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SOCIAL REHABILITATION OF INDIVIDUALS WITH PHYSICAL DISABILITIES

Individuals with physical disabilities constitute a social group that is very diverse in terms of the type of body dysfunction, degree of impairment, time and causes of the emergence of disability, and the possibility of independent functioning in the local environment. Common features of physical disabilities include the threat of marginalization, poverty, and social exclusion, which are often based on stereotypes. Most individuals with physical disabilities require rehabilitation, and not only medical rehabilitation. Individuals with physical disabilities also need social rehabilitation which is important for quality of life. An effective rehabilitation process needs to be adapted to the individual capabilities and needs of the patient, ensuring respect for his/her subjectivity and dignity during the therapy process. The rehabilitation process will need to overcome psychological barriers that hinder the creation of positive motivation for perseverance and effort in striving for the fullest possible participation in community life – at local, family, and professional levels. Contemporary active social policy, as well as, scientific and technical progress, and widespread computerization of life in all areas means that people with physical disability have more opportunities for professional work and comprehensive personal development. These opportunities are particularly important for individuals within the so-called ‘working age’, and will provide richer involvement in the mainstream of social life.

Keywords: physical disability, social rehabilitation.

1. SOCIAL LIFE OF PEOPLE WITH PHYSICAL DISABILITIES – DANGERS AND OPPORTUNITIES

The variety of causes and features of disability make creating a universal classification for the needs of everyone interested in it – physiotherapists, insurers, employers, doctors. It is not a simple task and it requires further attempts. Since 1980, the WHO recommended by the International Classification of Damage, Disability and Handicap. Its essence is illustrated by the diagram.

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In 2000, WHO proposed the so-called International Classification of Functioning (JFC). The new system is presented in Table 1.

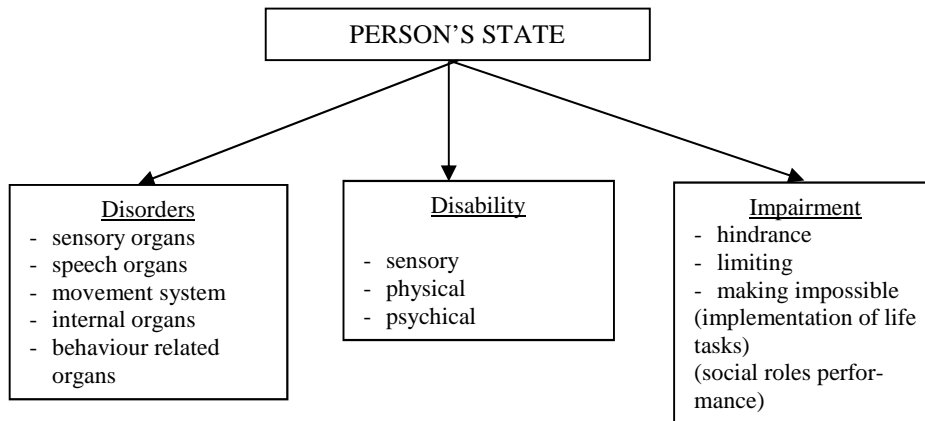


Table 1. Main categories of the International Classification of Functioning

Functions of organism	Body structure	Activity and participation	Environmental factors
1. mental 2. sensorial and pain 3. voice and speech 4. circulation, breathing, blood and immunity 5. digestion 6. elimination and procreation 7. neuro-musculoskeletal 8. skin	1. nervous system 2. eyes and ears 3. speech articulation 4. circulation, breathing, immune system 5. digestion 6. genitourinary system 7. locomotor apparatus 8. skin	1. studying and knowledge usage 2. putting tasks and aspiration 3. communication 4. self-service 5. mobility 6. home activity 7. interpersonal relations 8. participation in social life	1. available associated technologies 2. natural environment 3. obtained social support 4. insurance system guarantees

Source: (Kowalik, 2007).

According to the philosopher Zdzisław Cackowski, “human life arises through the creation and co-creation of interpersonal relationships (...) Creating of a human life also means creating of bonds with the world (Cackowski, 1997). One of the important features that distinguishes human life from animal life is precisely the constant desire to learn and establish emotional contacts with the entire world. The above activity makes a human being feel joy, contentment, contemplate his existence, discover its sense and purpose, realize the potential of personal possibilities. Its restriction due to various reasons – old age, disability, dying, restriction of freedom – is a source of worries, pain, suffering and sadness.

