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Disability and rehabilitation in human life

Abstract

Each of us has encountered an intellectually disabled person in his immediate or distant environment. Disability is a common cause of disability and puts the patient outside social brace in a particularly severe way. In this article, we want to know what disability is and what are the stages of mental retardation. In the following we will develop the issue of mental retardation. In the last part we will deal with the issue of rehabilitation as a social and medico-social process. Finally, we will formulate the appropriate conclusions.

Key words: mystery, Christ, fate, man, hell, happiness

Introduction

Each of us has encountered an intellectually disabled person in his immediate or distant environment. We know that such people live among us, arouse curiosity, but also fear and resentment. Often these people are the subject of mockery and aggression in a variety of ways. Disability is a common cause of disability and puts the patient outside social brace in a particularly severe way.

1 Definition of disability

There are many definitions of disability in the literature and social, rehabilitation and medical practice [11]. The World Program of Action for Disabled Persons and The Standard Rules on the Equalization of Opportunities for Persons with Disabilities indicate that disability is a social problem and is not limited to specific person. It is the relationship between human health and the society and the environment that surrounds him. The World Health Organization (WHO) has introduced the concepts of disability, taking into account human health:

- disability - any loss of fitness or irregularity in the structure or functioning of the body in psychological, psychophysical or anatomical terms;
- disability - any limitation or impossibility (resulting from disability) of leading an active life in a manner or extent considered typical for humans;

- restrictions on performing social roles - a defect of a specific person resulting from disability or disability, limiting or preventing the full fulfillment of the social role corresponding to age, gender and consistent with social and cultural conditions [19].

2. Disability

In practice, two models of disability are distinguished - medical and social [13]. The medical model covers problems that affect people with disabilities that result directly from illness or accident. The social model relates to disability resulting from restrictions experienced by those affected, including individual prejudices, difficult access to public buildings, an inadequate transport system, segregated education, and solutions on the labor market excluding disabled people [17]. Tasks for the benefit of the disabled are carried out and financed by competent government administration bodies and local government units. Specific tasks can also be outsourced to non-governmental organizations or local government units [2].

A special form of disability is disability resulting from brain function restrictions. According to guardianship law, an individual is considered disabled when he or she has limited means of subsistence [7].

In Poland, mental retardation is often referred to as:

- mental retardation,
- mental retardation,

- reduced mental performance,
- oligofrenia.

These terms cannot be used interchangeably because they specify a different type of deviation from the norms. Among other things, delays should not be equated with underdevelopment or disability, because delay means a temporary slowdown after which the acceleration and compensation of arrears can occur. On the other hand, there is no such possibility in mental retardation and underdevelopment [10].

Mental retardation as a significantly lower than average general level of intellectual functioning, occurring together with impairment in adaptation, associated with changes in the central nervous system [12]. Mental retardation diagnosed from birth, despite the correct educational conditions, is referred to as mental retardation. Mental retardation arising after the age of 3, the essence of which is the progressive decrease in the intelligence quotient - progressive decline in the level of intellectual functioning, regression in the level of functioning is termed dementia [14].

Mental retardation is not a condition of incomplete fitness, an organism dysfunction, resulting from improper structure or damage to the central nervous system of various etiologies. Causes can be genetic, relate to the effects of harmful factors in the fetal, perinatal or early childhood [4].

Mental retardation as a state of insufficient intellectual performance due to underdevelopment or damage to brain tissue in early childhood. The concept of mental retardation is very broad,

both because of the varying degrees of mental retardation, and because of impaired motor skills, behavioral disorders, motivation, emotionality and dysfunction that accompany it. Mental retardation refers not only to the cognitive sphere of man, but covers his entire personality. In addition to the term mental retardation, the following terms may be used interchangeably:

- mental retardation,
- mental weakness,
- retardation of mental development [1].

