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## About the Identity of Disabled People

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### Streszczenie

We współczesnej literaturze ciągle obecna jest debata na temat znaczenia endo- jak i egzogennych czynników wpływających na tożsamość jednostki. Tożsamość jest często opisywana jako produkt dynamicznego procesu społecznych interakcji, który składa się z różnych czynników decydujących o indywidualnych psychospołecznych właściwościach jednostki oraz czynników, które są wynikiem procesu socjalizacji. Prezentowany w artykule przegląd teorii wyjaśnia znaczenie zarówno indywidualnych jak i społecznych czynników oraz związek ze środowiskiem społeczno-kulturowym, który wpływa na rozwój tożsamości osoby niepełnosprawnej umysłowo.

**Słowa kluczowe:** niepełnosprawność intelektualna, tożsamość, różnice indywidualne, socjalizacja, konsumpcjonizm

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### Abstract

There is a constant debate in the modern literature about the meaning of the individual and social factors influencing an individual identity. The identity is most often displayed as a construct of a dynamical process of social interaction consisted of various factors that describe the individual psychophysical characteristics of an individual and factors, which stand as an effect of a socialization process. Presented in this article overview of the theories explain the meaning of both the personal and social factors and the relationship with the socio-cultural environment influencing the development of intellectually disabled identity.

**Keywords:** intellectual disability, identity, individual differences, socialization, consumerism

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Analysis of 'identity' seems to be an indispensable, perhaps even crucial issue in analysing the situation of a disabled person in contemporary society. However, this is one of the most difficult tasks of science. The cause for these difficulties are the differences in interpretation the scope and content of the term in various scientific disciplines and the concepts functioning within them. 'Identity' is most generally understood as being the same. In Latin 'identity' means the same and comes from the word *idem*, which indicates some sort of similarity and identity. 'Identity' refers to the human individual or group. Therefore, we may distinguish human identity, social identity and cultural identity. Identity has an objective and subjective sense. Objectively, identity is a relative distinction, consistency and continuity in time of the individual or group perceived from the outside (...); subjectively identity is self-awareness of one's distinction, consistency and continuity in time of the group to which one belongs (Szacka, 2008; Żółkowska, 2009).

The diversity and multi-context of identity became the basis for distinguishing its different models. Particular relevance to the identity of disabled people is revealed by R. Robinson and Z. Bokszański's models. The authors distinguish four theoretical models of the concept: health, philosophical, ecological, and interactive. In the health model, identity is considered as a specific area of mediation in which a formula for human existence is established. The identity's development includes the state of the body and its functions, the roles performed by the human, one's value systems, and other determinants summed up in one's consciousness (Bokszański, 2005). Assumptions in the health model seem to be partly useful for analysing the identity of a disabled person. They describe identity from the point of view of psychosocial disorders and adaptation to the environment. They indicate that a human's possibilities play an important role in shaping identity; however, they pay scant attention to social context. The philosophical model of identity is based on such concepts as values, cultural models, and ethos. In this model, the psychosocial situation of the human is accentuated, in other words how one experiences culture, what actions or values one recognises, and how -- based on these factors -- one creates one's self-image. It is, as R.J. Lifton underlines, a new type of identity because it is unrelated to symbols and institutions (Bokszański, 2005). Whether a person develops a stable or a variable identity, shaped under the influence of new, emerging models and social lifestyles, will depend on what the psychosocial conditions are like. The ecological model of identity is found, among other writings, in the works of M. Zavollini, H. Tajfel, and J. Koziński. In this approach it seeks to describe the mechanisms (the micro-processes of imaginative thinking) occurring while the concept of oneself is being created and attempts to demonstrate the differences in the individual's perception and auto-definition of the self, depending on one's relationships with other people

or groups (Kozielecki, 1986). The fourth, the interactive model, differs mainly from the others in that identity is not treated as a relatively permanent construct, but as being dependent on social factors, on the relationship which a person enters in different social situations.

Both in the presented models as well as other concepts, a discussion of the importance of individual and social factors in creating identity is noticeable. Psychological concepts underline that it is formed as a result of what we think of ourselves, how we perceive ourselves, and how we interpret it as others perceive us. Erikson writes that identity is not synonymous with the concept of self (self-knowledge), which functions consciously. It indicates action which its "ego" is capable of, thus defining the quality of individual existence. This dimension functions on the unconscious level. While solving the normative crisis, the human must deal with threats concerning his/her identity in three respects: continuity of existence in time and space, internal consistency of attributes (including the quality of the ego), and confidence based on compliance between what one knows about oneself and what others know about him/her (Erikson, 2004). Speaking of a disabled person's identity, Rogers' views seem to be interesting as well. According to the author, identity covers the entirety of perceptions concerning one's own somatic-physiological characteristics and psychological traits. It develops gradually and spontaneously, but its proper formation is possible only when a person experiences in his or her own environment (especially among family, school and peers) a sense of psychological security, complete and unconditional acceptance as well as an empathic understanding and respect for one's own individuality. An absence of these factors may lead to a forced, foreign and heteronomous identity, and even a disorganisation of personality and behaviour (Drzewiecki, 2011). Cencini also draws attention to the importance of personal factors in shaping identities in people with disabilities (Drzewiecki, 2011). According to the author, five layers of human identity should be distinguished: somatic, psychological, ontological, metapsychical, and metasomatic identity. Referring to this concept, we may conclude that the simplest and most spontaneously experienced dimension of human identity is the physical-somatic. A normally mentally functioning person is in constant contact with his/her own body and fulfils his/her own specific characteristics and physical abilities, and also his/her own physiological conditions. This type of physical-somatic identity occurs from the first moments of a child's existence, although, at first, it is not accompanied by a psychological type of self-awareness. Gradually, the somatic-physical identity becomes integrated with the other dimensions of human identity. However, in the case of abnormal development, a human's sense of identity might become limited only, or almost exclusively, to his/her self-awareness at the somatic-physical level. In such a situation, physicality