Attachment to life, love is a human trait, independent of beliefs and worldview. Only few are able to part with their lives voluntarily under the influence of various impulses. Most people take care of their life, make every effort to make their life longer.

Disability is one of the important reasons for the inability – “powerlessness” to maintain satisfying links with the environment. Infirmity, infirmity, infirmity, or suffering, suffering of infirmity! The greater the suffering, the greater the will to be strong, that is, the will to live, the need for openness to the world and people, the need for openness which is more or less acquisitive, sometimes slight, and sometimes even total (Cackowski, 1997).

In the context of the above said, it is worth quoting the apt reflection in Józef Sowa’s work: “the life of a disabled person is not a passive settlement in a definite entity, but a constant pursuit of ever higher forms of existence. Man is not only influenced by the world, but he also creates his world – he is active in social and professional sense. A disabled person is a unit with the reduced self-regulatory efficiency. A human-being however has many encoded positive features and properties that should be identified and used in the rehabilitation process (Żylińska, 2017).

Despite obvious limitations resulted in disability, the disabled do not automatically lose the full potential of life creative possibilities. Bearing this in mind, one should be enabled to use them as much as possible. Special education, supported by family activities, local environment, social policy and rehabilitation, have to play special role in this case.

2. THE NEED OF ABIDING SUPPORT OF PEOPLE WITH PHYSICAL DISABILITIES

Human social life begins from the early childhood and enters the next stages of school, family, professional and environmental activities along with progressive personality development, acquisition of experience and willingness to meet further needs.

The condition for its success is quick and full adaptation to changing environmental conditions, requirements, expectations of many people while they, for example learn, work, do activities for the local environment or cultural development. The more numerous contacts the person makes within formal and informal groups, the more prosperous, more varied and fuller is his social life which is inherent in human nature.

The fact that a man is by nature a social being was already noticed, among others, by Aristotle. In work for others, cooperation, solidarity, dedication, he seeks and usually finds the sense of his existence.

One of the basic conditions for fruitful, active and satisfying life in society and for society is being in good physical and mental conditions. An important obstacle to this is disability which in many cases does not diminish the chances for human self-realization. The person affected, however, requires appropriate support – rehabilitation in order to participate as fully as possible in culture activities.

The nature of the necessary support depends on many factors, namely: the age of the person, type of body dysfunction, reasons for its emergence, durability, irreversibility and personal traits. For this reason, many social rehabilitation programs can be made in accordance with the needs, expectations and capabilities of their entities. Each of them will be characterized by specific, detailed features, forms and methods of implementation, formal requirements for implementers – therapists, counselors, educators, psychologists, and doctors. Their common feature, that is the overarching goal, will always be however the release of the forces necessary for man to face adversity, and contrary to difficulties of being in the mainstream of social life.

A very promising form of social rehabilitation of school children and youth with physical disability of various etiologies are the so-called public integration classes,

organized at various levels of education which they can attend together with students who are without disabilities. The idea of integration just at the stage of school allows to achieve a number of valuable educational and therapeutic effects:

- showing the existence of diverse needs and possibilities of meeting them among the members of the school community,
- developing sensitive attitude towards others, as well as empathic thinking,
 - overcoming stereotypes and psychological barriers which often accompany interpersonal contacts of people in different physical conditions,
 - social activation of people from groups at risk of social marginalization,
 - creating opportunities for students with disabilities to establish peer-to-peer contacts, friendship based on common interests, talents, aspirations, and life dreams.

Tolerance, empathy, responsibility, kindness, forbearance, openness to other people's problems are the qualities necessary for everyone living in modern society; the above qualities should be set up at early childhood. It should be emphasized that educators and school teachers have to play a significant role in this case; on their educational and organizational competences, to a large extent, depends quality of integration classes.

When physical dysfunction makes impossible to study in institutions with integration classes, social rehabilitation can be successfully implemented in special centers. Their mission is to fully prepare each pupil for independent functioning in social environment – to provide the necessary, comprehensive knowledge about the world; to provide pupils with necessary skills to deal with everyday problems, as well as to enjoy life by enabling various contacts with other people.

Physical disability do not usually limit intellectual ability, sensitivity to values, reflectiveness, willingness to feel and understand the sense of life – suffering, pain, hence in this context the use of the term “a disabled person” loses its sense – it is not appropriate.