A detailed description of both intellectual functioning in all analyzed adaptation areas is the basis for introducing a new classification of mental retardation. To recognize that a person is mentally disabled, three conditions must be met:

- a reduced level of intelligence, which after measuring with standardized and normalized scales or tests is lower than the average level for the population by two standard deviations or more. The result of this test is presented in numerical form as the intelligence quotient (II or IQ),
- lower social adaptability, related to sensory, motor and emotional-social sphere.
- the appearance of these symptoms before the age of eighteen, during the development of the individual.

This criterion makes it possible to distinguish mentally retarded people from people with dementia or intellectual disorders resulting from trauma or damage to the central nervous system after eighteen years of age [8].

Special education and psychology use the term mental retardation, and medicine - the term oligophrenia, derived from the Greek words oligos - little, phren - thought, mind.

The issue of intellectual disability has been the subject of scientific interest for a long time, a breakthrough came when mental impairment was distinguished from mental diseases. It has been found that the behavior of the handicapped is not the result of a disease that may disappear during the therapy. As a result of research, it was recognized that it is the result of permanent brain damage, which mainly concerns the cerebral cortex responsible for the production of time relationships and conditional reflexes as well as dynamic stereotypes that condition human mental life. Damage to the central nervous system is permanent and irreversible, it is a lifelong disability. They are most often conditioned by a variety of pathogenic factors that are responsible for morphological, biochemical and pathophysiological changes. The cortical system defect resulting from pathogenic factors is a direct cause of intellectual development disorders and a decrease in its level. In the literature on special pedagogy, the unit with deviations from the norm, which has difficulties in:

- development,
- exploring the surrounding world,
- adapting to the social environment, which without special assistance cannot achieve the learning objectives and a proper degree of social independence as a consequence of the impacts, methods and measures used in relation to normal units [16].

There are many classifications of mental disabilities in the literature. The best known is the psychological classification, which takes into account the measurement of the degree of intellectual development. The method of dividing and creating categories depends, among others, on various criteria assessing the functioning of individual units.

The most common criteria are:

- pedagogical, possibilities of raising and teaching mentally handicapped children; the knowledge and skills provided in the curriculum, specific learning difficulties and the pace of learning are considered;
- psychological, taking into account the measurement of the level of intelligence development - mental retardation indicator, the individual's full personality and its regulatory processes are assessed - orientation-cognitive, intellectual, emotional, motivational, control mechanisms and executive processes;
- medical, type of factors that allow to know the cause and symptomatic syndromes, treatment and prognosis;
- evolutionary, comparing a handicapped child with a normal child in terms of cognitive, intellectual, emotional-motivational and executive activities;
- social, general resourcefulness of the individual, its independence and socialization [5].

An individual may be considered intellectually disabled if he shows a reduced ability to effectively adapt to at least two of the following areas of social life:

- the level of speech development and communication skills;
- skills in self-service and home chores;
- interpersonal skills, self-control, independence in public places;
- ability to learn a profession, concern for one's own safety.

There are scales to assess the level of social adaptation. One of them is the Zeeland scale of social maturity, known as the Doll scale. It focuses on assessing social adaptation in various areas of life and allows determining the degree of social maturity in relation to age. The basis for assessment is standardized observation of the respondent's behavior, which can also be conducted in the form of an interview with parents or guardians. Based on the scores, social maturity age and social maturity quotient are calculated [3].

People with mental retardation love, hate, are afraid, they feel pain, loneliness, and the disorders of the emotional sphere observed in them can:

- arise for the same reasons as mental retardation, which include permanent changes in the central nervous system,
- be caused by improper attitude of the environment, educational errors, learning aggressive reactions in specific life situations.

The way people act and react depends largely on their temperament. Traditionally, there are people who are overactive (eretic) and excitable as well as listless and introverted. Handicapped persons who are not simultaneously affected by psychosis or behavioral disorders represent the same range of temperamental traits as normal persons. In the group of mentally handicapped people, poor self-control and self-control are observed. A characteristic symptom in them is a certain rigidity of behavior, views and feelings, while at the same time increased susceptibility to suggestion. They experience limited feelings of higher feelings: patriotic, moral, social and aesthetic. They are characterized by weak criticism both towards the environment and towards each other.

