing to life, respect to life and to love a life."[14] At the same time under the ethic principal we can understand the basic starting point and base from which we deduce etic rules and etic norms. All these principals assume a value of human life and its transcendental dimension leading to divine Transcendence and by this denies action of euthanasia. "From our experience we can say that the man usually dies as he lived."[15]

When a man realized possibility of life termination, when he knew facts of himself getting old and at the end realizing own death, he started to consider about this fact of the life. He found out, that the death is necessary and he is not able to escape from it. But when and how he came to face to a question of euthanasia and good blissful death, we are not able to assign this.

According to some historic facts we have learnt about different ways of murders, suicides, killing of ill and helpless people. "Violence as a manifestation of evil, it is equally difficult category as evil itself. A special feature is the ability to be evil wherever we did not know him at all.."[16] But not all endings of lives we can classify as euthanasia. There are some very cruel ways of live-endings of ill people in some of cases which was found in some primitive tribes in historical overview.

By focusing in historical process and present situation, it was possible to say "euthanasia ante portas" some decades ago, but on edge of third millennium it is necessary to state a dangerous "status quo", what sounds as disaster: *eutanasia intra munitione.* However we do not mean that euthanasia is exclusively a problem of modern period, because this phenomenon is continuously manifested in whole world history. Similarly during the ages there were some theories about euthanasia led, by which some authors had accepted euthanasia by certain circumstances; however Hippocratic Oath absolutely denies euthanasia. The paradox of modern period is that a man, at the present too sensitive about protection of own human rights, mainly if we consider terrific experience with nacistic regime, which was systematically practising today's denying social euthanasia, it agrees even in greater rate with euthanasia. By form of democratic procedural ethics supported by suggestive media campaign, the legal positivism is more increasing and legalizing euthanasia not only in European countries, but even worldwide.

On the edge of third millennium the value of a life is replaced by "quality of life", interpreted in category of social profitability, whereby a quality of life is comprehended by attributes, which a human being should contain to be worthy to experience it." "Chronic disease can be a stressful event in life, which may affect his physical, psychological and social quality of life."[17] The basis of euthanasia which is spreading itself more and more at the present is hidden in even greater contempt by authority of our Creator and in human usurpation of rights of life of other person. By this way euthanasia is becoming expression of shadowing transcendence of human being and a modern man hiding from resolving of existential problems seeks the salvation in technology. In these consequences the present medicine is standing in the middle of conflict between a service to suffering and disabled

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[14] PIĄTEK, Z.: *Life ethics*. In: PAWLICA, J.: *Ethics*. Krakow : Zarys, 1992, p. 109.

[15] HUDÁKOVÁ, Z. VIGLÁŠOVÁ, E.: *Treatment of the dying.* Martin : UK Bratislava, 1996, p. 279.

[16] BÉREŠOVÁ, A., KOVÁŘOVÁ, M., Doci, I.: *Violence against older people - a public health problem.* Proceedings of scientific works "Living conditions and health. 2003, p. 367.

[17] KOVÁŘOVÁ, M., SZILÁSIOVÁ, A., BÉREŠOVÁ, A.: *Nottingham health profile hodonotení quality of life in patients with rheumatoid arthritis*. Rheumatology. 14, 2000, No. 4, p. 177.

patient. Both a shock of nacistic crimes and shock caused by enormous suffering which world civilisation was influenced on the edge of second millennium, but some researches show that a third millennium man is attracted to interest in a culture of necrotic death.

Euthanasia has its origin in Greek *eu-good, thanatos-deatd,* and according to dictionary the precise definition of euthanasia is "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering. But later it contained to classify a judgment of intervention to death to become so."[18] Euthanasia can be also interpreted as an intervention from mercy, without any pain and suffering to a terminally ill patient, who suffers or can suffer in future in unbearable condition. This definition, even when well known, has an effect to spread forward. It does not include only terminally ill patient, but also elderly, not only suffering people, but also patients in coma. But the main principal remains in death from mercy. In the past, under definition of euthanasia we understood obvious help to dying person, which concentrates in reducing physical pain and psychical anxiety, as per H. Rotter and points at euthanasia of present days as an act, which intention is to cause or accelerate death very ill person and to stop his agony.

None of social, economic and cultural state of the society can not eliminate physical and psychical pain, sadness and sorrow. Illnesses, getting old, unfortunate, disappointment in relationships, betrayal by beloved person, those are the most usual reasons for sadness and hurts. People who cope with a sadness and pain less easily, mostly due to incurable illness, ask doctor or other person to kill and in this way to debar from pain. We could state, that euthanasia is painless way to end the life in this world. This kind of death is judged as extraordinary, because it is not natural, nor accidental, it is established on decision on death. And in this way it needs an intervention a strange person, who will provide a death with an approval, dying person usually does not resist, even he asks and begs to die, when he is still conscious.

Conception of euthanasia is used often as well as inadequately implicated in some cases, especially when it is not very clear if it is euthanasia, and it is necessary to define and clearly clarify the real meaning of this word. Church has undertaken an action leading to prevent any misunderstanding and inaccuracies in terminology and pointed at the position of protection of human dignity in context of a respect to gift of life in regards to this issue. By euthanasia in real and correct meaning of the description we should understand the action or failure, what "by its character or in the intention of the person who provides euthanasia because of elimination of whatsoever suffering"[19], which emerges that euthanasia is connected to intention of provider or with implicated mediums. In sensu stricto there is always a situation: an ill patient suffering from huge pain on the edge of life, the motive of this kind of doing is mainly a sympathy with ill patient and a willing to reduce pain with persuasion (usually subjective), that there is now other way how to help, and there is no real chance to cope with certain situation (to return to healthy condition of patient, who is state of incredible pain at which it is necessary to distinguish physical pain and suffer), whereby this is a painless act leading to killing a person of patient. This is not a direct contempt of human life or its rejecting, but escape from suffering, whereby it is necessary to remember a fact that sometime when we sympathize with patient, it can be our sorrow for ourselves (doing and experiencing of certain situation by people who are very close to a patient). „Ethical imperative is that the real distance between the ideal and affordable care in the least deepened."[20]

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[18] PETRACKOVA, V. et al.: *Dictionary of foreign words*. Bratislava : SPN, 1997, p. 256.
[19] JOHN PAUL II.: *Evanielium life*. 1995. Trnava : SSV, 1995, p. 65.
[20] HUDÁKOVÁ, Z. KOKORUĎOVÁ, J.: *Ethics in the treatment of patients with poresuscicačným syndrome*. 2008. Trenčín : FZ, p. 81.

We can not really take for euthanasia a doing, what is classify as clear murder, although lots of people of presence want to classify this kind of doing as euthanasia. Therefore painless killing of old people, psychically ill people, mentally (and also physically) disabled, retarded in process is not euthanasia, and this is not depends on fact if this is happening on willing of these ill and old people or on decision others, or even by legal law. This is always a killing of human person, who is in meaning of utilitaristic tendency eliminated by social and economical reasons. Suggested deprivation of life of people with serious defects, newly born babies with physical and anatomic disability and affections, people who are not legally full-fledged and impuissant, in these cases this is a murder of innocent human beings and we can not consider this as euthanasia in clear meaning.

We should sum up some considerations about philosophical-ethical opinions on euthanasia. The fact is, that a term of euthanasia can he explained in different ways. An analysis of activities ending-up as euthanasia leads to conclusion, that a real meaning of definition of term of euthanasia contains a dynamic structure of these activities, so their fatal internal intention. Aims, motives and other subjective contents of these activities are considered as contents which are completing but they are not establishing a definition of euthanasia. So euthanasia is mainly a direct killing act or suicide. Then it is needful to recognise who is its perpetrator – if he is ill person or doctor or other close person.

Euthanasia is definitely a death, which is not dignified for a man. It endangers individual persons and it is spreading to whole world. By loosing a feeling of etic status of human being, the technique of killing is becoming a symbol of progress, which a man abuses. In life we can own many good things. Although from these goods we can have a profit, they do not mean our own existence. If we want, we can renounce it, or give to someone else. A life is not only a good, what we own. We are human beings. Our life – that is us. It is quite inhuman to handle with our lives like with a thing, what by us set-up an authority can stop and end its existence. Euthanasia, although asked by competent person, can be never an act of humanity. People are not things, which we can just throw away, when they do not seem to be useful anymore.

Conclusion

Life is beginning to celkom negligible and its progressive development shows its beauty and uniqueness, which is a fascinating human value in every moment of its existence. Human life is an objective shared by only the personal structure of being human. This structure is not only inherently perfect, but it also has a fundamental dignity and moral value, given by the Creator himself. So is human life in keeping with ethical and moral content of an individual and with it enter into a higher sense of superior and inviolable value. Therefore, the ethical and moral meaning of life is based on fundamental and permanent elements of human nature and is something the former first, in relation to everything man its activity This can be achieved or constructed.

Human life is the highest value and nobody has the right to destroy it in any of its stages. One has the option of internally mature until the last moment of his life. Sometimes it can rectify its failure to living in the gate of death. If the last leg of life passes surrounded by care and love, leaving in peace, dignity and reconciliation.

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VERSCHULDUNG DES SLOWAKISCHEN HAUSHALTES

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ABSTRAKT

In diesem Artikel beschäftigen wir uns mit dem aktuellen Thema der Verschuldung, die zu einem der sozio – ökonomischen Problemen einer Familie gehört. Wir orientieren uns auf die aktuelle Situation in der Slowakei und in anderen EU - Ländern.

Schlüsselworte: Schulden. Verschuldung eines Haushaltes. Verschuldung in der Slowakei. Verschuldung in der EU.

In unserer demokratischen Gesellschaft ist es nicht mehr selbstverständlich, angestellt zu sein. Die Sozialfürsorge hat sich zur Sozialhilfe gewandelt. In dieser Gesellschaft ist eine Diskrepanz zwischen dem Einkommen und den Ausgaben eines Haushaltes zur Realität geworden. Es ist problematisch die Bedürfnisse zu stillen. Obwohl man diese Problematik in der Öffentlichkeit selten erwähnt, ist es bekannt, dass in unserer Gesellschaft sehr viele Familien leben, deren Ausgaben das Einkommen weit übersteigen. Wenn die Situation unlösbar oder schwer lösbar wird oder wenn es zur Exekution kommt, wird darauf hinzuweisen, dass es in unserer Gesellschaft auch solchen Haushalt gibt. Dann ist es leider zu spät.

Um dieses Problem zu öffnen, von ihm zu sprechen und ihn auf die Weise, wie es in entwickelten Nachbarländern gelöst wird (z. B. Deutschland, Osterreich u. a.), zu lösen, müssen wir uns mit ihm näher beschäftigen. Die Verschuldung ist ein relativ neues und immer häufigeres Problem, das nicht nur die sozial schwache Haushalte betrifft. Dieses „Trend“ stammt aus Westländern, vor allem aus Amerika.

Einen Kredit aufzunehmen ist soweit kein Problem, bis er abbezahlt werden kann. Falls ein Haushalt nicht mehr zahlungsfähig ist, kommt es zu Problemen. Die meisten Länder bewerten die Kredite sehr positiv, da sie zur Entwicklung der Wirtschaft beitragen. Die meisten Haushalte vermissen jedoch die Informationen und bis jetzt gibt es wenig gesetzlichen Schutzmitteln. Oft passiert es, dass man den Überblick über die einzelnen Kredite, bzw. über Einkommen und Ausgaben verliert. Das führt zu den nächsten Schulden und damit zusammenhängenden Problemen.

