

Title: Kapcsolda / Connect - Garden Project

Bringing people of all abilities together.

A Hungarian project focusing on inclusion and getting to know one another

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Abstract

This study analyzes the methodology and mechanisms of "Kapcsolda," an integration and attitude-shaping program operating for 18 years, through the lenses of social psychology and inclusive pedagogy. The author—as founder and active agent—developed an initiative rooted in personal motivation into a national network involving 105 institutions through deliberate professional mobilization and networking. The theoretical framework of the research is based on Allport's contact hypothesis and Goffman's theory of stigmatization, further supported by the meta-analytic findings of **Pettigrew and Tropp (2006)** regarding the efficacy of intergroup contact. The core of the program consists of shared, experiential activities (arts, sports), where mainstream students provide peer support for their peers with disabilities. Results from the participatory action research demonstrate that structured interactions effectively reduce intergroup anxiety, mitigate parental isolation, and offer a sustainable model for promoting social inclusion within the public education system.

Keywords: Kapcsolda, social inclusion, contact theory, Pettigrew & Tropp, stigmatization, peer support, networking, attitude change, awareness raising.

1. Introduction: The Social Construction of Disability and Stigmatization

The social integration of people with disabilities is one of the most significant challenges for 21st-century pedagogy and sociology. Although the concept of inclusion is theoretically present in the national public education system, symbolic and physical segregation remain markedly observable in practice. This study analyzes the mechanisms of the "Kapcsolda" integration and attitude-shaping program, which has been operating for 18 years, with a particular focus on shaping the attitudes of the younger generation in majority society.

The methodological framework of the research is participatory action research, in which I am present both as the founder-organizer of the program and as a reflexive researcher. This dual role has allowed for the continuous, experiential development of the program over the past 18 years. Furthermore, the study can be interpreted retrospectively as a case study, as I have conducted a posterior analysis of data and qualitative feedback (feedback and observations

from educators) from 105 involved institutions, uncovering the program's impact mechanisms.

I have designed, followed up, and redesigned the program based on observations, as my "insider" perspective allows me to see the underlying depths (the anxiety of parents, the sincere reactions of children). My professional experiences—ranging from nursing practice in the 1980s to the play I wrote in 2005 titled "And on the Eighth Day," which deals with the acceptance of a child with Down syndrome—highlight a systemic anomaly: the fear of "otherness" isolates the affected families. As Erving Goffman (1963) states, "Stigma 'discredits' the individual, triggering avoidant behavior from the environment."

Society often views people with disabilities through stereotypes mixed with fear and pity. According to Goffman, "stigma" arises in the social space from the discrepancy in perspective between the virtual and actual social identity. This phenomenon is evident not only in street interactions but also in political and institutional discourse, where people with disabilities and their family members are often pushed into categories of shame or helplessness, experiencing the frustration caused by members of society.

The hypothesis of this study is that theoretical sensitization alone is insufficient to dismantle deep-rooted stereotypes. Based on Gordon Allport's (1954) contact hypothesis, the "Kapcsolda" program chooses a path where shared experiences (art, sports, music) become the catalyst for integration. The central element of the program is peer support, which involves mainstream students in "surrogate parenting" roles, providing an opportunity for direct, emotionally based connection.

The aim of this article is to demonstrate how a grassroots initiative born from personal motivation evolved into a national network of 105 institutions and how, through the power of art and shared activities, it can dismantle the "walls of fear," creating the foundations for a more inclusive and empathetic society.

1.1 Theoretical Framework, Motivation, and Historical Context of the Problem

The starting point of this study is the issue of social integration and visibility of persons with disabilities. The basis of the investigated phenomenon is the practical experience that "social invisibility" and systemic stigmatization have been present in Hungarian society for decades.

The retrospective elements of the research date back to the institutional practices of the 1980s. My nursing experiences at the time (1981-82) highlighted the deep-seated social aversion that accompanied the appearance of persons with disabilities in community spaces. Interactions in public were characterized by physical distancing and active avoidant behavior from the majority society, which triggered severe anxiety responses in the disabled individuals (particularly children with Down syndrome, who, out of fear, would sometimes urinate in the

street). This period faithfully reflected the social isolation typical of the era, where disability appeared not merely as an individual condition but as a stigmatized phenomenon to be "hidden" from public spaces. In this context, the term "social invisibility" refers to the process by which the majority society responds to perceived or fear-inducing "otherness" with exclusionary gestures, thereby perpetuating the marginalized position of disabled individuals and their caregivers.