becomes of utmost importance for him/her because it constitutes the only, or at least a basic, point of reference when it comes to self-identification as well as having a sense of self-identity and personal values. This type of identity-reduction fundamentally limits the given person's field of interest and range in experiencing himself or herself, thus leading to serious disruptions in his/her personality (Drzewiecki, 2011). This may cause excessive concern about one's body, one's performance and appearance. For example, when a disabled person is unable to meet his/her expectations, the person may have difficulty in self-acceptance. Fulfilling these expectations is particularly difficult in modern times, when modern culture attributes great importance to appearance and fitness.

When analysing the literature on identity, one recognises that a greater rank is assigned to social factors than to individual factors. One of the first such concepts was presented by Parsons. The author, recognising the importance of individual factors, treats identity primarily as a result of human participation in social life. As a result of this participation, the human experiences and acknowledges as his/her own the elements of the social system, in other words, patterns and socially accepted ways of behaviour as well as factors of the cultural system – meaning a set of norms, symbols and signs through which a given social system becomes inter-subjectively comprehensible to its members and can thus effectively shape their behaviour and identity (Parsons, 1969). Goffman (Goffman, 1981) argues that a person recognises and selects only those behaviours that, at any given time, lead to positive achievement and to exerting an optimally favourable impression on the partners of the interaction. Therefore, a human has no determined identity, but uses chosen strategies to to achieve his/her set objectives and to gain social recognition. E. Goffman stresses that human identity is not homogeneous and one-dimensional, but includes a number of structural aspects. It can, in fact, be analysed both as subjective experience (sense of identity) as well as in the dimension of contents. In this last aspect, Goffman distinguishes between private, social, and subjective identity (I-identity) (Drzewiecki, 2011). Identity is widely recognised by Margaret Mead. According to Mead, human identity is formed by increasingly competent participation in life (Mead, 1986; Mead, 2000).

The importance of social factors in the formation of identity has changed over the centuries; these changes are rightly noticeable in modeling the identity of disabled people. Elizabeth Czykwin (Czykwin, 2008), following the footsteps of Stuart Hall, states that the category of identity has gone through several phases, dominated by differing relationships between the individual and society during periods starting from the Enlightenment. Identity in the period before and during the Enlightenment was based on traditional (religious) structures. One's position in society, and the identity that went along with it, was derived from the position

that the person received pursuant to birth which, in turn, was an expression of the will of God. A person was designated by the place he/she occupied in the social hierarchy, and not through an individual's attributes. This thesis does not, however, include people with disabilities, as history shows the place of disabled people was special. Because of their dysfunctions, they were outside the pale of social life and often even exterminated. Between the XVI and XVIII centuries, identity was dominated by a new humanistic concept of the human. The human became a central and unique individual, endowed with reasoning ability, conscious and active, capable of shaping his/her identity. It was also a period in which otherness was treated in humanistically, which resulted in a more favourable perception of disabled people and, therefore, better conditions in which to shape their identities. In the XIX century, as a result of social changes, another change in the recognition of identity occurred. Homogeneous, stable societies, as a result of industrialisation and urbanisation, began to differentiate. The human ceased being treated as unique. This had a major impact on the development of people's identity, especially those who were unable to keep pace with technological development and social changes. They had less favourable possibilities of modeling their identity because they occupied less favourable social positions. In this period identity began to be perceived in terms of class membership and professional groupings. Even less favourable for the identity of disabled people appears to be the present day (Czykwin, 2008). According to Zbyszek Melosik and Tadeusz Szkudlarek, in modern times the universal type of dominant identity is fading. No matter how we define contemporaneity, whether as postmodern or as late modernity, identity has become something flexible, changeable, fluid and fragmentary (Melosik & Szkudlarek, 2011). New social movements have played a crucial role in the fragmentation of identity. Hall cites as examples: "Black feminist aspirations, national liberalism, anti-nuclear and ecological movements". People began identifying themselves within categories of culturally understood gender, ethnicity, religion, age, nationality, environmental views, and so forth. This allowed others to be stigmatised and marginalised, [such as] gays, ethnic minorities and disabled people (Czykwin, 2008; Żółkowska, 2009).