Die Schulden sind meistens eine Konsequenz des Einnahmerückgangs oder des Ausgabenanstiegs. Ein anderer Grund ist eine falsche Planung der monatlichen Zahlungen oder eine Überschätzung der Zahlungsfähigkeit. Eine Sondergruppe bildet Schulden, die man als ein Gewährträger gewonnen hat.

Schulden

Hypotheken, Leasing, Kredit, Überziehungskredit, unbezahlte Miete, Inkasso, Telefonrechnungen usw., dies alles können wir mit dem Begriff „Schulden“ bezeichnen. Es gibt zwei Möglichkeiten der Kreditanspruchsnahme:

1) Durch Nichtbankinstitutionen: die dem Kunde eine breite Auswahl von Krediten anbieten:

- Kredite ohne Registrierung - nutzen die Kunden, für die ein Bankkredit nicht erreichbar ist, denn sie sind in der Bank als problematische Kunden registriert.
- Ein Kredit, der keine Empfangsbestätigung erfordert - für die Kunden geeignet, die das Einkommen nicht nachweisen können (Arbeitslose, Rentner,...). In diesem Fall wird mit Mobiliarvermögen oder mit Immobiliarvermögen garantiert. Weil dieser Kredit keine Empfangsbestätigung benötigt, verläuft der Prozess relativ schnell.
- Nichtbanken Kredite auf Schuldschein - Kunde bekommt das Geld relativ schnell und bar und haftet mit dem Schuldschein. Es handelt sich um einen Kredit, bei dem der Klient ein hohes Risiko eingeht und die Zinsen sind relativ hoch.
- Sofortkredite – die so genannte schnelle Kredite. Das Geld steht dem Klienten unter ungünstigen Bedingungen sofort zur Verfügung.
- Kredit, der bis 24 Stunden aufgenommen werden kann - diese Möglichkeit bietet eine Bank aber auch eine Nichtbankinstitution. Falls der Kredit von einer Nichtbankinstitution aufgenommen wird, wird der Klient durch den Register nicht kontrolliert. Auch in diesem Fall dauert der Prozess nicht lange, die Zinsen sind höher. Dieser Kredit ist unter dem Namen Verbrauchskredit bekannt.
- Online Kredite- dank dem Internet steigt in der letzten Zeit **das Interesse für einen Online Kredit[21].**

2) Durch Banken: ein Kredit wird unter anspruchsvolleren Bedingungen erreichbar. Der Kreditnehmer hat die folgende Möglichkeiten:

- eine Kontoüberziehung,
- einen Verbrauchskredit,
- Immobilienkredit,...

Nach der Zeit der Kreditrückzahlung gibt es:

- einen kurzfristigen Kredit,
- einen mittelfristigen Kredit(1 bis 5 Jahre)
- einen langfristigen Kredit (über 5 Jahre)

Zurzeit ist der Verbrauchskredit eine beliebte Alternative. Ein Verbrauchskredit wird nur dem **Klienten** bewilligt, der alle, von der Bank vorgeschriebener Bedingungen erfüllt. Der Klient muss eine feste Arbeitsstelle und ein regelmäßiges Einkommen haben. Wichtige Rolle spielt aber auch die Bürgschaft. Ein Verbrauchskredit wird üblicherweise kurzfristig oder mittelfristig beantragt. Das erworbene Guthaben dient zur Anschaffung von Verbrauchsartikel. Der Verbrauchskredit wird durch monatliche Lohnabzüge abbezahlt.

Durch Kreditkarten verpflichtet die Bank den Klienten zu einem Kreditsverhältnis. Der Klient darf jede Zeit durch eine Kreditkarte die beliebige Summe vom Konto abrufen. Die gewünschte Summe ist im Vergleich zu einem Kredit kleiner und zinsenfrei, aber nur im Fall, dass der Klient den Zahlungstag einhält. Falls die Frist nicht eingehalten wird, wird der Schuldbetrag bis zu 30% verzinst.

Die Haushaltsverschuldung

[21] Nichtbanken Kredite. Verfűgbare Daten am Internet: <http://www.nebankove-pozicky.sk>

In der ökonomischen Praxis sind, nach Smrček[22] zur Zeit vier Methoden bekannt, mit Hilfe derer man die Hausverschuldung berechnen kann.

Die erste Methode vergleicht die Höhe aller, durch einen Kredit erworbenen finanziellen Mitteln (Hypothek, Leasing...) eines Haushaltes, mit seinem aktuellen Finanzvermögen (Guthaben auf einem Konto, Beteiligungsfonds, Obligationen,...). Die Methode zeigt, ob ein Haushalt fähig ist, die Schulden durch eigene finanzielle Mitteln (wenn nötig) abzuzahlen.

Die zweite Methode betrachtet den Schuldenanteil und das verfügbare Nettoeinkommen eines Haushaltes. Diese Methode zeigt die Höhe der Abzahlungsrate (eingerechnet Zinsen und Bargeld).

Die dritte Methode betrachtet den Schuldenanteil und das jährliche verfügbare Nettoeinkommen eines Haushaltes. D.h., die Methode vergleicht das Kreditvolumen mit dem gesamten jährlichen Nettoeinkommen eines Haushaltes.

Die letzte, vor allem bei der internationalen Rechtsvergleichung am häufigsten benutzte Methode vergleicht das Gesamtkreditvolumen der Bevölkerung mit dem Bruttoinlandsprodukt des Landes.

Die Situation in der Slowakei

Die Verschuldung eines slowakischen Hauhaltes nimmt immer mehr zu. Die Kreditinanspruchnahme ist zu der üblichen Wirklichkeit der slowakischen Bevölkerung geworden. Im Jahre 1998 entfielen auf, bei der Bank eingezahlten 1000 Sk ungefähr 100 Slowakische Kronen. Zurzeit hat sich die Situation wesentlich verändert, auf bei der Bank eingezahlten 1000 Sk (33,19 €) entfallen fast 600 ausgeliehenen Slowakische Kronen (19,92 €). Der Anteil der Kredite und der Bankeinlage der Bevölkerung erreichte 10%, in der Gegenwart ist die Prozentzahl auf 60% gestiegen (siehe das Diagramm Nr.1).

Diagramm Nr.1: Die Kreditentwicklung der Bevölkerung (1998 – 2008)



Quelle: Das Ökonomische Wochenmagazin Postbank

Laut der Forschung, die im dritten Quartal des Jahres 2007 von der Firma Gfk Slowakei[23] durchgeführt wurde und auf der 2000 Befragten teilgenommen haben, werden 50% der Haushalte einen Kredit in Anspruch nehmen.

Zum 31.März 2008 haben die slowakischen Banken Kredite in der Höhe von 1240,2 Mld. Sk (41,167 Mld. €) gewährt. 297,7 Mld. Sk (9,881 Mld. €) davon wurden der Bevölkerung gewährt. Es handelt sich um 24%. Überwiegend (75%) ging es - nach der Zeit

[22] SMRČKA, L. 2007. Die persönliche und die Familienfinanzen: Die Welt der Familienfinanzen – wie man sparen und das Kapital vermehren kann. Praha, Professional Publishing, 2007

[23] Die Verschuldung eines slowakischen Haushaltes nimmt immer zu. 2008. In: Postbank. Das Ökonomische Wochenmagazin, 21. Woche 2008.

der Kreditrückzahlung um langfristige Kredite (über 5 Jahre). Die mittelfristige Kredite (1 bis 5 Jahre) wurden 14% und die kurzfristige Kredite 7% der Bevölkerung gewährt (siehe das Diagramm Nr.2).

Das Diagramm Nr.2: Kredite nach der Zeit der Kreditrückzahlung



Quelle: Das Ökonomische Wochenmagazin Postbank

70% der Gesamtsumme bildeten Kredite zur Anschaffung eines Immobiliarvermögens, 14% Verbrauchskredite, 5% Kontoüberziehung, 2% Kreditkarten und 9% die restlichen Kredite.[24]

Dabei darf man nicht den steigenden Zinssatz übersehen. Im Falle der Bankeinlage hat der Zinssatz dagegen eine fallende Tendenz. Die Slowakische Republik hat eine der höchsten Zinsraten in der EU, über 6%.

Im letzten Quartal des Jahres 2008 und anfangs 2009 haben die slowakischen Banken, als Konsequenz der Wirtschaftskrise einen Rückgang der Kreditinanspruchnahme registriert.

Beim Beanspruchen eines Kredits ist das regelmäßige Einkommen keine Garantie. Bei der Rückzahlung eines Kredits verursachen unvorhergesehene Ereignisse oft Probleme. Die werden oft durch den nächsten „günstigen“ Kredit gelöst, der den Haushalt in immer größere Verschuldung führt.

Die Situation in der EU

Obwohl die oben genannten Informationen ein weiterentwickelndes Problem der Verschuldung eines slowakischen Haushaltes signalisieren, hat die Forschung, die in einzelnen EU – Ländern durchgeführt wurde, gezeigt, dass es EU Länder gibt, in denen die Verschuldung noch kritischer ist.

Deutschland, Großbritannien, Frankreich und Spanien sind Länder, die die größte Zahl der Kredite der Bevölkerung gewährt haben. Malta im Gegenteil, ist ein Land mit der niedrigsten Zahl der Kreditinanspruchnahme.

Bei den ehemaligen V4 – Ländern ist die Reihenfolge folgend: Polen, Tschechien, Ungarn und Slowakei.

[24] dortselbst, Seite 3.

Tab.Nr.1: Kredite der Bevölkerung in EU – Ländern, Jahr 2008 (in Mil. €)

LAND	2008	LAND	2008	LAND	2008	LAND	2008
Österreich	128184	**Estland**	7635	**Italien**	468683	**Portugal**	133532
Belgien	115040	**Spanien**	883993	**Litau**	8741	**Rumänien**	24679
Bulgarien	9253	**Finland**	93427	**Luxemburg**	28355	**Slowakei**	5738
Zypern	19216	**Frankreich**	924910	**Lettland**	9039	**Slovenien**	7833
Tschechien	32749	**Griechenland**	96670	**Malta**	3219	**Großbritannien**	998810
Deutschland	1411644	**Ungarn**	29058	**Niederlande**	432289	**Sweden**	196746
Dänemark	296490	**Irland**	147861	**Polen**	91061		

Quelle: Europäische Zentralbank

Die angegebenen Daten können nicht als konstant betrachtet werden. Während einige Länder eine fallende Tendenz bei der Kreditschöpfung registrieren, hat die Situation in anderen EU – Ländern eine steigende Tendenz. Nicht weniger wichtig ist auch der unterschiedliche Zinssatz (bei uns einer der höchsten) und die Ausgangssituation der einzelnen Haushalte.

Zum Schluss ist es nötig zu sagen, dass in der Sozialarbeit (in diesem Fall bei den verschuldeten Familien) die Prävention eine wichtige Rolle spielt. Für die nächste Entwicklung ist es nötig, sich mit der Methodik der Nachbarländern vertraut zu machen und die neuen Kenntnisse unter Berücksichtigung unserer Ausgangssituation in Praxis zu bringen.

QUELLENVERZEICHNIS

Die Europäische Zentralbank: http://www.ecb.int

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THE ACTIVE INVOLVEMENT OF FAMILY AND FRIENDS IN THE PROCESS OF HELPING SURVIVORS OF DOMESTIC VIOLENCE

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ABSTRACT

According to author of this article is possible to claim that the family and friends play one of the key roles in the process of helping survivors of domestic violence, especially in the process of social inclusion of shelter clients. Professional counsellors ought to at least know about the importance of the social context and the role of close relatives and recommend them to the client. If possible, it would be suitable, with the approval of the client, to contact and actively involve them in the process of counselling and therapy of their relative.

