

## Concepts of help versus social dissonance towards disabled people

“What is crippled will become the whole again, the crooked will become straight, the empty will become full, the old will become new, the few will become numerous (...) only the one who fights with no-one will remain the unconquerable winner. These are the words of wisdom of the ancient sages: the crippled will become one part, avoid empty words, what reaches a real whole, will be followed by everything’... [Lao-tse, Tao-te-king, 22, 1993, page 50, after Speck, 2005, page 69].

### **Education, support for development, help – the way to rescue a contemporary human.**

As early as in ancient times, among others in Greek philosophers, the anthropological thought was associated with defining a human as ‘a particle of the universe’ with an assumption that the human is ‘a rational creature, using logic in his or her choices’ [Aristotle]. In prospect of social sciences the human is defined as ‘homo communications’ and ‘communicating creature’, ‘finding fulfilment in social communication’. On the ground of philosophical anthropology, however, a human is defined as ‘homo moralis et ethicus- the creature with conscience and ability to assess deeds’ [J. Plenkowski, 2004, after J. Łach, 2006].

Simultaneously, this is also an assumption that despite this exceptional dignity a human may become ‘homo animalis’, that is ‘an intelligent animal, using the power of brain only to fulfil instinctive desires’ or ‘frans’- that is a creature living in a state of denial’, or in extreme cases ‘homo bestialis’ i.e. ‘aggressive, criminal creature,...’ [J. Łach, 2006, p.109]. Arising difficulties, problems in life enhance the needs for help, care and therapeutic actions in the situation of poverty, unemployment, homelessness, orphanhood, learned helplessness, somatic illnesses or disability and concern socially excluded people. Asking a praxeological question whether we are able to help a human in solving his or her problems and how to do that W. Dykcik writes: ‘there are many possibilities or ways as well as social, educational and psychotherapeutic forms of interactions to enable the process of perception and learning how to solve problems in life to take place with an active, subjective co-participation’ [W. Dykcik, 2005, p. 191]. Also, ‘when a human has this ‘the obligation of being’ finds himself of herself in the situation of uncertainty of existence, the responsibilities and sense of responsibility grow on the side of these who have causative power and possibilities of not only

recognition of 'the obligation of being' a human, but also saving him or her. We can say that the responsibility of the subject for the world of life increases along with the extension of human power over life, which simultaneously causes openness to destruction of organisms. All of these which causes the increase in fragility of life should be treated as the call to responsibility' [A. Garbarz, 2006, p. 68]. In humanistics, pedagogy and pedagogics both in theory and for the need of practice of the research it is expected to assume that a human is able to educate, develop and self-educate. 'Personal development of children and adults with intellectual disability was an immeasurably rare object of theoretical and empirical studies until the 80's of the former century (...). Psychological aid was limited to behavioural modifications or rehabilitational socialisation. Psychotherapy directed to building a positive self-image, development of one's own emotional states - particularly with a negative connotation - or self-existence were not taken into account' [M. R. Butz, J. B. Boeling, C. A. Bliss, 2000, after W. Pilecka, 2009, p. 40]. The situation of disabled people, their difficulties, problems in life can be depicted in the context of dignity of human existence and chances, possibilities of getting efficient help. 'Supporting and enhancing emphasise the way of realisation of educational tasks as complex human interactions heading towards double subjective, based on partnership multisituational cooperation (...). Support should be understood in its full meaning as stimulating social forces in the process of education. Enhancing concerns these factors, which do not refer to malfunctions or disorders, but to positively valued psychological properties, mechanisms of personality and environmental influences. Enhancing includes dynamising, strengthening favourable factors or favourable powers, mechanisms and tendencies, as distinct from making changes in psyche, which belongs to psychotherapy.' [W. Dykcik, 2005, p.199]. In principle, help is a typical human act, in some sense this is an attitude or determination, a fight for social equality, justice, ethical dignity of a human being - every human being. Legal basis for help are especially justified. In an individual dimension a certain act of duty, help and care for someone takes place and 'is justifiable by the fundamental fact of being at the mercy of each other as well as situational necessity of engaged care. In the arising interactions the point is both to turn to somebody and to accept support. Whereby, however, there is no equality in it' [O. Speck, 2005, p. 192].