In addition to the opportunities for harmonious, comprehensive, and especially social development of a pupil with physical impairment, studying in integration classes exposes him/her to special stress, development of an inferiority complex, a sense of distinctiveness, shame before peers with better physical condition. This may lead to loss of self-confidence, personal value, blocking effectively positive motivation to study and activeness in a class forum – withdrawal of school community from usual varied life.

In the context of the above potential threats, there are different views that a person with a disability should study together with pupils suffering from similar ailments, that is from physical disability. Of course, this kind of education can be provided by special facilities; but there are lot of parents who are unable to accept a child's disability at all costs for many reasons, that is emotional or prestigious ones.

In assessing what will be better for personal and social development of a child with a disability: studying in a special school or in public integration class, it is difficult to generalize, due to the fact that each case requires a multi-faceted, careful analysis, in accordance with the principles of the respecting dignity and subjectivity as well as with individualization of the educational process.

In the light of comments and reflections made, one can consider who benefits more in the sphere of moral, emotional, social development from studying in an integrated class. Considering the challenges of social rehabilitation of children and adolescents with physical disabilities, one cannot ignore such problems as sudden loss of health as a result of an

unfortunate event – a serious illness or traffic accident, or an unfortunate jump into the water during summer holidays.

3. SUPPORT AND THERAPY AFTER AN IRREVERSIBLE LOSS OF CERTAIN PHYSICAL ABILITIES

Birth developmental disability, and disability which has appeared unexpectedly, destroying completely one's life, confounding many plans, dreams, desires, are two different situations that affect the young psyche. In the first case, the developing person organizes his life as much as possible, sets himself goals due to which disability will not become a significant obstacle. Not knowing another life – living in full fitness – a person is often reconciled with fate, trying to find his place in society, focusing his efforts on realizing what is really possible. It can be stated that congenital disability does not cause violent, difficult to control, dangerous to health and life psychological reactions, which of course is not a universally binding rule.

In the second case, that is because of sudden, irreversible loss of fitness – the greater the person's previous life activity, the greater stress. New situation, lack of preparation of an alternative concept of further life and self-confidence, limited possibilities, shame, regret, anger and self-resentment often lead to nervous breakdown, depression, suicide attempts, self-closure, unwillingness to make efforts in order to have a new sense to life. Negative emotions, helplessness and fear of future cause long-term disorganization of mental functions, preventing getting strength to fight for a return to a relatively normal, independent life. A person with a sudden disability is usually shocked by the situation he finds himself in – his social life has been ruined. He cannot continue his job fulfillment; his role in the family has completely changed – from the head of the family to the person who needs support, constant care. It is associated with many sacrifices for relatives. The awareness of being a burden to loved ones increases his depression.

The goal of social therapy and rehabilitation of people who experience a complete "life collapse" is to convince them to:

- accept new situation,
- consider their strengths and weaknesses – limitations and potential options,
- focus on systematic, consistent overcoming of weakness and limitations,
- seek ways of obtaining the necessary support in the rehabilitation process,
- undertake efforts to use their strengths (education, life experience, professional experience and talents) to become fully independent,
- be engaged in activities for people in a similar life situation,
- lead busy lifestyle full of satisfaction, allowing to experience many new values that may not have been recognized before.

Such kind of rehabilitation is a long, arduous process that requires special psychological, social and pedagogical competences, empathic skills, sensitivity and special delicacy in dealing with people who were struck by life reality. In the first stage, usually during the patient's stay in the hospital, they are necessary for medical staff who look after him – for doctors, physiotherapists and nurses. It is their attitude, knowledge, behavior, emotions that influence the person and his will to embrace life complications, suffering, disability and social exclusion. Particularly important roles are also played by the closest relatives who help all the time, create comfort life conditions, inspire activity and effort to overcome pain and all limitations, accompanying failure and success.

Considering rehabilitation as a process of a person's bringing back to active life permanent disability, it is worth mentioning the psychologist Stanisław Kowalik, who draws attention to influence of subjective opinion regarding the patient's situation.