Key words: domestic violence, violence against woman, family, friends, help, shelters.

The author of this article defines domestic violence as a long-term exploitation of power, which takes place in family or partner relationships, but also after break-up, usually in the scope of a shared dwelling. Domestic violence includes not only physical and sexual forms of violence, but also psychical abuse and social and economical hardship. The survivors are usually children, women, seniors or other persons who are unable to defend themselves duly from the power abuse.[25]

In the cases of domestic violence it especially applies that "the person, who has undergone a trauma, can recover solely in the context of relationships, nobody can recover from trauma in isolation".[26] One of the first international documents dealing with the elimination of domestic violence – Recommendation of the Council of Europe no. R (85)4 about violence in the family[27] (1985) - puts emphasis on the role of family members, especially in the scope of secondary prevention, in terms of early identification and settlement of conflicts. In later international documents, where the domestic violence is viewed in the wider context of gender-based violence against women, the professionalization of help given to survivors of domestic violence is highlighted. By employment of specialized professional counselling the important support role of family and friends in the process of help and assistance to women, who became survivors of domestic violence, can be, to a great degree, left out. The fact that a woman has undergone abuse in her partnership or family does not necessarily mean that the family, in which she was raised, cannot be a place of protection, refuge and support for her. In this context Čirtková speaks about "non-professional help to

[25] Mátel, A. Domáce násilie ako sociálno-patologický jav. In: BARGEL, M. – MÜHLPACHR, P. et al. *Inkluze versus exkluze – dilemata sociální patologie*, 2010, p. 112.

[26] Herman, J. L. *Trauma a uzdravenie,* 2001, p. 185.

[27] Council of Europe: *Violence in the Family: Recommendation no. R (85)4 adopted by the Committee of Ministers of the Council of Europe and explanatory Memorandum* (COE.M.1.1/86 VI 1986).

victims of domestic violence."[28] Parents, siblings, distant relatives or friends may considerably help a woman, experiencing domestic violence. Such a woman needs a trust-worthy person to provide her with emotional support, i.e. help her release emotions, talk, cry or yell out. The wider family can also provide the woman also with social and economical help. The family should function as a place of unconditional security and support, where the survivors can undergo all natural phases of coping with the undergone trauma. The American psychiatrist and psychotherapist Judith Lewis Herman writes about "the need of social context, which provides the victim with affirmation and protection, helps the victim contact a witness of the event and form and alliance. For each individual victim this social context is formed by friendship, love and family relationships."[29]

On the other hand, there is a certain danger that close relatives will react improperly to the case of domestic violence and will thus further traumatize and victimize the woman. A typical improper reaction is snubbing. While talking about the traumatic experience she might hear: "Leave it be, forget about it…, it will change somehow." In the next stage everybody will try to avoid this "awkward topic" in an attempt to forget about it. Trivialization of the situation and claiming that the woman is sick (or disordered) – usually by the family of the aggressor - is connected to the snubbing. But the most improper reaction is the demonstration of support to the aggressor. In such a case it is necessary for the woman, who is experiencing domestic violence, to abandon a certain part of her natural social environment. The intervention and counselling by professionals is then the only way out of the circle of violence.

According to the first representative research of violence committed on females in Slovakia (2002), seeking help of relatives or neighbours predominates with the Slovak women who experienced repeated violence from their intimate partners. Out of the women, who experienced strong forms of violence in their present relationship, 54,2 % sought the help of their relatives and neighbours, with lighter forms of violence it was 40,6 %.[30] This finding was confirmed also by the last representative research on the occurrence and experience of women as victims of violence committed on females in Slovakia in 2008. 65,5 % sought help of their relatives and neighbours (with lighter forms of violent relationships it was 40%); 92,7 % of women experiencing strong forms of violence from their ex-partners sought help of their family and friends (with lighter forms of violence it was 45,3 %).[31]

As a part of his doctoral degree studies at the Trnava University (2006 - 2009), the author of this article carried out a specialized applied research in two selected shelters, which provide accommodation, social help and counselling for the victims of domestic violence.[32] Both these social care facilities are run by a non-governmental organization and they are situated in Western Slovakia in the area of Zahorie. The object of the research was domestic violence. The primary object of research were women, who repeatedly underwent a trauma caused by violence, as a consequence of which they left home and went to shelter. The objective of the research was conceptual. It aimed to point out the positives and flaws of services for survivors of domestic violence and to lead to improvement of their quality and extent. The purpose of the research was to improve the quality of complex services for women who experienced domestic violence. From the point of view of methodology, it was an integrated research. The starting point was a qualitative research and an inductive

[28] Čirtková, L. *Pomoc obětem (a svědkům) trestných činů*, 2007, p. 126-130.
[29] Herman, J.L. *Trauma a uzdravenie,* 2001, p. 23.
[30] Bodnárová, B., Filadelfiová, J. *Domáce násilie a násilie páchané na ženách v SR*, p. 81.
[31] Bodnárová, B., Filadelfiová, J., Holubová, B. *Reprezentatívny výskum výskytu a skúsenosti žien s násilím páchanom na ženách (VAW) na Slovensku*, p. 70-71.
[32] Mátel, A. *Naše možnosti pomoci ženám – obetiam domáceho násilia*, 2009.

approach. The results of the qualitative research were consecutively processed by means of application of quantification, comparison and categorization rules. The design of the research was a combination of open topical face-to-face interviews, which were partially structured and with open questions and an analysis of archive materials. The researched time period was between 1st June 2002 and 30th March 2009. The data capture took place from January 2008 to 30th March 2009. Primary research sample were adult women, which had been clients of selected social care facilities and were diagnosed with domestic violence. Out of the 169 clients of these social care facilities, 113 (67 %) women were staying at them because of domestic violence.

Within the scope of identification of persons, who helped these abused women, apart from specialized professionals they stated also the help of their biological relatives and friends throughout various stages of their breaking of the circle of violence.

Among the fourteen activities stated as undertaken before the staying in shelters, 17 % of the respondents stated they had sought the help of biological family and 13 % of friends.

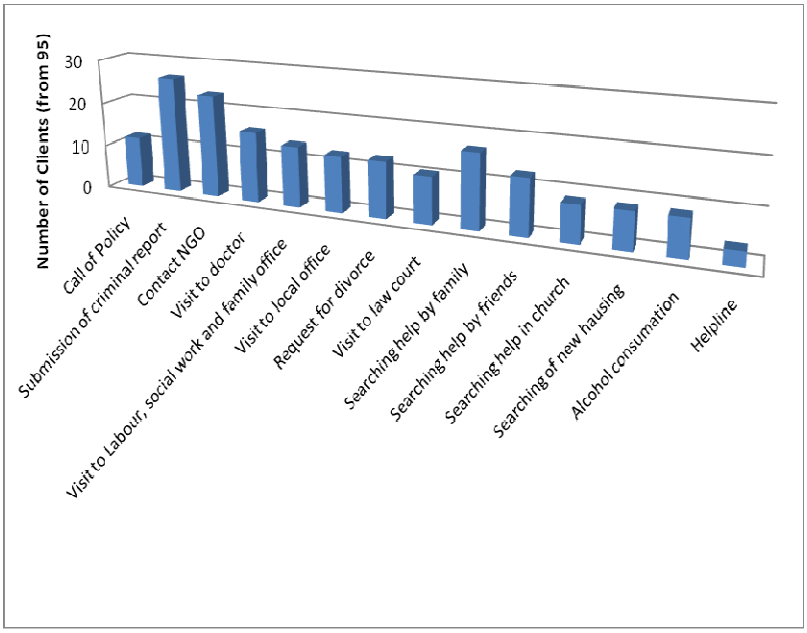


Chart no. 1 Activities of women before their arrival in shelter.

On the basis of the interviews I am convinced that the archive materials concerning this group are insufficient. During the interviews I found out that if a woman's parents are still alive or she has any other relatives and it is not them, from whom she is running, she seeks their help. In the group of clients of shelter, the limitation of the relatives is usually the impossibility of providing the abused women with long-term accommodation. Friends belong to important non-professional (laical) subjects of help, too. Disproportions in results of the oral interviews and the study of the archive material convinced me that the questioning and of the clients on admittance to shelters is not sufficient. Therefore, I propose these as standard questions on admittance of a new client to a shelter: "Have you sought help of your relatives? If you did, specify who it was. What did they help you with? What were they unable to help you with? Have you sought help of any of your friends? How did the help you? Can you evaluate positive and negative experiences with the help of your relatives and friends?"

Concerning the distribution to the shelter, 6% of women stated that their family or friends helped them contact the shelter (chart no. 2).

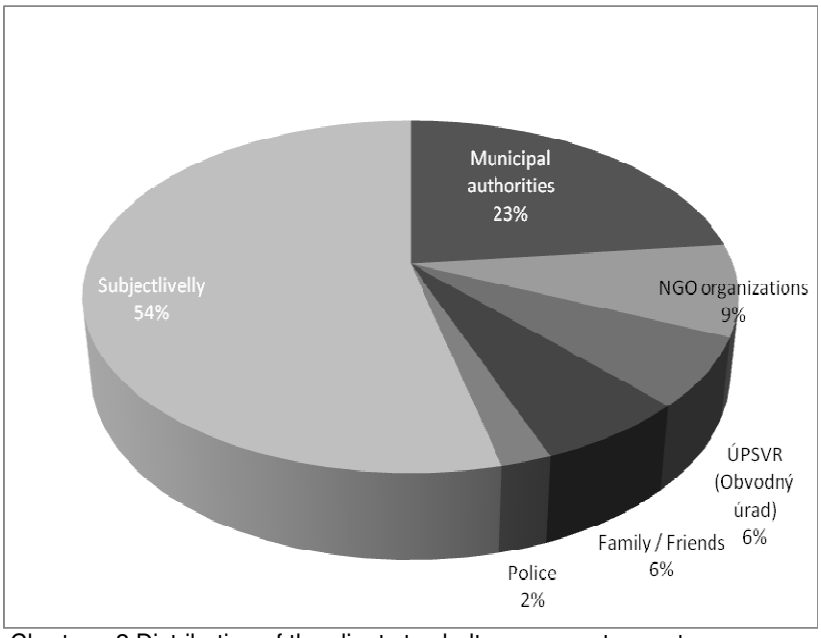


Chart no. 2 Distribution of the clients to shelter – percentage rate

Concerning accommodation, the family had an important role also after the stay in shelter. 17 % of women stated as the place of their subsequent accommodation was their relatives (parents, siblings, grandparents). The stay in shelter in these cases contributed to a change in the attitudes of the relatives towards a more active help in the sphere of accommodation. I have mentioned above one case of departure of a woman to her friend's place with the perspective of long-term accommodation.

Conclusion

To sum up, it is possible to claim that the biological family plays one of the key roles in the process of social inclusion of shelter clients. Professional counsellors ought to at least know about the importance of the social context and the role of close relatives and recommend them to the client. If possible, it would be suitable, with the approval of the client, to contact and actively involve them to the process of counselling and therapy of their relative. In the Slovak law no. 448/2008 about the social service the workers in social services are reminded to cooperate with the family to create conditions suitable for the return of the receiver of the social service to his or her natural environment.