### **Concepts of help.**

Contemporary pedagogy, the pedagogics of help, the so-called auxiliary pedagogics (from Latin 'auxilium' as help, service) demands axiological reference in interactions [Compare F. Adamski, 1999, J. Łach, 2006, J. Homplewicz, 2000]. The direction of anthropological and pedagogical thought, called dialogical personalism - philosophy or sociology of dialogue, is crucial here [A. Buber, F. Rosenzweig, G. Marcel, E. Levinas, after J. Łach, 2006, p. 111].

A contemporary perspective of a new perception a human and his or her attitude to education grew from liberalism, postmodernism and the so called humanistic psychology [C. R. Rogers, F. Leboyer, M. Mead, H. Von Schoenebeck] towards taking actions concerning support, development enhancement and help, with consideration of individualisation process [Comp. A. Garbarz, 2006, J. Łach, 2006, B. Szluz, 2006].

## **Concepts of help, development enhancement offered by psychology, humanistic pedagogy.**

The concepts of help for a human derived from psychology and humanistic pedagogy appreciate activity of an individual, organising conditions for development and solving problems creatively. In the book 'Counselling and Psychotherapy' C. R. Rogers offers a description of an original concept (theory) of therapy concentrated on a person as being expected in the place where we deal with human relations. In an assumption – the teacher who helps tries to unleash in his or her pupils openness to experiences, the state of optimal adaptation, flexibility, maturity and the emotional relationship between a person giving and receiving help. In help actions the emphasis is not placed on technical aspects or the knowledge of a therapist but on an assumption that a therapist is authentic, emphatic, accepting and careful, which creates the climate of understanding and the acceptance of willingness to change. C. R. Rogers sets high requirements in front of the person providing help. They constitute the condition for efficient help (to remain authentic in interest in human being, in friendliness towards him or her, in understanding and empathy and in accepting him or her in therapeutic optimism) [Comp. T. Sękowski, 1994]. In A. Maslow's humanistic concept 'a certain merit is the fact that, along with other humanistic psychologists and existentialists, he helps people to 'be, what they should be' [Z. Płużek, 1994, p. 85]. A. Maslow also assumes that ideal human potentialities mentioned as the values of existence (the truth, the good and beauty, full unity, the whole, exceeding, fighting dichotomy (ambiguity), vitality (the full of life), individualism, uniqueness, perfection, justice, order, simplicity, easiness as the lack of need for necessary effort, self-sufficiency can serve as aims in psychotherapy, education, family life. Every value has an opposing feature: egoism - the lack of egoism, reason – feelings, impulsiveness – control, the conscious – the unconscious, happiness – sadness which constitute an axis linking extreme values [Comp. A. Maslow, 1962, after Z. Płużek, 1994]. The concept of help offered by F. Perls is, among other things, the assumption of a thesis that becoming oneself is the condition for a positive change. It is assumed that in help interactions, most interactions take place in an interpersonal way 'me-you', by encouraging taking responsibility for what is done through learning that what you experience and feel is something real and true and should become the foundation for taking further decisions and making further choices. In therapy or Gestalt pedagogy the essence does not lie in its techniques, but in a general spirit of action, which justifies these techniques' [S. Ginger, 1994, after B. Śliwerski, 2003, p.157]. In E. Fromm's concept 'the art of education should be not only the art of love, but also sensitising societies to the fact whether they do not really entrust our children's fate to these who already have 'callous hearts'. Education becomes then 'the war in a human and for a human, the war to let loose his or her strongest biophilic orientation potential whose essence is the love of life' [Comp. E. Fromm, 1994].

