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Disability and Rehabilitation in the Context of *Life-Span Psychology*

Streszczenie

Artykuł zawiera rozważania nad możliwością innego postrzegania i rozumienia niepełnosprawności, rehabilitacji oraz samych osób niepełnosprawnych. Osadzenie rozważań w kontekście life-span psychology pozwala na połączenie kilku obszarów: rozwoju, wspomagania rozwoju, niepełnosprawności i rehabilitacji we wspólnej przestrzeni semantycznej. Taki zabieg teoretyczny, wynikający z istoty pojęć naturalnych, może pomóc w przełamaniu postrzegania osób niepełnosprawnych jedynie przez pryzmat ich braków. Perspektywa life-span psychology pozwala zobaczyć indywidualny kontekst życia osób niepełnosprawnych oraz rehabilitację jako wkomponowaną w proces życiowy, wspomagającą i modyfikującą rozwój.

Abstract

The article discusses another approach to the perception and understanding of disability and rehabilitation as well as to disabled persons themselves. Our discussion set in the context of life-span psychology makes it possible to combine several areas such as development, development support, disability, and rehabilitation in a common semantic space. This theoretical method, resulting from natural notions, may help us change how disabled persons are perceived, that is, only through their deficiencies. Life-span psychology enables one to approach

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disabled people by treating their rehabilitation as a living process that supports their development.

Key words: disability, rehabilitation, life-span psychology

Introduction

Although rehabilitation psychology is more than 50 years old, it continues to search for theoretical means to describe and explain disability² and rehabilitation³ problems as well as to justify more adequate and efficient actions to be taken. Such a domain of psychology, so closely connected with special pedagogy and medicine, is bound to draw on achievements from other psychological sciences, especially general, developmental and social psychology as well as such sciences as biology, physiology, physics and engineering. Consequently, achievements and new approaches in these domains ought to be reflected in rehabilitation psychology as well.

Increased numbers of disabled persons results not only from our hurried lifestyle and our era's technical and technological advancements but also from society's natural aging process. Along with these numerous general alterations, there are tendencies to force changes in our thinking, acting, behaviour, in research and scientific attitudes, and in defining and understanding the world we live in. This is bound to entail introducing new terminology adequate to new situations, creating newer models of reality and its fragments, and broadening our knowledge by taking into account current changes and researched areas. A terminology of disability, in spite of vast knowledge and rehabilitation experiences, still

² There are many definitions and ways of understanding disability: in the biological, social and bio-psycho-social area (Kowalik, 1996; Gałkowski, 1997; Majewski, 1999; Obuchowska, 1999; Ossowski, 1999; Piasecki, 1998; Dykcik, 2001; Peterson, 2005; Otrębski, 2007; Kowalik, 2007). Their essence is to emphasise that which determines the nature of disability. This entails indicating malfunctions and shortcomings. According to the World Health Organisation, a disabled person is somebody whose physical, mental or intellectual condition impairs, limits or makes it impossible – permanently or temporarily – to perform life functions and social roles in accordance with legal and social standards (Dykcik, 2001, p. 15). This broad definition of disability takes into account the bio-psycho-socially aspects.

³ *Rehabilitation* is 'a complex process comprising medical, social and professional impingements and in the case of a child also educational ones which are aimed at regaining ability and enabling an independent life in the society for someone who did not have such possibilities or was deprived of them due to a trauma or disease experienced by this person' (Kowalik, 1991, p. 446). Rehabilitation is conducted starting at any age, and is carried out many times during the disabled person's long life (Sękowska, 2001; Kowalik, 2007). It is very important – as rehabilitation enables the disabled person to take some control of his own life, and to live with hope and a sense of purpose (Ossowski, 1999; Kowalik, 2007).