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ALCOHOLISM AND ITS IMPACT ON THE FUNCTIONALITY AND QUALITY OF FAMILY

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ABSTRACT

Family background, relations among its members, the overall atmosphere in family – all of these influence the shaping of an individual and contribute to the quality of life, as well as form the conditions, which influence our future life significantly. The present-day families are exposed to a lot of influences, either outer or inner, which have an impact on them. If alcohol addiction occurs in a family, it causes problems concerning different areas. It endangers the stability, cohesion, and it gravely impacts the functioning of the family system. Very frequently alcohol influences the quality of relationships among the family members. It interferes in the personality development of the family members, disrupts the relationships and very often leads to the break-up of the family system. Alcohol addiction causes also serious social, health, work and economical problems. The most efficient solution out of alcoholism is to admit one's addiction and helplessness concerning alcohol. The rehabilitation treatment is possible in any stage of the illness. Teetotalism prevents very serious disorders caused by the addiction, as well as it is the only possible solution for a comeback to the family circles, work and society.

Key words: Alcoholism. Alcoholic. Family. Family function. Functioning – malfunctioning of families. Rehabilitation treatment. The quality of family life.

Introduction

Alcoholism is tolerance legal drugs, the number one in Slovakia and is now commonly understood as a regular and excessive consumption of alcoholic beverages. Regularity and the excess drinking is a significant risk of developing addictive behaviors and social pathology, not only for the individual who drinks, but also for other members of his family. Serious social, health, employment, social and economic problems. Alcoholism is a disease of the whole family and it affects each member.

Alcohol primarily interact negatively affects the family, blocks the fighting and solving problems that will inevitably bring different stages of life. Gradually, the family system removes alcohol control negative personality traits of family members. Family members, powerless, helpless, gradually entangled in the consequences of disease and themselves become emotionally disturbed. The bulk of public interest has focused on alcoholism and alcoholics. Their families, however, pays less attention.

Family is the basic social group, where the child is getting into social relations, and within which it becomes a social being. The family has several functions, under which the individual meets the needs of its members and their personal development. Family must be flexible in responding to internal and external changes. It can also be functional or dysfunctional systems. The family environment is difficult, dysfunction, the better the quality of life of its individual members below. Individual in the family has its psyche and its positive and negative symptoms only for themselves but also for their relatives. There are families whose dysfunction caused by alcoholism of one of its members. Alcohol abuse and alcohol dependence is one of the most serious social and societal problems. Family may be involved directly or indirectly to alcohol abuse its members. Under the influence of this fact, there are often negative socialization of its members.

Nevertheless, examination of family life is needed and necessary, in particular with regard to the prevention of malfunction and to provide effective assistance. If the collapse of family functioning, due to alcohol dependence, one of its members may not immediately lead to family breakdown.

Early diagnosis of alcoholism early intervention and family, her ability to motivate high-quality treatment, abstinence often prevent very serious disturbances and consequences of such dependence and placed back into the family, work and society. This family is able to sanitize the system and restore its functionality and quality.

Quality of life is the result of the interplay between social, economic and health conditions related to human personality. On the one hand, the objective conditions on the other hand, subjective experiencing of the good life. Subjective survival to the good life have been affected by such factors such as: substantive enough individual, health, privacy, social recognition, or emotional gratification. Such subjective survival of the good life can disrupt the entry of alcohol into our lives.

Alcoholism is a disease of the whole family and it affects each member. This pathological phenomenon operates differently. Alcoholism affects most relationships in marriage and family life, destroys the mutual trust and family harmony, marital disruptions and causing a major cause of the crisis of family life and a high divorce rate. Affects children's education area, in respect of a parent - child. The child suffers from the site mental, physical, emotional, educational and social.

Alcohol dependence fundamentally undermines the place of man in the family and in society, relegating him to the edge. Alcoholism destroys marriage and family relationships, destroys trust and is the cause of family crisis and the high divorce rate. Disruption of interpersonal relationships and overall atmosphere as the effects of alcoholism is manifested

first in his immediate vicinity, in an alcoholic family. Supporting characters are infidelity, frequent quarrels between its members, including violent behavior. Alcoholism is a disease of the whole family, which covers all of its members, passes from generation to generation and has devastating effects. The family is affected when relatives and friends can no longer tolerate the behavior of an alcoholic and will start him and avoid the whole family. Often times, however, especially for families affected by the actual behavior of an alcoholic. In this case family members are helpless and need professional help.

Alcohol and child

It is not possible to quantify the damage caused by alcoholism mental balance disruption to their children by creating for them unsuitable environment, show bad examples, neglecting their education. How important is to give support to children from families of alcoholics do not need to convince anyone. Their childhood is more marked than in other dysfunctional families, psychological trauma and are more exposed to aggression and physical violence. Process of developing their personality as well as socialization is often disturbed. For young people is particularly difficult to understand that his father or mother is a person dependent on alcohol.

Conclusion

Alcohol addiction is a social problem, it means that concern us all, not people dependent, or circle of their families. Our company creates an environment for the existence of alcoholism as a problem in any case we can not relinquish responsibility for its solution, or it under the guise of free choice mechanically transferred to individuals. Alcoholism is one of the facts of life of families that exist objectively and come into our lives. These can be ourselves and our families as inherently affect any other disease. This disease – addiction to alcohol does not choose its victims by age, gender, education, and social inclusion. However, the disease is one of the many can be treated. Victim may be potentially all of us. Journey from occasional drinkers to addiction is often imperceptible and therefore the risk of dependence on a high.

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SOCIAL INTEGRATION OF YOUNG ADULTS FROM FOSTER HOMES

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ABSTRACT

The paper deals with the current issue of the social integration of young adults after they leave foster homes. It defines the problems of contemporary foster homes, describes the professional alternative upbringing in the family as positive, temporary and a difficult form of family care that is experienced in Slovakia. It characterizes specialties of children growing up in the specific conditions of children´s homes, the most common causes of social failure of young adults after leaving a children´s home, as well as socio-pathological phenomena endangering this group of young people. A large portion of the context is devoted to the importance of social support and social work in promoting of gaining of independence and social integration of this group of young people.

Keywords: Foster home. Young adults. Social integration. Social failure. Social Support

Introduction

The seriousness of the problems of social integration of excluded communities and individuals is growing. It is a many-sided problem that requires appropriate resolutions. The number of citizens who are at risk of social exclusion represents a growing threat in a variety of socio-pathological phenomena. Young people who did not receive a full-value education, training and the preparation necessary for life are also the group threatened by social exclusion. For society, these young people represent a multifaceted problem, especially for its non-independency (inadequacy) to solve their problems, hard adaptability, and difficult social integration. This group also includes young adults who grew up in conditions of foster homes. Studies (Langmeier, Matějček, Kovarik and others) prove far-reaching consequences of psychological deprivation caused by growing up in conditions of foster homes. Transformation of children's homes to a family type tried to remove the residential, collective way of upbringing and to get closer to a full version of upbringing within the family. Although nowadays it is starting to enforce the trends of abolishment of institutional care and minimizing of the residence of the child in conditions of children's homes, there are still many children who have no other choice. They are taken out from their biological families or abandoned by their own parents. That is why the problem of social integration appears after the end of the institutional care as a vicious circle. In consequence of various psychiatric disorders which result because of taking of child out of its biological families and secondary behavioural disturbances that arise (arose)in terms of institutional care (psychological deprivation) there also occur problems in upbringing. Lack of education is then a barrier to access to institutions and employment. The combination of these negative experiences of childhood, unemployment and housing difficulties causes the risk of social exclusion for this group.

Foster home

Foster homes (FH) temporarily replace the natural family environment or alternative family environment for a child. FH is characterized as an environment created and arranged for the purpose of completion of a court decision ordering the institutional care, interlocutory judgement and the imposition of educational measures. In FH there is the possibility to provide care for a child from its birth until the age of majority, but a young adult can request providing of care until its independence, but only up to 25 years of age. (Mikloško, 2008).

Independence according to the Act no. 305/2005 Coll. on social protection and social guardianship (consolidation Act no. 27/2009 Coll.) is considered as the security of housing and the ability to make one´s own living.

FH is a facility for children who have no opportunity to grow up in a family because they do not have family, or because the family is unable or unwilling to care for them -they are so called "*social orphans*" (Dunovský, 1986). According to Matoušek, (2003) in the countries of our cultural circle social orphans are highly dominant over factual orphans. If it considers the state of health of a child or the reason why the child was placed in FH the conditions for setting up the school for the fulfilment of compulsory education and training are created by it. A FH can take a child on the basis of (Oláh, 2005):

- the final decision of the court ordering the institutional care,
- interlocutory judgment of the court under a special regulation,
- the final court decision imposing educational measures.

In urgent cases, especially when the child´s life or health is at risk, it is possible to take a child into a FH without the necessary documents. As Mikloško stated(2008, p. 50) "*If the institutional education is ordered, certain offices in cooperation with the municipality, with*

children's homes, and eventually with accredited subjects are required to develop a plan of upbringing activities with the child and its family. The law obliges the municipality to provide assistance towards the costs of transport of parents to the foster home and to earmark resources which will be used for rehabilitation of the family or the creation of conditions for foster family in the first year". Placement of a child in FH brings satisfaction of its material needs. However, it is needed to create such conditions and relationships which would provide mental multilateral initiatives to a child –particularly emotional and intellectual. In developing emotional and social aspects of personality of a child, there are also very valuable activities and educational situations in which emotional relationships between the child and the educator are created and the child gradually acquires a sense of trust and confidence in the new environment during those activities. As Šipošová stated (2008), care of infants in FH, where institutional care is performed, is a process whose realization cannot be pre-determined during a set time period and the residence of the child should not take longer than it is absolutely necessary. Children raised in institutions in the long term had abnormalities in personality characteristics and more often in the social application. Therefore we agree with the opinion that it is necessary to make maximum effort for the reduction of consequences and for the preparation of the child to have a full-value life outside of institutional care.

The legislation currently states that FH is adjusted as:

- children's home or
- children´s centre (§ 53 of Act no. 27/2009 Coll.)

In children's homes they utilize institutional care, an interlocutory judgement and educational measure in foster families and in a separate group, set up only in single family houses or separate flats which are located in residential buildings. Children's homes can be set up in one family house or in a flat with only one single group or one single diagnostic group, and if the right conditions are formed to satisfy the needs of the children, and specialized in one single group.

In the children's centre they carry out the institutional care, an interlocutory judgement and educational measure. Children´s centre's create conditions especially for a child who requires care in a separate diagnostic group or separate specialized group.

Professional alternative upbringing in family

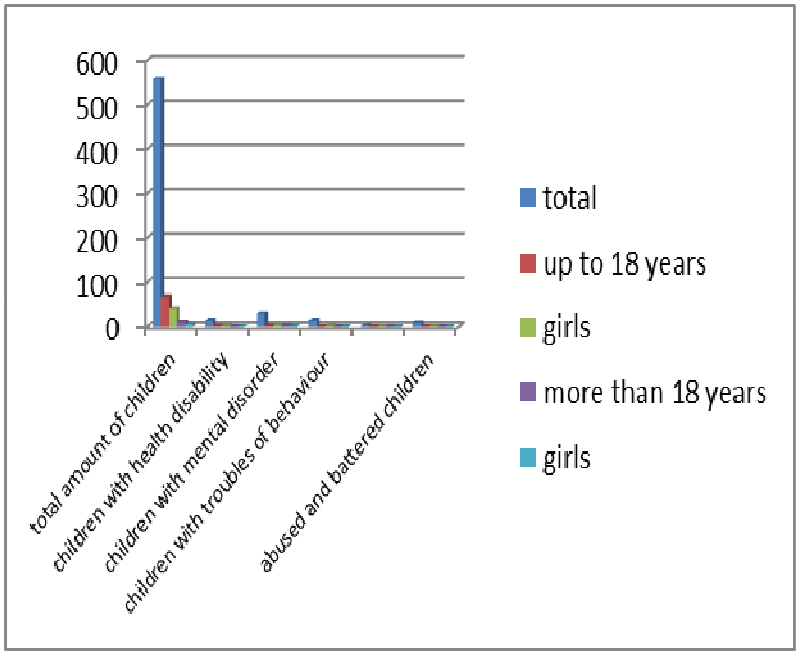
In our country professional alternative upbringing in the family was first legally recognized in 1993 in Act no. 279/1993 Coll. on school facilities. Children's homes at that time were under the Ministry of Education. The intention was to create a type of foster care, which would combine the benefits of a family environment with the availability of special assistance in education (Mikloško, 2008). Professional alternative upbringing in the family has been designed for those children who were not adopted and were not placed with foster families. It was primarily set up for a group of disadvantaged children because these children are older children, sibling groups, Roma children, children with behavioural problems, mentally handicapped children, children who are in contact with parents, but their parents cannot care for them by themselves (Oláh, 2005).