## **Theoretical models in psychology, psychology of health for building willingness to change**

Psychological concepts, which appreciate the activity of the individual connected with health, his or her healthy lifestyle or encouraging actions causing changes, may become a suggestion for actions which counteract social exclusion. Using A. Bandura's theory here it may be assumed that the growth of motivation to action results from expectations, attitudes showing that by a selected action you can reach the aim, assuming that possessed competences are enough to achieve the aims [Comp. A. Bandura, 2007]. The process of taking actions crucial for health depends on the fact whether a person presents positive attitudes to the effects of the actions taken [Comp. A. Bandura, 2007]. According to Ralph Schwarzer (1999) a holistic model explaining the course of modification process of health behaviours is an offer to take health behaviours from the perspective of building intentions (motivation phase) and transforming them into actions in favour of the change of behaviour (volitional phase). In the model a person in a motivation phase plans specific aims and actions whereas in volitional phase he or she strengthens the specific details of action or resigns from the behaviours.

In a motivation phase R. Schwarzer (1999) distinguishes the following factors:

- 'Awaiting one's own efficiency (e.g.: 'I am sure/not sure, I can take new, health-beneficial actions...'),
- Awaiting a positive result (e.g.: 'If I take an action/ stop taking an action, the health hazard will decrease/increase...'),
- Risk perception (e. g.: 'The risk that I will fall ill, that my health condition gets worse is higher/lower/the same in comparison with an average person in my age and sex' [R. Schwarzer (1999), after A. Rosińska, 2008, p. 34]. In the model –you point to the need to support a person for increasing his or her resources whereas in the action both external and internal pressures are taken into account. Taking actions is possible thanks to willpower, the control of one's own activity and realisation of the aim to be achieved or mature intention – that is an intention to take actions.

In health psychology [R. Schwarzer, 1992], among others, offers a model connected with the change in behaviours taking into account the following phases:

- 'decision about a change phase (in which particularly important is to arouse health-oriented motivation in individual persons or the whole social groups),
- 'The phase of introducing changes in behaviour (in this phase it is important to support people/groups in implementing previously made decisions consciously and without being forced and also to help in dealing with arising difficulties),
- The phase of strengthening of health-oriented or preventive behaviours (in which a meaningful role play willpower, sense of self-efficiency and social support, especially received from the family or an important reference group [R. Schwarzer, 1992, Maes, 1992, after H. Sęk, 2000].

## Offers of help, development enhancement in special pedagogy

On the ground of psychology and 'ethics of care' 'the act of help' takes place – as a certain dimension of care about 'The other' [Comp. G. Miłkowska, B. Olszak-Krzyżanowska, 2009, D. D. Smith, 2009, O. Speck, 2005]. In special pedagogy W. Dykcik points to 'the need for active cooperation in interpersonal reality'. According to the author: 'characteristics of the situation in which a disabled person lives, learns and acts in post-modern alternative educational projects can be recognised in three dimensions: the dimension of expression – when adaptation mechanisms are defined, when they concern learning processes and the dimension of integration, when they concern optimisation of social functioning [W. Dykcik, 2005, p. 22]. In the help process the person who cannot cope with the problem he or she has and awaits help is crucial. As G. Egan says [2002, p.25] 'in fact only a small amount of daily help comes from people who deal with it professionally (...). 'the needs of a client, not a model of help or methods used by a helper are in the centre of interest. The final aim is to obtain results which will serve the client'. In reference to the need of help and support it is pointed to the fact that 'proper identification, emphasis and transformation of the relations between the weakest individuals and groups of people with the environment is 'defining their lot in the context of searching for and taking into account real possibilities of self-realisation' [W. Dykcik, 2005, p. 22]. Nowadays, the forms of help implementation and their self-realisation have changed. 'Devotion, constant care, idealism as self-expression gave way to a new, rather non-pathetic mentality of help (...) commitment which could be abandoned in a controlled way' [K. O. Hondrich, C. Koch-Arzberger, 1994, p. 25, after O. Speck, 2005, p.231]. Taking into account interaction theories as well as deviance and attributes it is, among other things, about interactive influence on other people who may react by introducing sanctions or means of help' [H. P. Dreitzel, 1972, p. 23–24, after O. Speck, 2005, p. 231]. Prejudice takes place in open social contacts – it makes its presence felt in closed mixed groups, e.g.: in a school class, whereby we can distinguish prejudice of teachers and schoolmates.' Prejudice is not a constant quantity, it can be rather influenced by institutionalisation of new norms (work with public opinion, acts of parliament, education) [O. Speck, 2005, p. 232], might be a barrier which cannot be overcome. Disabled people undertake attempts in dealing with these difficulties. However, they do not always choose the efficient strategies. Thus, the aim of help is to join in this process, at the same time making it easier for disabled people to adjust to the new life situation, difficult for them.

