

## Social Support Obtained By Intellectually Disabled Persons - Their Own Opinion Thereon

The term social support is defined in an array of different ways, depending on the branch of science or theoretical orientation in the framework thereof it is being considered. Psychologically, support is generally conceived as aid offered to an individual in difficult situations; the aid arising from his or her participation in social life, being a consequence of belonging to social networks (Jaworowska - Obłój, Skuza 1986, Sęk, Cieślak 2006). N. Lin (after Sęk 1986) understands it as support available to an individual thanks to interactions arising from his or her relationships with other people, social groups, and the community. It is in the same line that H. Sęk's (1986) way of presentation of the essence of social support is comprised; it consists in considering the aid as a sort of interaction characterized by a number of factors: it is initiated in a difficult situation, when a problem has to be addressed; its purpose is to make the participants seek to find the solution to the problem; its parties include a support provider and a support receiver; an exchange of information, emotions, action instruments or material property; the exchange may be unilateral or bilateral with a constant or variable direction and its effectiveness depends on how much support being provided corresponds with the support receiver's needs.

G. Caplan (1974), conceiving social support as a network of relevant interpersonal relations facilitating an individual's psychical and social functioning, emphasizes the importance of its action in the aspect of satisfying an individual's needs. He indicates that such elementary needs as a sense of security, belonging, or affiliation are satisfied mainly as a result of socio-emotional assistance, i.e. through an individual's feelings of being liked, understood and accepted by important and significant persons and thanks to instrumental aid, i.e. through being counselled and informed or through cooperation in the event of emerging difficulties. He also stresses that receiving social support by an individual increases the probability of his or her making an attempt to overcome a difficult situation thus making an individual strong enough to act when facing a problem to be solved.

Z. Kawczyńska – Butrym attracts attention to the aspect of strengthening and activating an individual's energy, stressing that "support is defined as a particular mode and type of aid provided to individuals and groups of people mainly with the objective of

mobilizing their energy, potential and resources they have retained to be able to manage their problems by themselves” (1994 s.8).

S. Kawula (1996, 1997), when considering the notion of social support on the ground of social pedagogy, places it next to such notions as aid and care. Indicating the personal and institutional dimensions of social support, she emphasizes that support permanently exists in the course of an individual’s life and represents an important attribute of everyday life and is connected with aid provided in difficult, stressful and crucial situations.

J. Kirenko (2002a,b), when analyzing the notion of social support in the context of special pedagogy follows G. Caplan by saying that social support means “other significant persons” who, by offering specific aid and counsel to particular individuals and groups and by showing readiness to act mobilize their energy, potential and resources that they have retained in order to be able, as well as they possibly can, to solve their own problems and satisfy such basic social needs as “approval, security, and sense of belonging” (2002a s.78). According to G. Caplan (after Kirenko 2002b), those disabled people who receive sufficient social support less frequently display destructive defensive mechanisms and are distinguished by greater self-confidence, which makes it easier for them to adapt themselves to changes taking place in their environment. Cz. Kosakowski (1997), when emphasizing multidimensional character of social support towards the disabled stresses that in the event of adopting systemic solutions it refers to the whole population of the disabled but it also has a unitary dimension when it comprises supporting an individual’s development. The unitary support may also refer to different walks of human activity, such as taking up family and professional duties or activities in a wider social context.

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Social support is considered in different aspects and the following are frequently taken into account: specific types of support provided to an individual; effects of supportive social exchange; or individual perception of the supporting network the individual has at his or her disposal (Kacperczyk 2006).

There are different types of social support. Z. Zaborowski specifies support of “informative character (i.e. counselling and offering information), substantial (non-cash, financial, and rendering services), emotional (showing solidarity with and accepting the individual, as well as his or her behaviour and decisions) and global (combining all the aforementioned types) and consisting in total acceptance of the individual, his or her past and way of life” (after Becelewska 2005 s.11) Most frequently, however, the following kinds of support are specified: emotional, substantial, instrumental, valuating, informative

(Kawczyńska – Butrym 1996, Kirenko 2002, Kmieciak – Baran 1995, Kowalik 1996, Sęk, Cieślak 2006).

