SOCIETY TOWARDS FOR PEOPLE WITH DISABILITIES
Społeczeństwo wobec osób niepełnosprawnych

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Abstract

The problem of a dignified life is driven by the representatives of many scientific disciplines, for ill or disabled people, still needs emphasizing its importance. He who does not fit or capable, requires care, and commercialization of life, profit and loss balance in its favor, the cheaper it is for such persons to live separately. And in this way pushes sic lives of disabled people to shelters, nursing homes or hospitals. The term „disabled person” is a phrase many people interpreted ambiguously. This term is commonly referenced to each person (child or adult person growing up), which is not fully operational.

Article deals with people with disabilities, compared to the population of people with disabilities, people's attitudes towards disability.

Streszczenie

Problem godnego życia poruszany jest przez reprezentantów wielu dyscyplin naukowych, w odniesieniu do ludzi chorych i niepełnosprawnych, ciągle jeszcze wymaga podkreślania jego wagi. Ten, kto nie jest sprawny czy zdolny, wymaga opieki, a komercjalizacja życia, bilans zysków i strat przemawiają za tym, że tanjej jest, aby takie osoby żyły oddzielnie. I w ten sposób spycha się życie osób niepełnosprawnych do przytułków, domów opieki czy szpitali. Termin „osoba niepełnosprawa” jest przez wiele osób wyrażaniem interpretowanym niejednoznacznie. Powszechnie określenie to odnoszone jest do każdej osoby (dziecka, osoby dojrzewającej lub dorosłej), która nie jest w pełni sprawna.

Artykuł traktuje o osobach niepełnosprawnych, stosunku społeczeństwa do osób niepełnosprawnych, postaw ludzi wobec niepełnosprawności.
Each, which is healthy and sick, more or less efficient. Although the problem of a dignified life is driven by the representatives of many scientific disciplines, for ill or disabled people, still needs emphasizing its importance. To focus on the problems of society against the disabled should explain what is a disability. How is it defined and how regarded. In ancient Greece, where there was the cult of beauty and fitness, sick or disabled babies were killed. Was determined by the father of a family or a council of elders. Healthy newborns turned over his mother, sick dropped from the rock.

Steeped in medieval Christianity changed the situation of sick and disabled to the extent that they were not killed, but giving them a place where they live and they could not leave. Sometimes this was due to the fear and as a way of defense, as in the case of lepers. In most cases, disability was viewed as a punishment for sin or demonic possession. Renaissance belief endured punishment for sin, and declared disability as a human thing, to which, man haven't impact. Renaissance also gave permission for begging, because in cities there a huge number of people living on alms sic.

This situation changed until the Enlightenment, then came the first attempts to institutional support, built shelters and hospitals, in which disabled people live in isolation from the environment. The current philosophy of life, and thus the cult of beauty and success is very much like ancient Greece.

The difference lies in the fact that it is a different kind of preset death. Several thousand years ago it was a physical death, and now it is social death. He who does not fit or capable, requires care, and commercialization of life, profit and loss balance in its favor, the cheaper it is for such persons to live separately. And in this way pushes lives of disabled people to shelters, nursing homes or hospitals. The term 'disabled person' is a phrase many people interpreted ambiguously. This term is commonly referenced to each person (child or adult person growing up), which is not fully operational. Recognizing that the issue of disability, you would need to qualify for the disabled, such persons. The elderly and infants - because of their inability to speak or move.

A law on social assistance in 1990 disability means "a state of physical, psychological or mental causes permanent or temporary impediment, limitation, or prevent independent existence" [2]. So, with one period will be determined by those who formerly belonged to an entirely different category.

From February 1, 2003 entered into force the provisions of the Act on the vocational and social rehabilitation and employment of disabled people. The amendment was adopted by the Sejm on December 20, 2002. The new regulations concern, among other things degrees disability.

The following definition:

A Strong degree of disability among ourselves to the efficiency of a person with impairment of the body, unable to work or able to work only in a sheltered and challenging to perform social roles, permanent or long-term care and assistance from other persons in connection with the inability to live independently.
A Moderate degree of disability - among ourselves to him, a person with efficiency disturbed body, unable to work or able to work only in a sheltered workshop or requiring temporary or partial assistance from other persons to perform social roles.