In foster families, the care is provided by an individual or spouses which are employees of FH or a natural person who is employed in FH in his/her own family environment outside of FH. Spouses can ensure the care in a foster family, established in a separate house or flat that is a marked part of FH, only if both of them are employees of FH. A young adult may remain in a separate group, separate specialized group or in a foster family after the end of institutional care after the attainment of his/her majority, if he/she requests it and if it is appropriate and effective(§ 53 of Act no. 27/2009 Coll.).

A Professional foster family can also provide care for a juvenile mother and her child with an order of institutional care. In settlements of this nature, care for children requires a need for a more qualified appraisal and preparation of people that are suitable to carry out professional care. Citizens' association *Návrat* assists in the preparation of future professional foster parents through training of professional alternative families and in the area of counselling to the individual FH. Although there still remains and order of institutional care for children and it is an employment relationship, for as much as the professional parents bring up a child in their own family environment, we consider it as a form of foster care. It is necessary to carry out their training as in the case of other candidates, to substitute for family care. The preparation for the performance of professional care includes particularly (§ 52 of Act no. 27/2009 Coll.):

a) the provision of basic information:
   - about foster care,
   - about the mental, physical and social development of a child and needs of the child,
   - Children's Rights in institutional care,
b) training in practical skills and in educational work with children and young adults.

The authors of the article in the years 2008 -2009 completed research into the nationwide issue of social integration of young adults from FH. Charts 1 and 2 give an overview of professional families and placing children in professional families. **Research has found that in 71 participated FH's, 558 children were placed in professional families.**



Picture 1: Children in professional families Source: author

Chart 1 illustrates the structure of children placed in professional families. According to research, children with mental disorders (28) were placed the most often, then children with health disabilities and with troubles of behaviour (15), abused and battered children (10) and to place drug and otherwise dependent children was the most difficult.

Nowadays it is evident the **increase of professional parenting** (year 2008 –333, year 2009 – 462 professional families –772children) and in FH, there is the principle of priority of placing children into professional families, in connection with professional parenting there are these problems:

1. Problem: Hiring all professional parents

2. Problem: Placing children:

- older (about5500 children in FH are more than10 years old)
- sibling groups (only 19% of children in FH do not have siblings)
- children with serious behavioural disorders(drug and otherwise dependent)
- children with health disabilities,
- Roma children (50-80 %)

3. Problem: Social integration of young adults after they leave a FH- a weak system of social care in Slovakia.

The Bureau of Labour, Social Affairs and Families in the new programming period from 2007-2013 also supports professional parenting in National Project XXIV-2 *Increase of employment of professional parents* aimed at the development of professional families, including preparation for professional performance of alternative care, as well as the increase of public awareness about professional parenting.

Rehabilitation of the family environment, field and community of social work for the restoration of the family environment and family functions focused on the cultural preferment of family is gaining ground too.

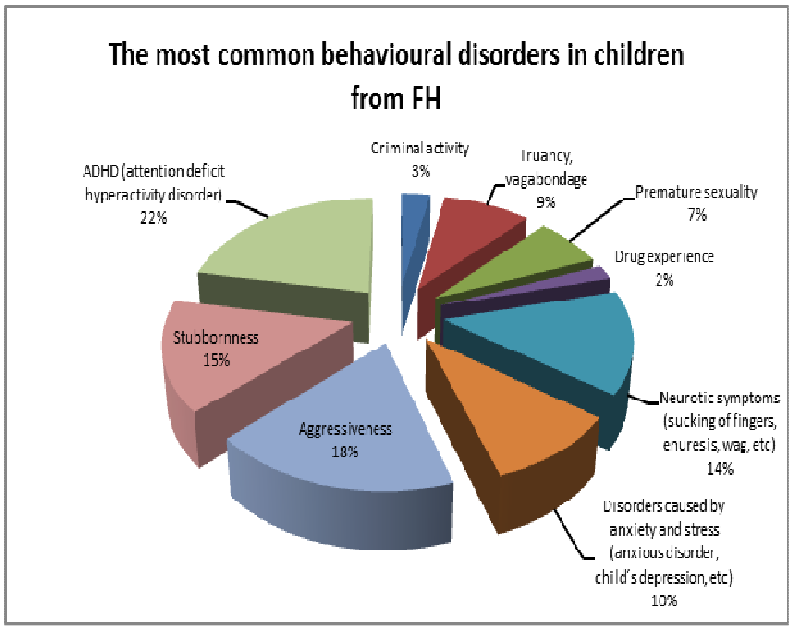
Social integration of young adults and its problems

Social integration is characterized by Slowik (2008) as a process of coequal inclusion of persons in society –thus something that is completely natural with regard to each member of society. Children who have not known the family environment at all are considered as a special category according to Matousek and Kroftova (2003). They have been brought up in collective institutional facilities; they have usually gone through man yreplacement homes. Those deprived children have not only a weakened ability to raise relationships and to find satisfaction; they also have a weakened sense of "civil" (unconstitutional) reality.

Vágnerová (2000, p. 36) defines deprivation as *"a state when one of the major objective needs, biological and psychological, is not being satisfied sufficiently and in a suitable way and for a long time"*. In comparisons to families, children in foster homes have fewer incentives for harmonious development, whether it is concerning physical contact, verbal and nonverbal communication, or acceptance. Long-term psychological consequences of deprivation are: weakening of relations with people, continuation of many superficial relationships, and provocation of interest or inclination to the permanent alternative satisfaction. Children who can be considered as relatively eurhythmic in a deprived environment may fail later in a different environment, because they do not have the ability to adapt to different kinds of situations. Psychological deprivation disposes to a worse social functioning (loneliness, unstable relationships, low leves lof education, low prestige job opportunities) or to social failures (Matousek, 2003).

Mitlöhner states (In: Truhlářová, Sorrow, 2006), outcomes of emotional deprivation of children are a burden for future interpersonal relationships of such individuals, who then have problems with social sensitivity, with lack of regard for others, with self-control, with lack of the necessary ability of social adaptation, with the ability to be responsible for their own behaviour and with making decisions by themselves.

According to those authors, it is probable that some disorders, especially in the emotional field, also persist where there is a person adapted socially and intellectually (Končeková, 2005).
Škoviera (2007) notes that a child in an alternative upbringing is traumatized, emotionally and socially disrupted, if the child lived in difficult economic and social conditions and therefore the child is socially neglected. They are often Roma children. Ričan (1998) claims that they are placed in institutional care fifteen times more often than Non-Roma children.
Among the most socio-pathological phenomena we meet within the environment of children's homes include: chicane and various behavioural disorders (antisocial behaviour, disobedience, disassociated social behaviour). Children also have different psychological problems such as anxiety disorders, hyperactivity and impulsivity and depression (Oláh, 2005). Other typical symptoms of children with behavioural problems are truancy, educational problems, criminal activity, drug use, aggressive communication, hyperactivity, attention deficit disorder, vagabondage and premature sexual activity (Škoviera, 2007).



Picture 2: The most common behavioral disorders in children from FH
Source: author

The most common behavioural disorders according to research (Kollárová, Hučík, 2009) include:

1. **attention deficit hyperactivity disorder (ADHD)…….…….....22%**
2. **aggressiveness……..…..18%**
3. **stubbornness…….……15%**
4. **neurotic symptoms……...14%**
5. **disorders caused by anxiety and stress……..10%**

It is necessary to underpin all of these disorders at an early stage and it is essential to devote attention to them. The current situation in the socio-pathological phenomena in children and youth warns us that there is the need for effective prevention. It is very difficult to realize this process and involves the process of implementing actions of many institutions which are called to reduce the occurrence and extension of socio-pathological phenomena.

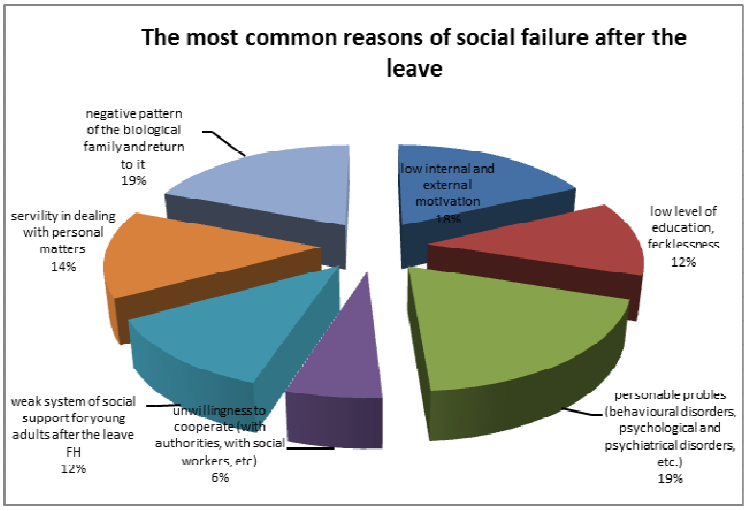
As you can see from research (Kollárova, Hučík, 2010) the most common reasons for social failure of young adults after they leave a FH can be divided into two categories (Picture 3):

I. PERSONABLE PROBLEMS:

- **personable problems……19%**
- **low internal and external motivation……..18%**
- **servility in dealing with personal matters……..14%**

II. OBJECTIVE REASONS:

- **negative pattern of the biological family and the return to it…..……19%**
- **weak system of social support for young adults after they leave FH……..……12%**
- **low levels of education, fecklessness...……..…12%**
- **unwillingness to cooperate with authorities, with social workers, etc……..…..6%**



Picture 3: The most common reasons for social failure of young adults after the leave
Source: author

The reason for social failure of young adults after they leave a FH is the accumulation of negative factors, namely personable problems as well as objective reasons, of which the most often one seems to be their return to the biological family and its negative impact on young adults after they leave a FH. In this relationship, the need for observation of the family environment emerges to the forefront before the return of the young adult from a FH; necessary influence is the rehabilitation of the family environment, as well as the field and community social work.

CONCLUSION

These facts clearly indicate that the situation for young adults after they leave a FH is in many cases alarming without appropriate support. Following the examples from more advanced countries (Germany) a monitoring system should be set up in Slovakia for a so called social safety net, which would monitor the young adult for a few years after they leave a FH and provide them with the necessary support in the case of social failure. We would suggest the extension of the period of monitoring young adults after they leave a FH at 5-10 years. Qualified field social workers should ensure it. The increase of unemployment, crime, brutality, offenses, drug dependence, homelessness and prostitution are several examples of socio-pathological phenomena today, which clearly threaten a group of young adults from FH's who did not receive a full education and training and also have different personable problems of different nature and etiology.