One of the factors shaping the identity of a modern human is globalisation/consumerism. Slogans proclaim striving to find oneself, living in harmony with oneself, and being spontaneous, creative, independent and free (Dyczewski, 2003). The possibility and ease of relocation, communication and acquisition of wealth all promote the adoption of new values, life models and, therefore, different identities. Identity begins to be shaped by consumption – by available goods and services. Józef Życiński defines this consumerism as the "supermarket" concept of the human (Życiński, 1998). Modern society is not characterised by a hierarchical,

binding culture -- as P. Bourdieu interprets it -- but is, in the opinion of Abraham Molle, a mosaic, decentralised culture without hierarchy and focal points (Krzysztofek, 2007). Reference groups that supply attractive models have changed – moral authorities have been replaced by the media, which do not exert themselves to be moral, but only create consumer tastes (Bauman, 2011). Social changes have caused not so much changes in the value system, but changes in the system of education. The institutions appointed to this, namely the family, school, and church, do not know how to cope with the situation – they are ineffectual (Beck, Giddens, Lash, 2009). Diversity and changeability are not conditions for developing creativity; they only give a semblance of freedom. The model of cultural consumption induces the search for a temporary identity (Skarga, 2009). One cannot create himself or herself because social changeability does not even allow the person to exercise control over his/her own life. P. Sztompka calls it “cultural trauma”. The author states that the social costs of transition, mainly “... violent, sudden, and drastic social changes, destroy the cultural fabric which is at the core of the causal potential for further creative activities, thus undermining the subjectivity of the society” (Sztompka, 2005). Michael Foucault states that an important factor in modeling modern identity are the discipline and surveillance (Foucault, 2000; Foucault, 2011). Modern society is characterised by a wide variety of norms, beliefs and lifestyles. However, the range of possible lifestyles and the mere acts of individuals’ decision are subject to absolute programming by social forces that are normally found far beyond the reach of the individual. Therefore, one cannot as an individual be opposed to them, much less control them. This is the paradox of late-capitalistic privatisation for self-realisation, thus resulting in the loss of rather genuine autonomy and unity of personality (Giddens, 2010). People are forced to have different, often conflicting or indeterminate identities. As Z. Bauman emphasises, the individual is forced to change his/her life strategies for more effective ones. These strategies have to construct a coherent, centralised and continuous identity. People today change their identities on request, paying little relevance to their currently achieved versions. Human relationships become fragmented and discontinuous – they are destroyed by humans protecting themselves against having their freedoms limited and subsequent consequences, and act against establishing lasting relationships, duties and obligations. The diversity and multiplicity of identification causes identity to become situational and heterogeneous (Bauman & May, 2004). This situation raises universal anxiety and can promote mental disorders typical for modern civilisation (Bauman, 2011).

Summing up, we can conclude that in the above-mentioned models human identity is most often recognised as a construct created in dynamic social interactions, composed of factors that determine individual human psychophysical

characteristics and factors that result from socialisation. Differences lie in justifying the importance of individual factors over social factors, or in particular influences in the human's relationship with his/her socio-cultural environment (Bauman & May, 2004; Goffman, 1981; Jarymowicz, 2000; Jarymowicz, 2004; Miluska, 1996; Żółkowska & Żółkowska, 2010).

Disabled persons have difficulties with self-determination and with auto-creating their identities due to psychophysical dysfunctions, limited initiatives and resourcefulness, and fewer possibilities for rapidly and adequately creating the concept of oneself; as well as changing external social and cultural conditions and the diversity of norms and values. The person is passive, consumeristic, has difficulties in finding a job and does not participate in the local environment. Therefore, one is exposed to difficulties in psychosocial functioning because, as it results from the presented contents, the principal function of identity is the adaptive function. What is true, as noted by Leon Dyczewski, is that whole working groups dealing with the person quickly formed in response to emerging problems: psychologists, sociologists, social workers, social-cultural activists, instructors of various types, and even entertainers. As their main tasks, they resolved to free the human from stress and suffering, to assist him/her in solving problems and in self-development, and to ensure the experience of happiness. The typical attitude becomes 'the search', and one searches under the slogans of authenticity and unfettered development of personality (Dyczewski, 2003). This search should also involve the disabled person. The disabled person should be able to influence the development of his/her own identity, and should know about opportunities to choose between different identities. The disabled person should not only know about how to adapt to social norms, but also about the ways to express his/her disagreement and the possibilities of how to change behaviour. It is the search that provides the chance for a subjective and equal life in the environment. For the formation of identity is in conjunction with the process of individuation, in reinforcing one's distinctiveness, in developing independent ways of meeting one's needs together with creating one's place among other people in performing family or professional roles.

In the case of people with disabilities, particularly important seems to be the assumption that development of a mature and integrated identity depends both on the type of norms, laws and socially accepted rules of functioning in society, as well as on certain psychophysical properties. The possibility for every human to develop identity is appointed, after all, by such conditions as gender, age, intellectual agility and physical fitness.

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