A Light degree of disability - among ourselves to the person who is disturbed the body's efficiency, resulting in a significant reduction the ability to work, compared to the ability, and shows a person with similar professional qualifications with full mental and physical fitness, or having limitations in performance of social roles, giving sic compensate with orthopedic equipment, aids or technical measures. In the most general terms, przyb1iażajcym image of a disabled person, appears to be the person with whom there is a breach of performance and features to the extent specifically inhibiting (compared to healthy subjects in a given cultural milieu) to take education in normal schools, the activities of everyday life, paid work, participation in social life and activities in their leisure time.

In Poland there are nearly 5 million people with disabilities, which is about 15% of the population. The remaining 85% know little about human disability. Each of us has, however, some notion of human immunodeficiency.

This created a function in everyday life models of disability. Medical model is to perceive it as „case of the disease”. So “health” is more important than the person. This model is negative, because it tends to generalize disability, while each person is different and unique and have different experiences.

Administrative model, linked closely with the government, local authorities imposed depend on the decisions taken by the ministry. It can be positive or negative. It depends on the economic situation of the country and the point of view of individual decision makers.

Model means giving money to charity. Many people give money to so-called. noble motives, allowing them to also feel a sense of well done. This model can be viewed as negative because it encourages people to the gate of responsibility for others.

Social model, the most desirable. It focuses on the man, and later on disability. Recognizes that it is responsible for the society. A disabled person has the same right to education, housing, transport and services as people healthy. She knows best what it needs.

Man is a social being, and only in society can fulfill their needs. Among the needs according to Maslow are distinguished three groups: physiological; psychological; and social.

Needs of society are at the top of the hierarchy and a person can strive to meet them only when necessary at the lower levels are met.

Where in the hierarchy is a disabled person?

To answer the This question should look sic basic social behavior. Place the individual in society depends on several factors: the family, religion, culture, residence, financial situation, economic activity, but also from the same unit, from its character and personality. This is how we perceive the other, a person very often depends on the other person as she is presented as it looks, what he says, as sic behaves. Looking at the man's first pay attention to his physical qualities. Physical attractive man often has more friends and people who are seeking to build contacts. Then
we look at whether it is a nice, if it is clear what his behavior. As a rule, the people choose their friends happy, optimistic, people who do not torment us with their problems. Finally, we look at it like preserves the CIS as a group, or a star or too gray mouse or so „sacrifice”. As a rule, are seeking friends with „star”, because it is easier to strikes. We will look at from this perspective sic persons with disabilities (especially physically). A significant problem can become ill as his physical functioning, often projecting on family functioning, which in turn affects his social functioning.

Physical impairment significantly shapes the person affected. Musculoskeletal deformities stigma affects all areas of life: self-esteem, the realm of experiences and actions, and above all the contacts with the environment. The self-image include: feelings of self-fed, the knowledge of himself, and based on ideas of others on this. Disability is the fate of minorities, the less personal image so formed. Create the “self” and that sic of continuous struggle with himself and able-bodied community. Exterior Features influence on the general impression of someone’s personality. As stated by G. Ichheiser and B. Wright, determines the appearance of an assessment unit. The first evaluation, personality, you can not see, goes into the background. Assessment of the identity of the bases are the external features. Observation of physical variation influences the assessment of a person's personality, as well as to assess their circumstances (H. Larkowa, 1987, S. 28).

Second group of factors is being patient.

These factors affect the negative evaluation of his own being. The patient, often comparing their current health status with the state before the illness, as well as healthy people watching from their surroundings, experiencing on this background his otherness. These have the experience of a huge impact on his psyche, and can contribute to a sense of alienation in the social environment. A very important element influencing the psyche, and thus the social functioning of the patient, is to change its appearance. A different look, induces in others negative emotional reactions. This results in avoidance of disturbed view of the body, and often avoid the same person (H. Larkowa, 1987, p 29).

It can deepen a person sick sense of otherness, often resulting sic insulated from the environment, avoiding meeting people, sic closure to new contacts and, on the other hand, a strong devotion to sic on people’s in short surroundings. person with a disability is manifested by a physical dysfunction, which is losing attractive (although it can also inspire curiosity), through his suffering and a sense of otherness may be due to a lower value. Therefore sic socially isolated and is well insulated. It is a stereotype of thinking, which of course is often wrong but it is still valid.

This stereotype has its origins in social attitudes.

Bases against people with disabilities may take various forms:

Full of tolerance and treat them on par with healthy (eg, marriage acceptance of disabled people healthy, collaborative work and leisure time). Total lack of tolerance towards people with disabilities and efforts to remove them from the circle of healthy people (putting special care in their homes, creating special companies, known to public opinion in the belief that disabled people feel sic best in our midst, ie, among people similar-skipping and failing to meet their needs, etc.).
Reactions towards people with disabilities can be classified according to the criteria: assessment-emotional-cognitive-related behaviors, this division may relate to the attitudes of both positive and negative. Negative attitudes towards the environment disabled people are typically motivated: difficulties in carrying out a number of invalids, normal “activities”; aesthetic and sexual aversion; tension and discomfort in dealing with handicapped; nontyping disabled.