According to R. Roessler and B. Bolton (1978) in order to overcome problems in disabled people's lives we should develop the following categories of abilities in them:

- Abilities, which relate to protection of one's own health (every kind of disability is connected with the risk of worsening in their functioning)
- Abilities, which enable them to come back to independent life (basic abilities which ensure personal independence)
- Abilities, which ensure development of an individual – the possibility of development may ensure overcoming isolation of loneliness and taking an active part in social life (family and professional life) [Comp. S. Kowalik, 2007, p. 116].

## **Social distance- social distance spheres according to Edward Hall**

The notion of social distance can be interpreted on the ground of psychology and ethology- and it concerns the same object, interest, that is a human. The first connotation is usually negative here. Distance is the amount of space, both physical and emotional. This notion is connected with the notion of 'personal space', described as the space surrounding an individual whose borders cannot be crossed. In psychology 'social distance is a degree of separating groups from individuals in society. A complex notion, including patterns of personal or group interactions, a degree of intimacy and mutual attractiveness of recognised values and ideals. Social distance is characterised in many ways – from the degree of accessibility of a given social layer to people from a different layer, through the internal sense of being different from a certain part of the society experienced by individuals, to the degree of being ready to become in a relationship with a representative of a different social group' [A. S. Reber, 2002, p. 693].

### **The spheres of distance according to E. Hall**

American anthropologist E. Hall – as a creator of proxemics which is 'the study of distances between people as they interact in different social and cultural situations and the use of these distances' [S. A. Reber, 2002, s. 584] pointed to the four spheres of personal space of a human:

- intimate sphere – 15 to 45 cm, is the most meaningful for each human. Only the closest people, emotionally connected with an individual can enter this space, like spouses, partners, siblings, parents, close friends,
- personal/individual sphere – 46 to 122 cm, the distance we keep in everyday meetings with friends or with other people during receptions,
- social sphere – 123 to 360 cm, this sphere includes strangers or people we do not know very well,
- public sphere – over 360 cm, this distance ensures psychological comfort in a crowd [A. Pease, 2001, p. 22].

The spheres shown above create the foundation for human behaviour, whereby external conditions and individual qualities cause that in every case the details of behaviour are different. In ethological depiction this is one of human distances, one of his or her spheres – 'the distance of an individual from other people'. In literature it is pointed to the connection between the distance-strangeness and the distance-remoteness as 'an allowable degree of contact and its kind, with people regarded as strangers' [E. Nowicka, 1990, p. 13] or as 'the tendency to get close or avoid the subject matter of the attitude - i.e. strangers' [M. Jastrząb, 1993]. This is a certain type of attitude including the whole spectrum of behaviours: from close, intimate, warm contacts, through indifference, till animosity, hostility and avoiding contacts' [A. Pease, 2001, p. 21-22]. An interesting fact here is the depiction of social distance in the sense of an individual feeling different from a social group as well as the effects of this distance, which include views, attitudes and behaviours of the researched group towards the 'minority' of disabled.