The importance of individual types of support is differentiated depending on the needs of the supported individual, problems he or she experiences as well as his or her individual expectations with regard to the support he or she needs. The degree to which the support is used by a disabled individual depends on its availability and adequacy, support need intensity, ability of making use of forms of support offered and confidence in those who provide support (cf. Ostasz 2002). Different types of support are provided within the framework of a supportive network. It is formed by groups of social support: relatives, close friends, colleagues, neighbours, clergymen, teachers, physicians, formal and informal organizations, volunteers, and others.

K. Kmieciak – Baran (1995) is of the opinion that support effects depend on such factors as capability to handle difficult situations, ease in initiating and maintaining social contacts, the level of social anxiety and ability to perform social roles effectively.

Another frequently considered problem, besides the type of support provided to an individual and effects of supportive activities, is individual perception of support received. It may refer to support availability, to actually obtained support or a supportive network.

#### Research methodology

It was emphasized in the herein above specified considerations how important to the supported individual was the adequacy of the support provided. The readiness of an individual to receive the support is of importance as well. In support reception an important role is played by personal factors such as the gender, personality characteristics, and situational factors arising from a situational context wherein the support is provided (Bartosz 1992). There are groups of people who to a much greater degree than others make use of the support, which results from their needs. Among such people belong intellectually disabled individuals especially those with a higher disability degree who permanently use different forms of support both informal and professional. It is interesting to define, and this became the target of a study, how intellectually disabled individuals with a moderate disability degree, who live at home with their families, i.e. in a highly supportive environment and participating in classes of a Mutual Aid Home for the Intellectually Disabled which by assumption is a support centre. The problems to be studied focus around the following study questions:

1. What sort of support do moderately intellectually disabled adults receive?
2. What is the character of support received by the respondents?
3. Who provides support received by respondents who attend the Mutual Aid Home?

In the study an interview questionnaire was applied comprising six categories of questions referring to five types of support (emotional, substantial, instrumental, valuating and informative). The study comprised 21 moderately intellectually disabled adults inclusive of 8 women and 13 men with whom the interview was conducted. Those respondents come from rural and small urban environments. Their parents are mostly retirement and disability pensioners with elementary education. There are four parents with vocational education, one with secondary education and two with higher education levels. Socioeconomic conditions in which those families live are defined as average.

#### Research results

The results obtained in the study inform about the character of support received by the intellectually disabled respondents. They indicate that the respondents experience support in the scope of all five support types included in the study.

Emotional support is connected with the sense that there are people or a group of people they can always rely on, who will always comfort them. For the respondents those are mainly their parents (60%), brothers and sisters (23,33%) and neighbours (6,67%). Other people, inclusive of friends and carers, are mentioned only occasionally. They would seek aid from their brothers and sisters (31,11%), personnel (21,11%), parents and neighbours (13,89% respectively); further - from distant relatives, colleagues, and medical personnel. The respondents feel friendliness from their closest environment both in their families and in the Mutual Aid Home (66,67%). Some of the respondents (13,33%) said they did not remember anybody tell them that they liked them and 20% had not heard such words at all recently. Most of the respondents (53,33%) talk about their problems with their parents and 33,33% with their brothers and sisters. Others mentioned neighbours (13,33%) and the manager of the Mutual Aid Home as well or said there was no such person (3,33% respectively). They said that their parents (53,33%), brothers and sisters (18,33%) showed them the largest amount of love and friendliness, and further came neighbours (15%), personnel (10%) and friends (3,33%).