leaves much to be desired by being an exclusion terminology (Dębska, 2007). Even the word 'disability' itself is depreciative. When we hear the word 'disabled', we tend to think of deficiencies that prevent a person from being fully able. A rich empirical and theoretical base in special pedagogy and rehabilitative psychology allows for a better insight into disabled persons' lives and indicates the most important elements in modern rehabilitation. Forty years ago Dega (1973) defined parts of the so-called modern rehabilitation model, namely its universality, early initiation, comprehensive character and indispensable cooperation among various specialists, and continuity (Lubecki, 2012). Apart from this, other commonly emphasised factors are personal and subjective involvement, societal and environmental activation, and the importance of integrating the disabled with non-disabled persons (Aouilla, 1999; Obuchowska, 1999; Ossowski, 1999; Kosakowski, 2001; Janiszewska-Nieścioruk, 2004; Pisula, Danielewicz, 2005; Ochonczenko, Nowicka, 2006; Kirenko, 2007; Kowalik, 2007; Otrębski, 2007; Baran, Cierpiałowska, Mikrut, 2011). These parts all contribute to changes in society's approach and attitudes towards disabled persons and in mutual relations to one another among the disabled themselves. In order to see in disabled persons more than their disability, I suggest looking at them from the point of view of *life-span psychology*, at support and rehabilitation jointly. This perspective is not a totally new disability and rehab concept. For example: Grzegorzewska (1964) accentuated that we ought to see "a man, not the invalid". The most important part in rehab is to see this individual person (Grzegorzewska, 1964; Kościelska, 1995; Obuchowska, 1999). Understanding and effectively administering rehabilitation takes many individual and social conditions (Kościelska, 1995), from one's personal activity to emphasizing how both disability and rehabilitation are integral in (Obuchowska, 1999; Ossowski, 1999; Kowalik, 2007; Otrębski, 2007). The differences among disabled persons and the role played in supporting each one are significant (Kościelska, 1995; Obuchowska, 1999). Kowalik (2007) emphasize individual, social and humane aspects in rehabilitation. Otrębski (2007) points out that ecological - interactional rehabilitation needs to be given a face. He accents rehabilitation's positive aspects, too, which help to naturally develop some disabled people. It becomes possible to combine develop and rehabilitation with one main idea, namely that of life-span.

Life-span psychology enables rehab to be incorporated into everyday life by supporting its development. This method is justified by the theory of natural notions, notions which are characterised by openness and flexibility of boundaries, and adaptative ability depending on new information flow (Maruszewski, 2011). Seemingly it will enable us to overcome the exclusion area, at first at least theoretically.

Modern approaches to disability and rehabilitation

The last quarter of the 20th century brought about numerous changes in attitudes towards disabled persons and their rehabilitation. Disabled individuals' personal activeness, their subjective rehabilitative involvement in a natural living environment, activation of their surroundings as well as their interaction and integration have been noted and appreciated. This subjective, social and interactive approach constitutes a significant step towards building up the disabled persons' self-esteem – it helps us see more than just disabled persons' deficiencies (Martin, 1995; Kowalik, 1998; 2007). In this regard, extensive exploratory research is being carried out and is often supported by case studies (Wright, 1965; Kościelska, 1995; Dębska, 2010; Żyta, 2011). These examinations and considerations are manifested, among other ways, in forming a new theoretical basis concerning concepts and methods and in creating new rehabilitation models, but first of all in rendering specific, adequate help as part of widely understood rehabilitation.

In rehabilitation psychology we can indicate certain dominant models of rehabilitation, which also reflect a psychologist's possibilities in this area. These models are distinguished by the way they perceive, understand and approach disabled persons and their rehabilitation (Roessler, Boston, 1978; Dembo, 1982; Olkin, Pledger, 2003; Kowalik, 2007). The humanistic model seems to be the most extensive model, whose main elements comprise:

- a. interaction between a disabled person and a rehab specialist: the specialist protects against experienced problems by reducing their intensity, getting rid of their psychological consequences, and by engaging a disabled person as an active rehabilitative co-operator. Subsequent rehab stages are totally different from the above model as far as solving their problems is concerned;
- b. emphasising the subjective character of each problem a disabled person has;
- c. authentically caring about a patient, which ought to have its consequence in arousing self-care in a patient, starting to control one's own fate and if possible being in charge of one's own life;
- d. always treating a disabled person as a human being who has faced a developmental failure. Disability leads to the creation of a *lost development zone* where development possibilities have been totally blocked or seriously limited. Rehabilitation provides chances for a disabled person to regain at least a part of this zone (Kowalik, 2007, p. 50). In this model K. Lewin's field theory (Kowalik, 2007) is a theoretical basis on which problems of disability and rehabilitation can be understood and explained fully.