1.2 Sensitization Through Art and Its Social Impact Mechanism

In 2005, my play "And on the Eighth Day" was premiered. It examines the process of accepting a child with Down syndrome from the family's perspective, touching upon the shock caused by the diagnosis and the difficulties of social integration. The lead role was played by a 13-year-old boy with Down syndrome.

2. Social Reflections and Interactional Barriers

Direct experiences gained during the production confirmed the presence of latent prejudices against persons with disabilities. The research shows that the "staring" or avoidant behavior manifested by the environment is not necessarily rooted in hostility, but rather in the interactional anxiety of the majority society.

During the play's presentation, literary tools—particularly the use of humor—proved to be an effective catalyst for changing the audience's attitudes. The reactions of the audience confirmed that the artistic performance of the protagonist with a disability was capable of breaking down social barriers, transforming previous distancing into a relaxed connection based on empathy.

2.1 The Systemic Presence of Stigmatization

The preparation of the play was preceded by targeted qualitative research. In-depth interviews with affected parents revealed that, despite international inclusive models, the pressure to conform and the resulting anxiety remain dominant among Hungarian families due to isolation. One of the project's key realizations was that stigmatization and the resulting isolation are present at all levels of the social hierarchy. As the author of the play, I was invited to numerous public discussions to debate the situation of disabled people. A professional discourse in 2008 with a decision-making politician highlighted that even within the sphere of policy-makers, the concealment of family members with disabilities is prevalent. My conversation partner was ashamed of their disabled child. I realized that behind this lie deep-rooted socialization fears and existential concerns (e.g., anxiety regarding the continuity of care after the parents' death), even in the case of a politician.

2.2 Conclusion

Based on these experiences, the idea for "Kapsolda"—a portmanteau of the words for "kindergarten" (*óvoda*) and "connection" (*kapcsolódás*)—was born. I realized that dismantling the walls of fear in society must begin with the targeted sensitization of the youngest generations! The innovation of the program lies in the fact that the connection between the young generation and people with disabilities occurs through shared, activity-based experiential pedagogy. I projected that this would create an "empathy transfer" extending to all groups of people with disabilities.

2.3 Methodology of the "Kapsolda" Integration Program: Concept, Implementation, Logistics, and Resource Management

I developed the "Kapsolda" program in 2008, with the primary goal of providing emotional support to parents of children with disabilities and breaking down interactional barriers between disabled children and non-disabled youth. My aim was for parents to take a break from caregiving tasks through "respite care," thus allowing "Kapsolda" to support affected families in eliminating social isolation.

The fundamental principle of the program's methodology is the use of activity-based experiential pedagogy instead of direct sensitizing lectures. Through structured social interactions (creative arts, sports activities, and musical collaborations), the program facilitates natural connection and the elimination of anxiety caused by the "pressure to perform."

3.1 The Peer Support Network (The "Surrogate Parent" Model)

An innovative element of the program was the establishment of a peer mentor system. For each participant with a disability, I assigned two mainstream students in a "surrogate parent" role (peer support). This redundancy serves several purposes. On one hand, it mitigates the stress arising from a sense of individual responsibility that healthy students often feel during the first encounter. On the other hand, it ensures continuous attention and allows for rotation among helpers, thereby preventing mental fatigue. For the participants with disabilities (the "guests"), this model provides emotional security.

3.2 Rotation System and Activity Centers

The spatial arrangement of the program is based on the principle of modular stations. Various modalities of activities (art therapy, fine motor development, as well as sports and recreation) take place simultaneously at designated locations within the institution. Participants and peer mentors (surrogate parents) visit the different classrooms and sites in a rotation system, according to their individual dynamics. This structure ensures continuous impulses while avoiding the tension caused by

group waiting times.

Designated student coordinators (station managers) are responsible for the professional and technical preparation of each station. Their task is to prepare the equipment, moderate the activities, and instruct the visitors. This setup promotes the development of autonomy and responsibility among students while relieving the central program organizers.

The methodology pays special attention to cost-effective resource management. According to the program's philosophy, the success of integration is based not on high financial expenditure, but on human-resource-intensive presence. The use of recycled materials and existing institutional infrastructure is not only an economic consideration but also a sustainability aspect, proving that social sensitization can be implemented at a high professional standard even with a minimal budget.