Invalids attributing negative characteristics of emotional and characterological, inability to establish emotional contact with invalid, fear of acquiring disability, empathy with suffering caused by the situation sic invalid, fear of the burden of being responsible in the case of maintaining contact with the disabled (eg, fear of marriage), the fear of social boycott caused by contact with invalid, fear of injury or heredity, feelings of guilt towards the disabled person (“I'm healthy”).

In shaping public attitudes towards people with disabilities or small role played by superstition or prejudices. Most superstitions was created for people whose disability is clearly visible (in people with impaired movement, with distortion visible parts of the body, eg the hump), the word is that if the body is defective, the same must also have disadvantages personality of the man. The causes of prejudice against disabled people relate, so did the customs and accepted norms of conduct, submitting physical fitness and health of the body than other values. Sic shaping attitudes towards disabled people play an important role, the following demographic characteristics social.

Gender. Women more than men to exhibit positive attitudes towards people with disabilities medically. Sic combines it with the traditional preparation of women for the role of carers, which meets the necessary functions of care to patients. Women are better able to empathize emotionally sic position of disabled people, often guided sic feelings and less likely than men judge people only in terms of their value, as co-partners in society.

Age. In some studies found that young people in contrast to earlier adopt a more favorable attitude towards disabled persons.
Level of education. People with higher education exhibit more positive attitudes towards disabled people.

Religion. It was found that, for example, Catholics in a higher degree than Protestants exhibit, tolerant attitude towards disability.

Occupation. Professionals requiring special physical conditions relate sic more negative for all types of disability.

Socio-economic status. This factor influences the attitude of upośledzonych only in relation to certain social groups.

Previous experience (resulting from contact with persons with disabilities). They found that the more positive attitude towards the physically impaired are found in those subjects who previously had more personal contact with people with disabilities in both private life and professional life.

There are three types of relationships between people with disabilities and society according to the place that sets to people with disabilities. The basis for such differentiation is the visibility of disabled people.

1. Society: “Spontaneous participation” - is typical of developing societies, in which disability and disability are not seen as important social problems, when there are many others that require rapid intervention (eg, hunger, disease infectious diseases, etc.). The presence of disabled people is the “visible”, but they did not participate on an equal footing with the rest.

2. Society: “Separation” - is typical for countries with a transitional stage of development - disability, disability is seen as a serious problem, but rather a medical than a social one. People with disabilities are, „invisible”, they are, or confined in institutions or at home.


Fig. 2. Disability determination in the European Union [2].

Occurs in developed countries, the tradition of social rehabilitation for disabled people. Removal of barriers to social causes most people with disabilities is “visible” - can participate in society on an equal footing with others. People with disabilities are “visible”, fully capable, thanks to the numerous technical facilities, to an independent life in society (A. Ostrowska, 1983).

Polish society generally in favor of a model of integration, integrating people with disabilities to normally functioning social groups and institutions, together with the people
„disabled”. What's more, you can say that accepting the integrative tendencies were much stronger in 1993 than in 1987. We can therefore speak of the increasing openness of our society for these people. Acceptance of integration solutions is not uniform in all spheres of life. This acceptance is most commonly manifested in relation to cohabitation in the same house and participation in cultural life and leisure. Less commonly, but in relation to work in one plant, and least in relation to inclusive schools for disabled children. Existing barriers to social attitudes, harmful stereotypes and distance towards people with disabilities, the function of knowledge about disability, the general level of education and personal experience in dealing with them. With the growth of all of these features is growing tolerance, acceptance, integration and versatile vision problems people with disabilities, as well as the perception of the role and responsibility of society as a marginalization disabilities. This demonstrates the default role of social education and the need for integration planes, thus allowing all kinds of structures, contacts of people with disabilities into society, to facilitate mutual understanding, learning proper response to disability and developing designs, being together "every day, they are also material terms of equal opportunities.

Fig. 3. Sheltered workshops [3].

Conclusions

In summary, despite the improved conditions that are created for the needs of people with disabilities continue to face them with an incomplete acceptance and many problems are not all healthy people are able to understand.

In the words of John Paul II "We are able to do great things if we will not let us beat the fear of his own weakness".

References


Figures