“The difference in the course of one's own life resulting from disability usually causes negative experiences, although they may have a lower or higher intensity. (...) For some people, recognition of the difference may mean blurring the lines between the present and past (denial of disability). In such cases, patients will not be willing to join the improvement process. They live in the past, stop in time when it goes about another lifestyle. For others, their own disability is a change that they do not consider as a life difference – they believe that it is possible to continue living – maintaining continuity between past and future. Disability does not deny access to future life changes. Of course, the motivation for rehabilitation will be strong, because there is no place for loss of future prospects” (Kowalik, 2007).

4. EDUCATION AND PROFESSIONAL WORK AS FORMS OF SOCIAL REHABILITATION

The complex of modern living conditions in a society with culture which develops and changes dynamically – techniques, science, social, political and economic relations, requires more and more careful upbringing of further generation – education tailored to current needs and challenges of the future. It is well known that the constant progress in all areas of life means that modern man must learn all his life. Lifelong learning is needed for anyone who wants to remain in the mainstream of social life and pursue personal goals, aspirations and ambitions.

New competencies development or acquisition increases their chances for employment, making new contacts; for gaining authority, prestige in the local environment; for leading of active lifestyle – all these activities lead to a significant improvement in their social position. They should be treated, therefore, as an important, valuable form of social rehabilitation which can practically proceed for many years with varying intensity.

Nowadays, good education is a prerequisite for finding a job and is a unique value for every person. It is often job that makes a person discover new passions, life values, sense of efforts. According to Z. Cackowski:

- the sense of work may result from the perception that it is necessary. There are many reasons for this necessity. In many cases it is associated with the feeling that work is a way of obtaining material resources necessary for person's life and family. In this way, the working person confirms and justifies his participation in social division of labor and social goods. To his own satisfaction, he states: *I deserve – I don't eat bread for free*;
- work is a field of varied activity. This requires varied and often very specific skills and abilities. *I can do it* – says the working person, painting an internal picture of himself. Self-esteem encourages one's work engagement;
- the work results can be useful for building and improvement of local environment, country or world. By engaging in building a better tomorrow through our own work, we make our work meaningful. We can then say: “I work for an important purpose, I am building a better tomorrow” (Cackowski, 2006).

Without human work, there would be no civilization, culture, or modern society.

An important factor of social life of every adult is gainful employment. Preparation for it generally starts from the earliest years of school education in all types of schools, including for students with disabilities. The dynamic development of information technologies, the widespread computerization of production of goods, service, trade and science creates many new professions – the demand for employees with qualifications where physical strength, fast mobility don't matter, but specialized intellectual competences are of great importance. Many social, interpersonal contacts are increasingly made in virtual space via the Internet, without getting out. Making business deals, studying, exchange of thoughts and views, gathering opinions, viewing art works and sports events all over the world, visiting attractive places in different continents and many other human activities can be carried out through the network with increasingly better equipment and computer software. Social contacts are increasingly spread to social forums that compete effectively – especially among young generation – with a different format for meeting people who have, for example, similar interests, views, needs or goals. An adult disability often means that in order to remain socially active, the person must change his previous job, and in many cases it also refers to professional qualifications. That is why professional counseling, retraining and education of employees with disabilities become so important for the above category of people. It is also important to support the disabled who look for job offers appropriate to their individual possibilities and needs. Not only specialized institutions but also wider society should be engaged in the above activity.

5. COMPLEXITY AND VERSATILITY OF THE SOCIAL REHABILITATION PROCESS

There are different views of authors in numerous scientific publications regarding the essence of so-called social rehabilitation of people with disabilities. Józef Sowa considers social rehabilitation as one of the elements of complex rehabilitation process, including medical, psychological and social procedures aimed at going a person back to normal life, and if this is not possible (...) to living conditions (Sowa, 2017). In his opinion, this type of rehabilitation is distinguished by specific goals and methods of therapeutic effects.

“Social rehabilitation has a variety of goals, it uses many ways of affecting people with disabilities, that is why it is difficult to clearly define it. The skills of social behavior include the ones that enable the person to behave properly in typical civilizational and cultural situations, to solve typical problems of everyday life, and to interact properly with other people. (...) Along with the civilizational and cultural changes in society, due to special importance of work in the life of each person, vocational rehabilitation is also often distinguished. In fact, it is a part of social rehabilitation. (...) In many cases an introduction to rehabilitation is occupational therapy, that is, participation in classes involving the performance of simple work – most often of craft or art nature. The above activity enables a smooth transition to new professional skills, which is usually the second stage in the process of vocational rehabilitation” (Sowa, 2017).