## **Distance determinants – stereotypes and prejudice**

There is a close connection between the above distinguished terms. Stereotype – as a term means, among other things, a die which once cast is difficult to change its form. In social sciences this term is used to define a set of commonly recognised beliefs concerning mental qualities of a certain group of people, which points to the possibility of including positive qualities into the stereotype [Comp. D. T. Nelson, 2003, p. 12]. The origin of stereotypes is defined by psychologists by means of two phenomena, namely categorisation and division into out-groups and in-groups. In categorisation a particular significance is attached to ‘basic categorisation’ – which means that when we first contact people we classify them into a certain category. Later, these categories exert a strong influence on the way the given individual is perceived. The division into in-groups (where the observer belongs) and out-groups (all the remaining ones) also influences the perception of others. Here takes place favouritism of in-group, that is regarding every person as exceptional and unique and seeing out-groups as homogeneous (where all their members are the same), which influences the formation and strengthening of stereotypes. The sources of prejudice are often motivational factors that is feeling dislike toward someone in order to improve one’s own wellbeing. Prejudice can be treated as a negative affect, attitude or a social emotion. Prejudice as a negative affect is defined by Allport as dislike that results from a mistaken generalisation. This is a component of intergroup attitude and results from generalisation about the group an individual belongs to. Prejudice as an attitude is the assumption that cognitive factors (assigning hostility to a stranger), behavioural factors (inclination to negative or hostile behaviours) and affective factors (hostility) are part of prejudice. Prejudice as ‘social emotion’ – results from the fact of people’s belonging to different social groups, accentuation of properties of an individual from another group, which in consequence leads to homogeneous perception of out-groups [Comp. D. T. Nelson, 2003]. How prejudice is born explain such theories as: theory of social identity (all people show the need for positive self-evaluation which can be gained through self-achievements or self-appreciation by means of the meaning of group one belongs to (the principle of a ‘reflected glare’), e.g.: depreciation of out-group. The theory of optimal difference – the individuals avoid extreme difference, and also a complete membership, which threatens the sense of individuality and security. Inclination to prejudice grows when an individual is strongly involved in group membership. The theory of a scapegoat takes place in a situation when an individual cannot reach the intended aim. Then arouse frustration and anger, the feelings we experience towards out-groups. Anger and frustration, for the sake of inability to reach the aim and unwillingness to groups, interconnect in the brain - leading to prejudice against out-groups [Comp. D. T. Nelson, 2003].

## **The need for a change of life situation of disabled people**

Using various concepts of readiness and help, development enhancement for building readiness to change in people endangered with social exclusion ‘we need, in every case, a precise diagnosis of risk factors and resources on which the vision and model of

change can be built' (...) 'In the process of change observing self-esteem of participants is particularly important. It may change in time adequately to the degree of progress of changes that take place. It should be pointed out here that destabilization of status quo may cause low mood and low self-esteem in a subject' [A. Rosińska, 2008, p. 38]. 'An individual bearing stigmata learn through experience that the possibility to come across prejudice and discrimination exists in all social interactions with participation of other individuals bearing no stigmata, including the situations of willingly taken actions' [E. Goffman, 1963, E. E. Jones and others, 1984]. D. E. Frable, J. Blackstone and Scherbaum (1990) obtained data which showed that in social interactions with participation of other individuals bearing no stigmata individuals bearing stigmata are more watchful, which points to the increased sense of danger in them. Moreover, the awareness of depreciated social identity threatens personal and collective sense of self-esteem [J. Crocker, B. Major, Steele, 1998]. Hence, social identity of individuals bearing stigmata in comparison with individuals bearing no stigmata is threatened in the situations of willingly taken actions' [T. Heatherton, R. E. Kleck, M. R. Hebl, J. G. Hull, 2000, pp. 298-299]. In help interactions or rehabilitation 'it is above all advised to reject the 'pathological' image of a disabled person. Besides, it is suggested to treat people undergoing rehabilitation process as partners, on equal terms. Finally, the meaning of natural environment of a disabled person in improving his or her life quality is emphasised. This determines the level of dependence from other people in the same degree as organism defects do' [S. Kowalik, 2007, p. 112].