3.3 Institutional Attitudes and Obstacles

The launch of the program was met with significant institutional resistance and prejudice. Some of the educational institutions approached responded with open rejection or stigmatizing rhetoric.

Institutional resistance and dismissive responses (including reactions from prestigious denominational and regional secondary schools, as well as special schools) highlighted that the problem exists not only in individuals but also within the system and its leaders. Another difficulty was the segregationist reflex observed in some special education institutions, which, due to fear of the "outside world," were initially reluctant to participate in the first visits. The support of inclusive-minded institutional leaders, openness, and personal motivation from the students were essential for successful implementation.

4. Results and Social Impact

More than 300 people participated in the first realized program, covering a wide spectrum of disability types (mobility, visual, and intellectual impairments, as well as autism) and a diversity of age groups (3–25 years).

The methodology of the "Kapsolda" program creates exactly those "necessary and sufficient conditions" that Allport defined as the guarantee for prejudice reduction:

Equal Status: Within the program, students do not meet in a hierarchical relationship. Although mainstream students are present in a "surrogate parent" (peer support) role, both parties become active participants during activities (painting, sports, music). During shared creation, the sharp boundary between "helper" and "helped" disappears, and a partnership is formed.

Common Goals: Through shared activities (e.g., creating a joint mural or a sports competition), superordinate goals are set that require the contribution of both groups. This mutual interdependence facilitates positive interaction.

Cooperation, Not Competition: "Kapcsolda" avoids competitive situations between groups. The focus is on the community experience and the enjoyment of the process, which reduces intergroup anxiety and allows for the recognition of individual traits behind group stigmas.

Institutional Support: According to Allport, contact is effective when supported by authority figures (educators, institutional leaders). The presence of the program in 105 institutions, through the active participation of teachers and principals, legitimizes inclusive behavior for the students.

The emotional breakthroughs observed during the program—such as the dissolution of anxiety through the humor of a peer with Down syndrome—support Pettigrew and Tropp's (2006) addition to contact theory: "Personal acquaintance and emotional involvement (affective factors) have a much stronger attitude-shaping power than mere facts or cognitive information." Through shared sports and art (common goals, cooperation), "Kapcsolda" is able to dissolve precisely those emotional barriers and anxieties that Pettigrew and Tropp identified as the keys to change. Building on Pettigrew and Tropp's meta-analytic evidence, the program's methodology prioritizes emotional mediators (mediating processes) over mere knowledge acquisition. By facilitating shared experiences, the "Kapcsolda" model effectively reduces intergroup anxiety and increases empathy, serving as the primary drivers for prejudice reduction.

4.1 The Dual Impact of the Program

Participating Institutions: During the first implementation, initial interactional anxiety was replaced by empathy and natural acceptance. The cathartic experience of shared creation and the closing arts event (playing music together—singing the *Ode to Joy*) helped focus on individual values instead of "limitations." A true "accessibility of the mind and heart" was achieved. Within Goffman's conceptual framework, the program's goal is for social acceptance to replace "stigma management," where the disabled child's identity overrides the label of disability during shared play. Through these activities, students realize that communication is not only verbal, thereby breaking down barriers to understanding. Students do not merely help; they take responsibility. This process develops students' emotional intelligence (EQ) and social competencies, which are primary objectives of inclusive

education.

In this new situation, deep emotional realizations have occurred and continue to occur within the teacher-student relationship through the caregiving role. Based on feedback, they see each other in a different light—teachers see students differently and vice versa—and the recognition of the capacity for care in the other is a significant revelation. Prosocial behavior toward those with disabilities develops, and the program offers "personal acquaintance" instead of a "faceless stigma." Through these realizations and wonders, non-disabled participants can also let go of the stigmas they hold toward one another.

Affected Families: The program also functions as **respite care** for parents, providing them an opportunity to step out of isolation and experience community support. They receive emotional security from the new generation, and their fear of the future may decrease. Peer supporters act as bridges and "interpreters" between the child with a disability and the outside world.

5. National Expansion and Sustainability

Since its launch in 2005, the initiative has evolved into a national network. The multiplier effect of the media played a key role in the model's spread, facilitating the creation of bottom-up communities. Based on nearly two decades of experience, the program's sustainability has been ensured by "crop rotation-like" institutional collaborations and the involvement of the civil sector (enthusiastic, open-minded educators and the *Mosolyország* (Land of Smiles) Foundation). Currently, the network encompasses 105 institutions, proving the methodology's adaptability across different age groups and educational environments. The national expansion has highlighted that the program is not merely an occasional intervention but a tool for attitude-shaping across generations.