Stanisław Kowalik emphasizes difficulties regarding clear and precise definition of the above mentioned rehabilitation. He writes the following:

”It is very difficult to briefly characterize the essence of social rehabilitation. This results from large variety of activities that are traditionally included in this

area of the improvement process. That is why social rehabilitation is sometimes called a total" (Ostrowska, 1976) one.

It goes here about the fact that a disabled person should accept life social position, which will differ the least from the previous one, that is, when the disability had not been acquired. So a disabled person must accept the situation of not being able to return to the previous position occupied in the social structure; the person must also withdraw from the patient's position, which was the phase of "temporary suspension" of fulfilled social roles, and must take actions that contribute to the return on the modified "trajectory" of one's own social development (Kowalik, 2007). The author distinguishes five areas of rehabilitation, namely:

- -medical rehabilitation as part of open and closed treatment,
- -physical rehabilitation, including kinesiotherapy, therapeutic gymnastics, corrective exercises during PE lessons, sensory stimulation, sports, qualified tourism,
- -vocational rehabilitation, which includes occupational therapy and industrial rehabilitation, vocational education and training;
- -pedagogical rehabilitation,
- social or broader rehabilitation, enriched with elements of participation in culture, that is socio-cultural rehabilitation.

Analyzing social situation of people with physical disabilities, it is difficult to formulate general guidelines regarding the goals, methods and forms of necessary rehabilitation due to the large variety of dysfunctions affecting them and the possibility of returning to normal life.

Respecting the subjectivity and dignity of each person, the programs for including them in full participation in socio-cultural life must be created individually. A person with physical disability needs synchronized complementary actions that harmoniously support his physical and mental condition. Such a long-term, multi-faceted process leading to self-esteem, sense of life, self-fulfillment, belonging to local and global community could be considered the essence of social rehabilitation including treatment, improvement, education, development of professional competences, gainful work, art activities, physical culture.

Social rehabilitation can be defined as social activities for the benefit of the disabled, implemented by specialized institutions in the organized way and spontaneously on ad hoc basis by members of local communities. It is an indicator of society's attitude towards people with special health, educational and cultural needs. Its social character results from the fact that first of all it is implemented by social entities; and secondly, it serves directly and indirectly to society as a whole, and to individuals who form it. Its quality and scope largely result from the social policy of the state implemented through health care, education, law and insurance systems.

In the scientific literature for theoretical and illustrative purposes, various types of rehabilitation are distinguished, but in practice all of them, in a closer or longer perspective, are aimed at "bringing back" the affected person to society. It includes treatment, convalescence, special didactics and education, work and participation in culture. They all usually interpenetrate and complement each other in order to enable a person to become independent, regain mental balance, and deepen their faith in the sense of life.

In every case, physical disability does not necessarily mean that you will give up your personal aspirations, interests, satisfying activities, professional career, family life, becoming entrepreneurial, creative and socially active person. Whether the intellectual,

psychological and spiritual potential of a person with a locomotor dysfunction will be noticed and used for the benefit of himself and other people is significantly determined by society – by its knowledge relating to special needs of the above people and the possibility of satisfying them; the ability to organize the necessary therapy, the will to counteract marginalization and exclusion of current events; the desire to continually support self-fulfillment, improving the quality of functioning of institutions established to serve people with temporary and permanent disabilities. The development of a society friendly to them, sensitive and responsible for their lives is a challenge for universal, compulsory education.

In practice, social rehabilitation is not a certain scope of specialist treatments, but a common denominator of many various initiatives and activities. In The intensification of social activities to improve the quality of life of people with disabilities clearly demonstrates the continuous increase in the sensitivity of modern society to their health and living problems. In recent years, including people with mobility disabilities in social life has become increasingly real and effective. Various architectural and communication barriers are gradually broken away, numerous work places are adapted to special ergonomic needs, the campaigns are underway to promote their participation in culture, including physical culture – sports, tourism, recreation. Despite some unsatisfactory effects, the process of inclusion of that marginalized group is going in the right direction. That allows to suppose that “return” of people affected by locomotor dysfunction to society will become a common norm. In order it could happen, in addition to medical, legislative and social activities, efforts are needed to change the stereotypes of the disabled, they themselves should overcome mental barriers.

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