Providing housing, work and family structures are all other issues that young adults have to face after they leave a FH. Although many young people from FH's prepare for a profession at college, in this time of economic crisis, it is often difficult to find work for the university-educated people. The problem of independence is related to housing as well. Only a small group of young adults from FH's live in their own residential premises. Many more young adults return after they leave a FH to biological families, which affect them in many cases as a negative pattern.

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DEDUCTION OF THE ADMINISTRATIVE-LEGAL RESPONSIBILITY AS A CONSEQUENCE OF AGGRESSION IN THE DOMESTIC ENVIRONMENT

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ABSTRACT

Family is the primary, immediate social environment for most people. No social environment is immune to aggression and violence and this applies to the field of family as well. Aggression and violence occurs in all kinds of social relationships. If violence and aggression are below the danger level of criminal offence, an administrative authority deduces administrative-legal liability for a minor offence committed in the field of civil coexistence.

Keywords: Administrative legal responsibility. Offence. Civil co-existence. Aggression. Violence. Family.

"The general duty of every person is to respect the law. In violation of legal duties, law is connected with the emergence of various kinds of responsibility. If an unlawful act bears the signs and the subject-matter of a public offence, the public authorities deduce criminal or administrative responsibility. The sentencing of public offences is the responsibility of public authorities, who have to ascertain who is to blame and the how to punish them. "(Machajová, 2009, p. 189).

The proper punishment in the Slovak legal conditions belongs to the decision-making of the administrative authority relating to administrative offences and administrative punishment (penalty). Administrative sentencing is a form of deducing administrative and legal responsibility.

Administrative punishment is connected to legal responsibility, i.e. with the legal capacity to bear legal consequences in the form of penalties and punishment.

The mission of the application of the administrative legal responsibility is not only to punish, but also to re-educate.

"The quality requirements for the procedural mode of administrative sentencing arise not only from national laws, but also from the European Convention on Human Rights and Fundamental Freedoms, and from other international treaties, as well as from a number of recommendations of the Committee of Ministers of the Council of Europe. According to Slovak legal regulations, only an offence proceeding complies with the requirements of the law on a fair trial in that respect."(Machajová, 2009, p. 195).

"Offence is a wrongful action that violates or endangers the interests of society and it is specifically identified as an offence, unless it is another administrative offence punishable under the special laws, or it is a criminal offence. For offensive liability, only willful neglect is sufficient if it is not established by law that there is needed willful infliction."(Machajová, 1998, p. 15).

Offences against civil coexistence that are carried out by aggressive behaviour and violence are regulated in § 49 paragraph 1 letter d) Act SNR no.372/1990 The Collection of Offences as amended. Those people who intentionally disrupt civil coexistence commit the

violation of civil co-existence; threatening with bodily injury, minor bodily harm, false indictment of offence or deliberateness or other rude behaviour. For this offence it is possible to impose a fine up to € 99.

Civil coexistence is s legally uncertain concept. Generally, it can be considered as a summary of rules of behaviour whose observance is above legal norms, and according to general opinion and belief, a necessary condition for a peaceful, orderly, proper coexistence of people in a given place, time and situation.

Intentional threatening with bodily harm, intentional minor bodily harm and other serious intentional rude behaviour are considered as aggressive behavioural characteristics. Aggression is defined as such when someone intentionally, willfully hurts someone else or he/she tries to harm him/her. It is not important whether the injury was or will be done but whether it is the result of deliberate, purposeful behaviour. "Aggressive behaviour is performed with the aim and belief to hurt while there is usually infringement of social norms."(Berkowitz 1993, Geen, 2001. In: Lovaš, 2010, p. 12)."Anderson and Bushman define aggression as any behaviour directed against another person, which is carried out with imminent intent to cause harm or to hurt. In addition, people behaving aggressively may not be sure that his/her behaviour would injure the victim."(Lovaš,2010, p. 12).

Violence is defined as intentional harm, which is carried out with the intent to seriously injure the victim and it is simultaneously defined as aggression, which has serious consequences. "Violence and aggression go hand in hand, but aggression may not be in the form of violence."(Anderson, Bushman, 2002. In: Lovaš, 2010. p. 12). Violence is characterized as the use of great power against someone or something. As violence, it is considered any intentional harm, and thus any aggression. Specifically in the home environment, violence is often related to minor bodily harming, abuse and mistreatment.

Family is the primary, immediate social environment for most people. Family provides its members the security of basic needs; these also include providing safety and support. Even for the family, it is valid that there is no social environment immune to aggression. Aggression occurs in all types of social relationships.

In the home environment anyone may be the target of aggressive behaviour and we can talk about cruelty to partners and violence of partners towards each other, violence towards children, violence between siblings, violence towards parents, abuse of elderly people and problems of adults who were abused as children.

The domestic environment is usually created with a relatively small number of people, among whom there are significant differences in terms of power. Major differences exist between parents and children; the difference is also in the physical power between men and women. Living in one household leads to constant contact and a high level of interdependence. The use of the right to privacy enables you to organize family relationships in the family and in a household as a closed system to which no one from outside can intervene.

If any family member uses his/her dominance and enforces the right to exercise violence as a part of the domestic rules, behind closed doors, nobody can prevent it.

Family violence can be in different forms. Adult man may be the target of violence of other family members. He/she may be a victim of violent behaviour from another adult: spouse or mate. He/she may also be a victim of his/her children or younger family members. Based on research, it is possible through categorization of domestic violators to talk about violence between partners (spouses) towards each other, violence of parents towards adult children, violence of adult children towards children (relationships of siblings), violence of adult children towards parents and violence towards grandparents.

The findings are the following: a domestic bully is generally male and females are the victims. Special features of treating partners poorly is low self-esteem, passive mechanisms of

coping with stressful situations, high dependency on the partner, anxiety and depression, social isolation, internalized blaming of oneself and alcohol and drug abuse.

"According to research, most victims are women during their first marriage, a majority (75%)of them live in households with at least one child. Most frequently, middle-aged women are victims, with a high percentage (65%) having primary and secondary education without graduation. The victims are both economically active and inactive women. Causes of partner aggression have multilevel characteristics. A major factor of violence towards the partner is the observation of domestic violence in childhood, problems in relationships to parents, a high level of interpersonal dependency and jealousy, attitudes which tolerate domestic violence, lack of empathy and alcohol abuse in more than 60% of the people surveyed. "(Lovaš, 2010, p. 113).

Aggression between siblings belongs to the less studied forms of family violence. Aggressive behaviour between siblings is influenced by rivalry, conflicts related to the use of things (property), and also relationship with parents. The reaction of parents, who often act as the witnesses in deducing administrative-legal liability, is also very important.

Behaviour of adult children towards their parents also belongs to the less studied forms of family violence. Aggressive behaviour of adult children towards parents can be characterized as willful harm, abuse of parents by children with the intent to cause physical, psychological or financial harm to achieve power and control over parents. Physical abuse of parents can be characterized as: strikes, elbowing, pushing and slapping. The psychological maltreatments include verbal aggression such as swearing, name-calling, ridiculing and mockery, provocation, a threatening expression of hatred and parental annoyance.

The most frequent causes of mistreatment of parents are poor relationships with parents, the behaviour of parents towards children (in childhood) and socio-economic status. A percentage of adult children who behave violently towards their parents were the objects of physical, sexual or emotional abuse in childhood and also witnessed frequent consumption of alcohol or drugs.

Objects of aggressive behaviour in the domestic environment may be the elderly. The elderly may be abused physically, sexually or psychologically and they can also be abused emotionally and neglected, or exploited financially and materially. Younger members of families behave violently towards elderly people in home environment and towards those who care for the elderly in a domestic environment. Perpetrators of violence are most often their family members, usually their adult children. Using violence towards the elderly is mainly connected with men. In the case of women, these are mainly abuses related nursing, performing mostly by women.

In day-to-day life, we are in contact with forms and manifestations of aggression, whose form is not related only to specific individuals, but also to the surrounding environment. Aggression and violence occurs in various types of social environments and spheres of social life; i.e. at school, in family environment and at work. Social groups create good conditions for the occurrence of aggression. A man who has a tendency to behave aggressively can find a suitable target of his/her attacks inside any of these environments.

As far as these attacks do not reach the degree of danger of a criminal act, it is considered administrative-legal responsibility towards the perpetrator of the offence in the field of civil coexistence.

Fundamentals of administrative-legal responsibility for minor offences and the proceedings therein are partly codified in Act SNR no.372/1990 The collection on the offences as amended. The legal consequence of the offence may be a sanction (punishment) or a protective measure. The merit of a punishment is based on the harm that occurs from the offender, possibly related to his/her moral condemnation. It often interferes with his/her constitutionally guaranteed rights. However, it should affect materially on the offender and

turn him/her away from illegal proceedings. The imposition of sanctions can also be cancelled if the hearing of the offence is sufficient to correct the offender. A reprimand can be imposed on the offender in the form of a fine, injunction of an activity and forfeiture.

In determining the type of sanction and its measurements, it is taken into account the seriousness of the offence, particularly the way the offence was committed, its consequences and the circumstances under which it was committed, the degree of guilt, the motive and the offending person.

Criterion for distinguishing between crimes of harm on a person's health under § 156 or § 158 of the Criminal code and presented offences is the degree of social harm (seriousness) of inflicted unlawfully proceedings. In its determination, it is necessary to particularly observe the extent of damage to the health of the individual. In terms of § 123 paragraph2 of the Criminal Code, bodily harm for the purposes of this Act is considered harm to others, which required an objective medical examination, treatment or therapy during which was hindered the normal way life of the victim for longer period of time. According to settled practice of the courts, a longer period of time means the period approximately 7 days.

By provisions of §49 paragraph 1 letter d) of the Act on the offences, it is protected civil coexistence against its invasion in rude way. The Act on the offences in that provision specifically mentions the most frequent proceedings constituting vulgar behaviour-intentional threatening by bodily harm, intentional small bodily harm and deliberateness.

As vulgar behaviour, it is generally considered the procedure that invades civil coexistence in such a degree that, according to general opinion and belief, it goes beyond ineligibility (incorrectness). The boundary between vulgar behaviour and otherwise inappropriate (e.g. violation of decency) is not strict, and it is therefore necessary to distinguish between them during the decision about the offence consistently and to take into account all relevant circumstances of the case. The concept of vulgar behaviour should be interpreted objectively. Otherwise, it would actually depend only on the consideration of a person against whom abusive behaviour was directed, whether the originator of the offence committed the act.

A consistently predominant number of these offences are a reflection of the diverse and various infringement actions and also quite a wide-ranging conceived subject matter of the offence. In the case of the offences against civil coexistence, especially vulgar behaviour takes place when the offender intentionally invaded civil coexistence beyond legal standards. For qualification of subject matter of the offences, the most often were cases of a physical attack, threatening of bodily harm and related minor injuries as well as defamation of character. Highly prevalent offences are those committed within families and various vulgar behaviours in public places and pubs, bars and discotheques. The subject matter of offences against civil coexistence is carried out mainly in the form of vulgar behaviour by perpetrators that consists of the use of various vulgar and obscene expressions during routine conflict situations and it also consists of minor attacks, such as elbowing, pulling, slapping, holding each other and so on. More serious forms represent the threat of bodily harm and actual minor injuries and bodily harm that often ends in serious disagreements that are usually preceded by incidents of roughness. Among the factors that influenced the number of offences against civil coexistence, we can include poor interpersonal relationships resulting mainly from disturbed family relationships caused by alcoholism, aggression, violence, labour migration, frequent infidelity, divorces, unemployment and the resulting lack of financial resources, lack of means and problems with community property settlement after the divorce and cohabitation of divorced spouses. The financial crisis in 2009 had a tremendous impact on the commission of these offences and led to the resulting consequences. Other factors in the commission of these offences are also a variety of disputes, including unsettled property relations between siblings and other relatives.