Techniques with certain mechanisms or schemes can be helpful in bringing about the intended changes in behaviour, way of thinking or emotions. Such individuals should 'change their self-evaluation and believe they are not the victims of the world or born losers, since there are not impossible things or states that cannot be made better. When contacting with people, we live, we are active in various ways and take delight in the fact we live together.' In interaction we can 'use integral components, also understood as comprehensively depicted mechanisms and techniques of support. These are: humanisation, improvement, socialisation, acculturation, juridisation, normalisation [W. Dykcik, 2005, s. 198].

### References:

1. Adamski F. (1999): *Education at a crossroads. Personality philosophy of education*, (ed.) F. Adamski, Krakow.
2. Bandera A. (2007) *Social learning theory*, WN PWN, Warszawa.
3. Deck W. (2005): *Special pedagogy towards current situations and problems of disabled people*, WN PTP, Poona.
4. Garber A. (2006) *Responsibility for life as one of the main principles in medical ethics* (in) *Concepts of human help in theory and practice*, Z. Force, B. Slug (eds.), UR Reshow, pp. 63-74.
5. Egan G. (2002): *Competent helping. The model of help based on the process of solving problems*. Translated by J. Gaelic, E. Lisa, Zees I S-ka, Poona.
6. From E. (1994): *War inside a human. Psychological study of the essence of destruction*, J. Santoski, Aecia Wydawnicza, Warszawa.

7. Heatherton T. E., Kleck R. E., Hebl M. R., Hull J. G. (2000): *The Social Psychology of Stigma*. Translated by: J. Radzicki, M. Szuster, T. Szustowa, WN PWN, Warszawa
8. Homplewicz J. (2000): *Family Pedagogy*, WSP, Rzeszów.
9. Kowalik S. (2007): *Psychology of rehabilitation*, WAiP Warszawa.
10. Miłkowska G., Olszak-Krzyżanowska B.,(eds.)(2009): *Presence and future of disabled people in the context of social changes*, MEDICON, Warszawa.
11. Nelson D. T. (2003): *Psychology of Prejudice*, GWP, Gdańsk.
12. Nowicka E. (1990): *Distance towards other races and nations in Polish society* (in) *Friends and strangers*, UW, Warszawa.
13. Please A. (2001): *Body language*, 'Jedność', Kielce.
14. Płużek Z. (1994): *Pastoral psychology*, ITKM, Kraków.
15. Reber A. S. (2002): *The dictionary of psychology*, WN, 'Scholar', Warszawa
16. Rosińska A. (2008): *The meaning of education of people excluded in the process of building their readiness to health-oriented changes* (in) *The meaning of education in the process of readaptation of people excluded in the context of KPU-NSU project*, (ed) J. Hoffman, WSZ, 'Staff for Europe', Poznań.
17. Schwerzer R. (1999): *Self-regulatory processes in the adoption and maintenance of health behaviours. The role of optimism, goals, and threats*. *Journal of Health Psychology*, 4, 2, pp. 115-127.
18. Sęk H. (2000): *Behavioural health* (in) J. Strelau (ed.) *Psychology. Academic textbook*, GWP Gdańsk, pp. 533-553.
19. Śliwerski B. (2003): *Contemporary theories and tendencies in education*, Impuls, Kraków.
20. Smith D.D. (2009): *Special pedagogy.1. Academic textbook*, MEDICON, Warszawa
21. Speck O. (2005): *The disabled in society. The foundations of ortopedagogy*, GWP, Gdańsk.