In many cases, along with biological and environmental factors, mental factors lead the way in mental retardation. He includes the emotions of fear, sadness and despair as well as guilt and low value. People with mental retardation, who are unable to meet social requirements, develop self-awareness of their evil and feel the effects of exile. Their share is anxiety, sadness and despair, guilt and low value with all the psychopathological consequences, and above all with an inestimable significance for blocking cognitive activity and mental development opportunities [15].

The course of motivational processes in mentally handicapped people are strongly shaped by external conditions. This applies to the impact of various types of reinforcements and the immediate environment. The emotional development of people with

mental retardation is influenced by their personality. These issues have been the subject of many studies.

Empirical research on mentally retarded personality began in 1929, when S. Vermeylen, based on test research and observation, distinguished two groups of moron children - harmonious morons and disharmonious morons. He included four types in the first group - passive, balanced, active, infantile, and in the second three types - emoticon, unstable, idiot. This typology became the basis for further research. Personality of the mentally handicapped also depends on their personal adequacy.

The main mechanism that causes the individual to act in a socially approved manner, performs social roles as expected and presents the right social attitudes, is the learning mechanism. Therefore, for the correct course of socialization, facilitating situations are necessary, giving the opportunity to learn correct social behavior. The more opportunities for direct, personal and holistic (sometimes discretely controlled and directed by the educator) experiencing various social situations mentally handicapped, the fewer will be the situations in which, through their inadequate behavior, they will increase the distance that separates them from full acceptance by fit people. To determine an individual revalidation program with a person, two things are important - a formal diagnosis in the form of an intelligence quotient and a description of its cognitive, emotional and social functioning together with a prognosis for further development. In the case of mental retardation, the person conducting the classes should

receive information about what test was used for the diagnostic test, what degree of delay was found and what are its numerical parameters.

3. Rehabilitation

The term "rehabilitation" is derived from the Latin habere - to have; habilis - fit, skillful, efficient; habilitas - agility, efficiency; habilito - I am capable. In the colloquial sense, in relation to treatment, rehabilitation is a set of actions aimed at restoring lost fitness to the patient or - if it is impossible - developing replacement fitness that compensates for functional defects [6].

The introduction of rehabilitation activities in the treatment process meant that rehabilitation was initially referred only to the restoration of function and compensation of damage to the musculoskeletal system and was additionally referred to as the "motor" adjective.

Nowadays, rehabilitation is perceived as a social or medico-social process, within which medical rehabilitation and social adaptation activities are distinguished, sometimes called 'social rehabilitation' not precisely. Therapeutic rehabilitation consists of: treatment achieving rehabilitation goals and complementary treatment. Compensation and adaptation proceedings are carried out as part of social adaptation activities. There are many aspects of the relationship between physical culture, medicine and rehabilitation [18].

Initially, rehabilitation was focused on the defect of the disabled person. It was aimed at eliminating as much as possible physical deficiencies and compensating for occurring dysfunctions (compensatory rehabilitation). Technically more perfect prosthetic solutions appeared, intensive exercises were used to recover, at least partly, lost fitness. In practice, compensation procedures do not always lead to the desired effect, they did not solve all the problems of people with disabilities. Lack of acceptance of personal injury led the disabled person to reject the prosthesis, hide the body defect and other adaptation difficulties. The need to provide assistance to people with disabilities more widely began to be recognized. Compensatory rehabilitation has been supplemented with adaptive rehabilitation. A holistic approach to a disabled person has contributed to the expansion of the group of specialists involved in rehabilitation. Doctors, engineers specializing in prosthetics, nurses received support from educators, social workers and psychologists. The rehabilitation process has become more comprehensive [9].

Conclusion

There are many definitions of disability in the literature and social, rehabilitation and medical practice. The World Health Organization (WHO) introduced the concept of disability, taking into account the state of human health. In practice, two models of disability are distinguished - medical and social. Nowadays, rehabilitation is perceived as a social or medico-social process,

within which medical rehabilitation and social adaptation activities are distinguished, sometimes called 'social rehabilitation' not precisely.

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