Offences against civil coexistence are currently due to a lower quality of social relationships and their occurrence is subject to particularly poor social situations in the family, mainly because of unemployment and poor economic situation of some families, the social differences that are often inherent sign of vulgar and aggressive behaviour, and last but not least the increased consumption of alcohol or other drugs associated with aggression, vulgarity and mutual physical attack.

Family problems between a husband and wife are resolved through violence, rudeness and vulgar behaviour. Quite often, there have been cases when divorced spouses remained to live in a common apartment, and as a result there were disagreements between them, they deliberately caused harm to each other and there was abusive behaviour under the influence of alcohol caused by the former spouses, threatening of bodily harm, and minor bodily harms.

The essential function of the punishment of these offences cannot be restricted only to the protection of society from perpetrators of these offences. By realization of laws on these types of offences, in practice the authorities have the power to intervene effectively in cases of infringement or endangerment of interests expressed in the applicable law and to enforce the law and order in public administration and the maintenance of public order and civil coexistence. Means of achieving the purpose of ascertaining administrative-legal responsibility for the offence are an element of coercion (repression) and also an element of education (prevention). The effects of authority on the perpetrator of the offence are also a means of educational activity on the other co-inhabitants (general prevention).

The significance of these acts of authorities are particularly shown in the growth of certain barriers between the administration and its citizens and in the creation of conditions for efficient, trouble-free, acceptable public behaviour, which keeps public order and civil coexistence in favour of all of us in any social environment.

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A HISTORICAL OVERVIEW OF WESTERN EUROPEAN HIGHER EDUCATION
PAST DEVELOPMENTS, TWENTIETH CENTURY REFORMS AND CONTEMPORARY CHALLENGES

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ABSTRACT

As the point of looking back I shed light on the way leading to the expansion of education – more precisely of tertiary education. The expectations set for education – appearing time after time in many regions and countries – have all lead to the development of mass education. These factors have been: balancing inequalities in society, giving priority to equity, providing equal rights to students, as well as the expansion of lower educational levels. The process, without any doubts, creates opportunity for a certain group of youngsters, although it may also lead to the loss of value of degrees. Opening the doors of institutions wider, however, should not only be explained by the worsening financial background of universities in an ever intensifying competition. Modern societies becoming more complex, the growth of social expectations and an economic re-shaping have also contributed to developments in contemporary higher education. Regardless of geographical situation, changes have influenced the systems in every country, to a smaller or bigger extent. Although we experience somewhat different situations and consequences in all countries, it is the interest of each party involved to solve contemporary problems jointly – also as a result of a growing inter-dependency.
This article has expanded the view of writings published so far about a region, a continent or other communities (EU, OECD). Moreover, present article has shed light on future challenges through contemporary problem s and issues.

Keywords: Adult education. Special education. Higher education. School reform. Government in education. European Education. Compulsory schooling. Education development. Challenges

How have the first universities of Medieval times in Western Europe developed into being complex mass institutions of higher education? What steps led to such a great expansion we are witnessing today? In this writing I am going to look through the main steps of tetriary education development – not only focusing on higher education itself, but taking elementary and secondary education into scope as well, because - although definitely different systems from higher education - the expansion of lower levels give way to growing student numbers on higher level. I will highlight the effects of social, political and economic developments affecting education, and as a European aspect, discuss future challenges a 'European' education is facing.

Introduction: Conceptual Background

If we consider to examine the educational evolution of Western Europe, how its roots were established in past centuries and how these roots have developed, we must start with discussing the concept of the entity of Western Europe. Western Europe is a concept of rather recent origins, reflecting the post-World War II split between those European countries that fell under Soviet domination and much of the rest of the continent. With the collapse of the Soviet Union, the concept may have become obsolete. Contemporary Western Europe – taken in a political, cultural and economic sense – includes France, Spain, Portugal, Italy, Germany, Austria, Switzerland, the Low Countries (Belgium, Luxembourg, and the Netherlands), Sweden, Denmark, Norway, Finland, the United Kingdom and certain small states such as Liechtenstein. Almost all Western European countries are members of the European Union (EU), although certain countries such as Norway and Switzerland have chosen not to be a part of the EU. Greece, on the other hand, has joined the EU but is rarely considered to be part of Western Europe.

Western European countries - on different levels - are intent to give a European dimension to their educational systems. However, the concept of Western Europe and a European identity is constantly transforming because many countries from central and eastern Europe have joined the EU at the beginning of the twenty-first century, and they are also committed to a European dimension in education.

Past Educational Developments

From the Middle Ages to the twentieth century

The European higher educational tradition traces its roots directly to the establishment of universities towards the end of the Middle Ages. These universities generally emphasized special fields of knowledge, such as law, medicine, philosophy and theology. Although the primary beneficiaries of medieval schooling were clergymen, separate schools were established where children of merchants and masters, and even females, could develop literacy skills.

In the fourteenth and fifteenth centuries, the intellectuals aimed at incorporating classical humanistic studies into the curriculum, known generally as the liberal arts. Secondary schools emerged at this time, serving the needs of the rising middle class and providing university preparation, as well as a liberal arts curriculum. At the time of Reformation, primary schools were established, which were separate from the universities and secondary schools, both in terms of the pupils they served and the programmes of studies they provided. Consequently, a basic dualistic educational structure emerged, reflecting the highly stratified social structure in Europe: universities and higher schools served elites, while primary schools served the masses. By the seventeenth century, classical ideals and religious loyalties gave way to

educational efforts in the name of nationalism and vernacular languages began to prevail over Greek and Latin. Many thinkers saw the advantages of popular education to address national concerns, regardless of gender or class.

In different European countries there was some variation regarding the structure of the state-run education systems. Germany created different educational tracks, which provided separate schools for future leaders of the state and for the common people. Its system tended to become the model for other countries that were establishing their own state systems. Following the French Revolution in 1789, France moved towards a universal, popular education, where citizenship was to be emphasized over religious values. Germany achieved nearly universal literacy within the dualist system by the nineteenth century, due in part to compulsory schooling. In contrast to Germany and France, education in the United Kingdom was not nationalized until the twentieth century and has historically been one of the most decentralized systems in Europe.

Even though the state gained control over the educational enterprise in all countries, it recognized the importance of the private sector. The major issue in the struggle between church and state was not so much school sponsorship, but school control. In some areas, where there are strong religious cleavages, such as the Netherlands and Belgium, the state continued to rely on the church to sponsor most of its schools. Consequently, more than seventy percent of the children in the Netherlands and 45 percent in Belgium attend private schools. In more homogeneous populations, such as Norway and Sweden, the state has monopolized schooling to such an extent that less than three percent of the children attend private schools.

In contrast to areas such as the United States of America, which have maintained a strong separation of church and state, all European countries have continued to provide substantial financial and regulatory support for private schooling. The level of state support usually correlates with the level of state control. Private schools that receive support equivalent to public schools are usually under tight governmental control, while schools that receive less support have more autonomy.

Twentieth Century Reforms

School reform shifts

During the twentieth century, the major school reform issue was social justice, as advocates of change stressed the need to achieve greater participation of all young people in schooling in order to prepare them to take part more fully in the economy of the state. By the 1950s, all Western European countries had adopted compulsory education requirements, and children were required to begin school from the age of five to seven, corresponding to the laws of various countries. School quickly became obligatory for seven or eight years in age-graded schools, and the length of mandatory schooling increased in most countries. Compulsory education continued until the age of fourteen in Italy; age fifteen in Austria, Greece, and Portugal; and age sixteen in most other countries. In countries such as Germany and Belgium, students have been required to stay in school on a part-time basis until the age of eighteen. The age requirements of compulsory schooling have continued to be important, for it is in the state's interest that all citizens acquire a thorough basic education, though it has also been important that the age when students leave school coincide more or less with the age when they can enter the workforce.

Later, the focus of school reform shifted to the secondary level, once universal primary schooling was accomplished. Sweden led the way in 1949 when it adopted a plan for a universal common nine-year school. Sweden was followed by other countries, such as Italy, Norway, and France, while other Western European countries engaged in comprehensive

school reforms with varying degrees of success. The German-speaking countries, for example, have been reluctant to move away from the dualistic tradition. Towards the end of the twentieth century, conservatives called the comprehensive school agenda into question, although in some countries the liberal reform agenda continued to take priority.

During the twentieth century, the curriculum debate - which had previously focused on the struggle between religious instruction and a study of the classics - was no longer relevant in societies that were becoming more interested in scientific and practical training. Questioning the classical curriculum was initially due to the humanist realism philosophies that emphasized the importance of experience and practice in education. However, with the advent of the Industrial Revolution, schools recognized the need for a more expansive curriculum. As Altbach puts it, "employers have also demanded that the curriculum become more directly relevant to their needs" (*Altbach*, 2008). In 1974, Norway, for example, adopted eight branches in its upper secondary school structure: general education, manual and industrial studies, arts and crafts, fishing and maritime studies, sports, clerical and commercial studies, domestic arts and sciences, and social and health studies.

All European countries started to offer vocational training in addition to the general curriculum. French students, for example, chose one of the vocational or technical tracks at around the age of fourteen or fifteen. Two major vocational education models came into existence. West Germany developed a dual-system model in the 1950s and 1960s, requiring upper secondary students to attend formal school for two and a half days or one full day and to be under supervision in the work environment for the rest of the week. In contrast, the French model placed young people in formal schooling full-time until the end of compulsory attendance, when they may have become full-time vocational students. The major distinction in the two models is that German youth were exposed to the work world at a much earlier age. In some countries, such as Norway, researchers and policy makers structured their system so that a full range of options was available. In all systems, it was difficult for students to return to a university track once they moved to vocational and technical training. As can be expected, countries have developed systems of orientation to deal with tracking issues.

Some countries, such as Norway, have chosen to harmonize general studies and vocational studies by emphasizing the practical aspects of general studies and making vocational studies more academic and theoretical. What this means is that progress was made in bringing the two worlds together by requiring that vocational studies programmes looked more like general studies programmes. This trend was accompanied by a substantial increase in enrollments of students planning to attend higher education. Beyond secondary institutions, curricular vocationalism also became a key worldwide trend in higher education to reassure a closer link between tetriary education and economic needs (*Altbach*, 2008).

The question of control

The role of the central government in education was another debate that carried into the twentieth century from past centuries. Contrary to previous efforts at the time of the Reformation and the French Revolution that favoured an exclusively state-controlled school, the post-World War II movement was towards decentralization of control from the state to local school authorities. Both private and state schools tended to be centralized in terms of state funding, but decentralized in administration and management of schools. This split of control had the aim of making schools more autonomous and democratic by encouraging parental and community involvement. This trend was especially evident in Denmark, Italy, Scotland, and Spain and could have even been found in countries where education had been historically quite centralized, such as France and Sweden.

Towards the end of the twentieth century, the different political forces in Europe began moving away from an emphasis on social justice to the direction of individual choice and economic advantages. The social-democrat position had attempted to be more inclusive of the

needs of disadvantaged groups, including women, immigrants, and the poor, stressing cultural imperatives. In contrast, conservative efforts of the 1980s and early 1990s focused more on market-oriented policies, emphasizing school choice, privatization, and other economic aspects. In the United Kingdom, the Netherlands and Sweden, for example, the issue of choice drove reform discourse into the twenty-first century.