5.1 Institutional Involvement and Conscious Networking

The inclusion of the 105 participating institutions was achieved not through random selection, but as a result of a directed, conscious professional motivational process carried out by myself and a colleague from *Mosolyország*. When approaching institutions, we argued for the necessity of an inclusive paradigm shift. This was a process of attitude-forming catalysis. During motivational discussions, we acted as **change agents**, identifying institutional resistance (such as the "we have enough fools here already" type of reaction from a high school principal) and providing professional responses.

The joining of these 105 institutions is thus the combined result of direct persuasion and the presentation of "best practices" (e.g., screening a 2008 television report

titled *A Szempont*). The dynamics of relational networking were defined by "word-of-mouth" and referential spreading following successful implementations. This proves that the trust-based capital necessary for inclusion must be consciously built and naturally nurtured. This is how it has happened over the past 18 years. In Óbuda, the program spread using a **snowball sampling** method; by the second year, seven institutions had joined, implementing the program four times a year on a rotational basis, hosted by different institutions. This required an enthusiastic educator, Ms. Katalin Füzesi, who inspired other teachers in the area. A similar process occurred in Dunaújváros in 2008, where a motivated 16-year-old student organized the *Kapcsolda*; today, she participates as a special education teacher representing a partner institution in the same program, which has been running annually ever since. It is inspiring that there is a latent demand among educators within the public education system for experiential sensitization methodologies.

5.2 Institutional Network

Based on current data, the national coverage and scope of the program are as follows: A total of 105 educational and upbringing institutions have joined the program so far. This includes mainstream primary and secondary schools (e.g., Óbuda Gymnasium, Árpád Gymnasium, Veres Péter Gymnasium, Közgazdasági Politechnikum, Klebelsberg Kuno Primary and Secondary School, Toldy Gymnasium, and schools in rural cities such as Szeged, Eger, Kiskunfélegyháza, Dunaújváros, Nyergesújfalu, Fót, and Esztergom), as well as special education institutions (EGYMI) that educate children with disabilities (e.g., Csalogány School, Diószegi Sámuel Street Special School, Fekete István, Szalaparti EGYMI, Montágh Imre Primary School).

5.3 Number of Participants

At larger events (for example, at the Óbuda Gymnasium), the number of participants regularly exceeds 300 people, including children with disabilities, "surrogate parent" students, student organizers, and supporting educators. Estimating an average of 100–200 students per school, a total of approximately 10,500 to 21,000 individuals have experienced this connection to date.

6. Transformative values and social impact mechanisms of the program

- Reciprocal impact and personality development

Based on qualitative feedback, the program's most significant result lies in its reciprocal impact mechanism. Although the initiative's original goal was to support and provide respite for families of children with disabilities, data shows that the most

profound shift in perspective is experienced by the mainstream students. During interactions, initial uncertainty is replaced by openness and authentic connection. According to student reports, the "masks" derived from social roles disappear during shared activities, promoting the development of self-awareness and the dissolution of internal anxieties (caused by the pressure to conform or a lack of self-confidence).

- Pedagogical and socio-political implications

The Kapcsolda program goes beyond traditional sensitivity training; it offers a type of "emotional intelligence-based learning model." According to educators' observations, participation in the program improves students' social competencies and cooperation skills, which also have a secondary positive impact on cognitive learning processes.

From a socio-political perspective, the program prepares future decision-makers to represent a more inclusive society. The goal of early sensitization is to dismantle systemic prejudices, with particular focus on existential issues affecting people with disabilities (e.g., adult housing, loss of parental care). The program's conclusion is that breaking down physical and mental barriers, along with direct human interactions (touch, shared creation), are fundamental conditions for strengthening social cohesion and achieving an empathy-based generational shift.

7. Summary Table

Year of foundation	2008
Number of institutions involved	105
Age range of participants	3–25 years (from preschool to young adulthood)
Target group (guests)	Initially 100 families, later students of special schools: children with Down syndrome, autism, visual, physical, and intellectual disabilities
Target group (hosts)	Mainstream primary and secondary school students
Methodological ratio	1:2 (two non-disabled peer mentors for every one child with a disability)
Total number of participants to date	Average of 100-200 people per school (10,500–21,000 people total)

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