Disability and rehabilitation in *life-span psychology*

When looking at disability and rehabilitation through *life-span psychology* (Baltes, 1991), we tend to take into account yet another aspect, which views individuals in a broader social and cultural context. Rehabilitation can be viewed as a complex process for repairing, correcting and sustaining, although at the same time it can be perceived as a complex process for supporting individual development. Supporting turns out to be possible with various disabled groups, both adult and elderly ones. It becomes possible when the notion of development is extended. Development understood traditionally as pursuing a particular final state (Gierowska, Tyszkowa, 1996, p. 49) is altered into sequential changes which take place throughout the individual's whole life. Therefore, emphasis is placed on development and improvement throughout the whole life (Straś-Romanowska, 2001). Development comprises various life spheres, not only its biological or social contexts. A new definition of development focuses on various sorts of changes and transformations. These marked alterations organise experiences from more and more complex mutual impingements made on man and his world as perceived in time (Kaja, 2010). This progression is not limited to particular mental functions, but also to transformations of mental organisation and occurs throughout life (Łoś, 2010, p. 75). An internally motivated subject takes an active part in this process (Łoś, 2010, p. 82), thus becoming the author of one's own fate (Straś-Romanowska, 1992). Numerous changes occur during personal activeness of, for example, a narrative type, through many re-evaluations, changes in thinking, and new goals being established (McAdams, 1994; 2001; McLeod, Balamoutsou, 1996; Hermans, 1996; McAdams, 2001; Grzegorek, 2003). Possible changes are also brought about by any rehabilitative actions of an individual and for that person's benefit. Rehabilitation has to be amenable to the developmental phase and its changes. Very seldom is rehabilitation activity used only once; it has to be practiced many times, and sometimes throughout the individual's life. Actions to promote psychological rehab constitute a significant part of the so-called multi-level rehabilitation model (Ossowski, 1999; Kowalik, 2007; Tucker, Read, 2008). They become part of the disabled individuals' lives and their surroundings; all persons involved have an opportunity to introduce changes into their lives and support their entire developmental process as well as everyday existence.

'Supporting development', or intentional environmental impingements, leads to situation in which the supported person is able to solve tasks and life problems independently. The essence of this process constitutes a special type of human interaction; it addresses a man who acts out his own life and also looks for

life's sense by forming skills and abilities. Support is used when development along with education and socialisation have been insufficient, for various reasons, whenever problems disturbing the course of development appear in a human's life (Kaja, 2010). Theoretically, developmental support presents a man who acts in the world and is constantly connected with it; he learns about himself, and changes himself and the world or its chosen areas (Kaja, 2010, p. 26).

The definitions along with their disambiguation relating to basic concepts cited above such as development, supporting development, and rehabilitation are mutually connected with one another. We can see an explicit multidimensionality and multi-level character of these processes as well as their extensive individuation. Disabled persons take advantage of supporting their development through rehabilitating particular structures, functions, and the entire person as a specific/unique individual. They adapt in stages to their disability. Thanks to developmental support in the form of rehabilitation impingements, they can regain their lost spheres. They activate potential development zones when lost zones cannot be recovered. Persons at various ages and with varying disabilities undergo supportive and rehabilitative activities. The supporting processes also support personal development: paradoxically, disabled persons can experience a 'feeling of freedom'. An individual actively participates in rehabilitation and finds a meaningful life. A disabled person's own activity – apart from direct involvement in his rehabilitation, that is, in regaining lost development zones, also involves rethinking one's own life, making significant re-evaluations and planning a new life, for example taking advantage of his auto-narrations (Dębska, 2006; 2010; Dębska, Szemplińska, 2011). These actions help a disabled person overcome disability barriers and experience living as a free person who has a private and valuable life.

Taking into consideration the *life-span* approach, we can see that the emphasis is put on an individual course of a disabled person's development. We start from an individual and his/her individual development and not from failures that must be overcome in order to equal non-disabled persons in their achievements. We are not subjecting a person to compulsory competitive assessments. We give full permission to be different. As a result, a disabled person can be perceived during an individualised developmental course. Not through deficiencies, differences, or lost development zones but in the light of a distinct developmental character as well as in having individual and interesting life stories. These stories are often more colourful than those of healthy people. This results from the fact that 'their life requires from them a multiplied life effort' (Głazek, 1999). This is also confirmed by the paralympians' stories. These sportspeople have overcome their weaknesses and malfunctions; they strive to achieve and

they win Olympic medals. Looking at rehabilitation as a complex process for supporting individual development in the *life-span* approach, we can recommend it to each group of disabled persons and also to the people who look after them. All of them, while being in positive mutual close relations, stand a good chance to develop and improve themselves.

Processes such as disability, rehabilitation, development and support when connected by *life-span psychology*, allow us to see them as one complex procedure. This procedure can take place in a number of ways in supporting development on many levels (Kościelska, 1995; 1996; Ossowski, 1999; Kowalik, 2007; Dębska, 2011; Dębska, Szemplińska, 2011; Żyta, 2011).