Conservative governments tried to reverse past trends, and their reforms might have been seen partly as an attempt to address discontent among parents, particularly among the middle classes, who had been dissatisfied with what they experienced as declining standards of state-provided education. In the United Kingdom in 1981, the Conservatives introduced an assisted place scheme, providing a state subsidy to poorer parents whose children had been previously less able to gain entry to private schools. Obviously, the market-oriented trend was not identical across Europe. Furthermore, some may argue that there was no significant change in education due to the ideological differences of different governments. Nevertheless, European education systems at the end of the twentieth century experienced a general movement toward further decentralization and deregulation of state control.

Towards a European education

Despite differentiation and diversification within each country, with the creation and opening up of the European Union, educational systems started to become more alike. This tendency has been in process at least since the establishment of the Council of Europe in 1949 and of the European Community in 1967. In education, policy makers thus far stressed the value of each nation's historical development by maintaining the linguistic and cultural diversity of individual European countries. Nevertheless, the Council of Europe was interested in developing a European dimension to education. The goal was not to abolish national differences in favour of a European identity, but to strive for unity in diversity. One way the Council of Europe attempted to create a pan-European identity is by organizing teachers' conferences that focus on how to avoid national stereotyping and bias in curricula and textbooks. Educational reforms started to illustrate a move away from discovering how to be German or Italian, and instead learning how to think of oneself as European.

In creating such a ‘European’ education, language was one of the most important issues already in primary and secondary education. As there are a number of official languages in the European Union, most European schools decided to teach more languages and to begin teaching them as early as possible – usually at primary school. Moreover, because many European schools are decentralized and some do not even have a central curriculum, language training was one of the ways to bring the European dimension into the curriculum. Such was the case in the Netherlands, where students must prepare for the foreign language and culture component of their exams. Language instruction in all EU countries had to be developed for participation in academic exchanges in other countries, too, also contributing to create a European identity.

These exchanges have been important parts of the European dimension agenda in education, and they occur at all levels, from primary school to higher education, teacher and vocational training. The European Union project SOCRATES has been useful in improving the quality of language training and school partnerships at the primary and secondary level with the LINGUA and COMENIUS programmes (subsets of SOCRATES). Involving both EU and non-EU countries, SOCRATES have promoted the build-up of European knowledge and a better response to the major challenges facing the contemporary world. To achieve its goals, it has utilized student exchanges, cooperative projects, European networks and research studies.

Effects of compulsory schooling

Compulsory schooling on lower levels, starting in the second half of the twentieth century, directly led to expansion on a higher level, as well as triggering social and economic changes. More and more people wanted to have a university degree, as high school diplomas lost their previous prestige and uniqueness – they were no longer an entrance to the world of employment. Also to satisfy public needs, secondary schools started to function as the preparatory institutions of universities, while staying at school was a kind of solution for the individual as well as for the state to keep huge masses of young people out of the field of work, and not to increase unemployment. On the other hand, as a result of economic changes and the emergence of knowledge-based society, a bigger and bigger demand was formed to have well-trained workforce with tetriary education degrees.

On the higher-education level, all national systems grew massively in terms of student numbers, institutions, faculties and courses. Shavit and his co-authors define expansion of an educational level as a rise among birth cohorts in the proportion attending a certain school level. More precisely we can say that expansion is the change in the proportion of the relevant age group who attend a given educational level (*Shavit*, 2003). Translating this to exact numbers in a European context: before World War II only five percent of the relevant age group attended university, whereas by the end of the century it rose to fifty percent – even seventy-five percent in some countries (*Altbach*, 2008).

Looking at data from OECD countries, it is clear that student numbers in eastern European countries greatly contributed to the overall expasion of higher education. The numbers there grew especially after the 1989 change of regimes, only in ten-fifteen years, whereas in Western Europe mass higher education evolved already from the 1960s. In Poland and Hungary, when comparing data from 1995 and 2004, it turns out that the change is almost a tripled number in Poland, whereas student number rose more to its double in Hungary. Compared to the OECD average, which showed a fifty percent rise, in Iceland, Greece the Czech Republic, Turkey, South Korea, Mexico and Sweden student enrollments grew in a bigger proportion. However, Western European countries like Austria, France, Italy, Spain and Belgium did not experience such a big expansion – mass education had already existed before 1995 there (*OECD Report* (2008b), 56-57).

Supporters of social equity – a defining trend in the twentieth century, also fuelling the spread of mass education – thought that participation in education gives a chance for poorer, less advantageous students to catch up. Equity received a more significant role, referring to the equity of access (the chances of admission) and equity of outcome (supporting graduation from a higher education institution or taking advantage of such graduation in the field of work) (*OECD Report* (2008a), 76-78). However, does schooling the masses – especially on the higher level – really lead to more equity and does it reduce social class inequalities? As Raftery and Hout put it in their article, inequality between a disadvantaged and a privileged social group exists in attaining a given level of education unless the advantaged group reaches saturation of that level. Preceding such saturation, the advantaged group will always be better equipped to take advantage of any new and attractive educational opportunity. Under these circumstances, social gaps may not only persist, but even grow. When the privileged group 'stops' – has exploited its opportunities, has saturated – the less advantageous group has a chance to catch up. In any other case the social differences do not decline (*Raftery and Hout*, 1993).

Consequently, it is not surprising that when governments aimed at reducing social inequalities through education, they might have experienced processes pointing to opposite results. While applying the principle of equity at the input (accepting less advantegous students, in numerous cases with worse results), an even wider gap could show at the outcome (graduation), as through the years spent at university, the smaller differences had continuously

grown, since the more privileged group could take advantage of educational and other opportunities during this time better.

Contemporary Challenges

Milestones of tetriary education development

While university reforms in the twentieth century were few, limited in scope, and rarely applied, fundamental changes are beginning to occur in the early twenty-first century. The most far-reaching reform agenda is related to the Bologna Declaration of 1999, signed by twenty-nine European countries. The declaration aims to establish a common framework of readable and comparable university degrees, including both undergraduate and postgraduate levels. This framework will be relevant to the labour market, will have compatible credit systems, and will ensure a European dimension. This would pre-empt that for example a special education degree is published in Hungary can be accepted in other European countries. In Italy, for example, the new higher-education system has a cycle that lasts three years and leads to an undergraduate degree, a second cycle that lasts two years and leads to a postgraduate degree, and a final three-year programme resulting in a doctorate. Within these general constraints, universities are given great autonomy in terms of programmes and administration.

The development of the European Credit Transfer System (ECTS) is another major innovation, meant to enhance cooperation between universities. It suggests the development of a process for determining curricular transparencies and equivalencies of grades, course credits and degrees. ECTS enables students to receive credit in their home university or to transfer permanently to the host institution or to a third institution, mainly by generating transcripts that translate the different educational systems into an internationally recognized document.

Motivating student exchanges has also become a major policy issue. ERASMUS is an exchange project under SOCRATES that allows university students to participate in exchanges at universities throughout the European Union and receive credit at their home university. The creation of the ECTS renders such an exchange possible for students who may not have the time or finances to take courses that will not count towards their degree. This cooperation between universities does not necessarily mean that they will become identical, but it does suggest the importance of transparency, as well as trust that other universities are equal in quality to one's own. This trust must also be extended to a mutual recognition of diplomas at all levels of the education system, which puts pressure on the various countries to maintain acceptable standards.

Issues that need to be addressed

Some of the immediate challenges for Europe at the beginning of the twenty-first century is to include those surrounding educational mobility. Educational exchanges are sometimes not possible financially. Although in principle students can freely occupy available places in member states with identical fees and financial aid, grants from the home country are not always available for studies abroad. Furthermore, language skills will need to be further valued and developed if exchanges are to be reciprocally appreciated and practiced between countries of the European Union and possibly other countries on the European continent and elsewhere. Europeans will need to make special efforts to improve language skills in order to encourage the maximum success of exchange projects.

There are many countries in the European Union – especially in Middle Eastern Europe - where this issue needs to be addressed quickly and severly. In Hungary, for example, it is a huge problem that many students cannot receive their degrees exclusively because a

compulsory language exam certificate is missing. Some say that this condition of graduation should be abolished – but wouldn't this mean giving up on quality? Language skills should not only be important when passing a language examination, but also during university years. A student should be expected to use at least one foreign language through their studies – otherwise how could they do research, read literature or utilise foreign sources while studying? Needless to say, thus, Hungarian students lag behind their European fellows in taking part in student exchange programmes.

In addition to developing students' language skills, schools are also facing the task of dealing with the social and economic demand for people who are technology and information literate. Schools themselves must learn to cope with an ever-changing world, where people have to learn how to adapt rather than to learn a stable and firm body of knowledge. Schools need to remain current so that they can help students respond to contemporary requirements and satisfy the needs of an ever-changing labour market. On the higher education level, open distance-learning universities exist in numerous countries to help students adapt to change by way of professional and technological training. These universities need to continue to be developed to accommodate people in the workforce who would like to update their skills, or students from other countries who do not have access to adequate universities, but who cannot necessarily live abroad or reside on a university campus for extended periods of time.

Universities must also try to accomodate social needs and requirements to a greater extent, and these include shorter and more specific courses. People, who may already be working, need to change professions as a result to economic changes, or just need to update their knowledge in order to stay on the labour market. Life-long learning is an essential idea the European Union promotes, however, people need to find the means to achieve it. Tetriary education institutions can join in such programmes – also ensuring a long-term future for themselves.

Although for many institutions there is a struggle to survive, to attract enough students, other universities have been facing an unpreceded rise of enrolling student numbers, bringing along a strong need to change in many aspects: administration, educational methods, training of staff and infrastructure. The spread of a mass education has more significant effects on society, as more and more people are involved in it. Governments must also consider the economic aspects this changing higher education is brining along, with its effect on the world of work, but questions of social equality and mobility, social cohesion and integration need to be addressed, too. In addition, knowledge-based society requires a new kind of tetriary education accommodating students' needs to a greater extent.

In addition, EU members must address more systematically the issue of greater compliance in the recognition of diplomas and certification between countries. Some countries, such as the Netherlands, have even suggested the granting of double degrees between the national institution and an associated institution. University overcrowding and high unemployment throughout Europe are not simplifying the dilemma, and there is a concern that the costly expansion of the university may lower the quality of education and lead to the devaluation of degrees.

These issues need to be considered throughout Europe, because the greatest challenge for many countries, perhaps to even a greater extent for the smaller ones, is to preserve national differences in the creation of a European unity. As various countries from central and eastern Europe have also become part of the European Union, and borders are fading on a global level, new social, economical and financial challenges are arising. Recognizing and respecting institutional differences may be key to the success in efforts to establish a unity in diversity in Europe – while creating universities flexible enough to accomodate new social, scientific and economic needs may ensure a firm basis for higher education in the future.

Summary

In this writing I examined the steps through which Western European education has transformed: starting from the elite institutions of the Middle Ages to mass education in the twenty-first century. Compulsory schooling on the lower level greatly contributed to rising student numbers at universities. Behind such change various social, economic and political reasons lie: need for social inclusion and equity, birth of knowledge-based society, changing world of work, needs of employers, or globalization, just to mention some. Today, governments and institutions have to learn to cope with this situation – present in Western Europe already from the 1960s, in Central Eastern Europe only from the 1990s. This appears to be a complex task, as there have been many reforms and initiatives – yet no universal solution has been found which is applicable to all countries. Each of them must work within its own circumstances, trying to find the best solution for its own conditions – though there is also a strong motivation to co-operate within the framework of a European education promoted by the EU. Unquestionably, there have been easier and harder times in the history of tetriary education in Western Europe, there is a strong initiative in institutions to reborn and become what they have never been: changing universities within the changing concept of higher education.

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