The valuating support is connected with expression of approval and recognition. The results show that in this regard the group of disabled respondents receives those types of support mainly from the personnel (33,33%), the manager of the Mutual Aid Home (23,33%), from their parents and brothers and sisters (15% respectively). All of them acknowledged that they were praised for good work. However, generally, the respondents do not have the sense of being important to others (70%). It is otherwise in their family environments – 76,19% feel that they are important to their families and accepted by their relatives (95,23%).

Disability pensions are financial benefits received by all the respondents. Some of the respondents (20%) receive substantial support from the Centre of Social Assistance and one receives occasional financial aid. 66,33% of the respondents declare that they receive regular financial assistance from their families and 13,33% - from time to time. 22,33% of respondents never receive any financial assistance from their families.

Instrumental assistance regards services rendered at home and outside of home. 53,33% of the respondents always receive help when doing shopping, 30% - sometimes and 16,67% say they do their elementary shopping by themselves. All respondents receive their parents' and brothers' and sisters' support when taking care of matters in different offices. 33,33% of respondents attend church services on their own, 53,33% - with their parents and with brothers and sisters and friends 6,67% respectively. When the respondents see a doctor, they are accompanied by parents, brothers and sisters and sometimes by carers. 16,67% of the respondents tidy their homes on their own, 73,33% - sometimes and 10% - always with somebody's help.

Informative support is connected with provision to the individual of instructions or advice important for his or her functioning. Due to this, the disabled and their families may learn where to seek assistance, how to deal with consequences of their disability and also about rehabilitation opportunities or support groups. Most of the respondents (90,48%) declare that they know where they can be treated in case of a disease or worsening of their health condition. Information where to find an adequate medical establishment is supplied to them by the personnel, family, neighbours and physician. Slightly more than half of the respondents (57,14%) declare that they do not manage with difficulties resulting from their disability and they are assisted by families and personnel.

### Conclusion

The results obtained indicate that the intellectually disabled respondents can always rely on emotional support from their close family members, which is particularly displayed by showing them understanding and comforting them. In situations which they find difficult, they approach their brothers and sisters and the personnel for help and, to a lesser degree, their parents, probably due to their advanced age. But most eagerly the respondents talk about their problems with their parents, brothers and sisters and neighbours. And it is from them that they receive the greatest amount of warmth. The results confirm the fact reported by numerous researchers that in this regard the family is the strongest supportive environment.

The answers given by the respondents prove that most frequently they receive valuating support from their closest family members and the personnel. They receive

recognition mainly from the personnel of the Mutual Aid Home who, via praises, mobilize them to greater efforts and endeavours. The families, in turn, show them the greatest amount of love and acceptance that they need since they often feel of little importance to others.

As far as financial support is concerned, all the respondents receive disability pensions. Some of them receive regular or occasional assistance from their families and other family members. The respondents do not obtain any financial support from the Mutual Aid Home since the establishment is not entitled to grant such support. In cases of necessity they use the substantial support and occasional financial aid granted by the Centre of Social Assistance.

From the answers given by the respondents with regard to instrumental support it appears that most frequently they receive aid from the part of their parents and employees of the Mutual Aid Home, less frequently from their brothers and sisters, neighbours and friends. The majority of the respondents have somebody they can turn for help to and they do receive such help when they have difficulty performing every day activities or taking care of problems out of home.

The respondents obtain informative support mainly from their family members and the personnel. Their declarations show that they generally know in which establishments, e.g. those of health service they may receive necessary assistance. They received such information from employees of the Mutual Aid Home, their families and other persons. The respondents are aware of their disability. If they manage with their disability, it is thanks to the support from their families and friends.

Due to the subject matter considered in this paper, which is connected with perception of support received by intellectually disabled individuals, it will be right to accept a hint made by S. Cobb (after Sarason 1990) that social support should be combined with such behaviours which cause that an individual feels surrounded by concern, has the sense of being accepted by others and the awareness that there are other groups of individuals with whom he or she shares the mutuality of relations.

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