Rehabilitation as a complex process for supporting individual development in *life-span*

Life-span development takes place in accordance with the following rules: it occurs throughout one's own life and consists in biologically and culturally conditioned changes of adaptation abilities; it involves a dynamic proportion of mutually occurring increases and decreases; individual development shows great flexibility at each age and it may take many forms depending on living conditions; biological and cultural influences take place ontogenetically and historically in the three following categories: those connected with the individual's age, those connected with historical time and are 'non-normative', in other words those happening to a particular human being; it can be understood only as multi-disciplinary (which includes also biology, medicine, anthropology, or sociology); biological influences on individual development decrease along with age. Together with developmental advancement, there is an increasing demand for cultural resources, which have three general functions: a) growth, b) keeping (including regaining) and c) regulated decreases – a 'systematic entirety of individual development.' Along with decreasing (internal) individual resources, resource allocations to those free functions are subject to change; it takes advantage of complementary strategies of selection, optimisation and compensation. Each development comprises those three components (Baltes, 1998).

In the light of *life-span* principles, we can redefine rehabilitation actions and articulate the following assumptions:

- a. disability is an event in life which modifies or totally changes the line of life and individual development;
- b. disability constitutes a deviation from the so-called average line of development, but is not necessarily a lost development zone;
- c. rehabilitation supports such individualised development;

- d. multidimensional, multifunctional and multidirectional rehabilitation activities that support development contribute to releasing in an individual new internal resources;
- e. in rehabilitation, the basic developmental functions such as growth, keeping and regulating decreases become an individualised mutual system; they show flexibility at each age, depending on living conditions, experience and social support;
- f. during ongoing rehabilitation , diverse individual strategies , optimisation and compensation are activated (depending on an individual's needs and possibilities);
- g. in order to achieve full development, it is necessary to introduce multi-level and interdisciplinary rehab(taking into consideration diverse rehabilitation procedures such as the medical, psychological, social, professional, and pedagogical ones along with their various impingement methods); although biological rehab diminishes with age, the demand for cultural resources increases;
- h. people who surround an individual actively support and implement rehabilitation;
- i. emphasis is placed on the person's individual and comprehensive development; he supports his own activity and subjective involvement, not his personal deficiencies and disability.

Disability and rehabilitation perceived this way can easily become an opportunity to release new resources in an individual and to reveal some traits that had lain hidden and dormant. However, certain conditions must be satisfied. From the start, medical and improvement activities need to be introduced such as widely understood treatment, gymnastics, exercises, medical procedures, occupational therapy. Also an individual must concentrate on activities other than rehabilitation only; he needs to improve his condition so that he can discover dormant forces, talents and resources that he was not aware of before. A disabled person will be able to perceive himself as someone who has some other new possibilities and notice that he can do many other different things; an individual will be able to embark on his own activities route with a great amount of personal passion.

There can be many ways for an individual to develop and undergo rehabilitation. Particular persons are able to achieve great and unique things in these ways. By participating in culture through their creative activity they can rehabilitate, develop, self-actualise and build up this culture at the same time (Baran, 2011; Dębska, 2006; 2010). They are no longer persons who only deserve our sympathy,

but also our admiration and respect. They contribute great values to societies, from their fight with suffering and from reflections over their fate; they also contribute elements of mental resistance, silent heroism and moral greatness expressed by their lives (Szczepański, 1992; Dębska, 2010).

Conclusion

Development through life-span becomes part of an individual's entire life. It can constitute a basis for a new rehabilitation model. Emphasis is placed on a person's individual development within a particular supportive social surrounding.

What kind of results can we expect from such a theoretical and practical understanding of rehabilitation? It seems that this approach allows us to define and perceive disabled persons themselves in a different way. In my opinion, it gives us an opportunity to limit their exclusion area. They do not have to be perceived as a minority which has certain deficiencies and visible defects, but in the same way as all other people who take advantage of supporting activities at various developmental stages and in various life situations. Therefore, there is no need to discuss disability itself, but rather we should concentrate on its individual course for which we employ numerous methods of support, including rehabilitative activities. These activities – in the some cases – can be extended for one's entire life and include many areas which require support. They all are based on cooperating with particular persons and also with their widely understood surroundings. In this way, we appreciate an extensive repertoire of possibilities that lie dormant in disabled persons, and we open the gate wide for their justified presence in the society that they are a part of.

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