

Psychological and Pedagogical Features of a Person with Disabilities¹

Evgeniya V. Gutman², Vladimir I. Aidarov³, Riyaz G. Minzaripov⁴, & Anastasiya F. Yudintsev⁴

Abstract

The article is devoted to the psychological and pedagogical characteristics of a person with disabilities, using the phenomenon of loneliness as an example. Using two groups of people with disabilities as an example, the authors analyze the characteristics and style of interpersonal communication. The presence of several approaches to the study of loneliness, as well as the presence in this concept of real scientific content, which is also of practical importance, is shown. This scientific article reveals a number of interesting psychological aspects which require further theoretical and experimental understanding and further research. The article describes the possibilities of socio-psychological and psychological-pedagogical rehabilitation for the social adaptation of an individual.

Keywords: Psychological and Pedagogical Support; Loneliness; Social Adaptation; Socio-Psychological Rehabilitation.

1. Introduction

The solution of the problem of life quality optimizing is determined by increasing the adaptive capabilities of people with disabilities who require constant and comprehensive work from different profiles specialists. In order for such work to be effective, specialists need to have an idea not only about problems, disorders, diseases, but also about those qualities which help a person to survive in difficult life circumstances.

The modern concept of “a person with disabilities” replaces the most common concept of “invalid”. The Latin word “invalid” literally means “unsuitable” and serves to characterize persons who, due to illness, injury, mutilation, are limited in manifestations of life activities. In Russia, this term came into circulation in the 18th century, and initially, former military personnel were called invalids, because of

¹ Please cite this paper as follows:

Gutman, E. V., Aidarov, V. I., Minzaripov, R. G., & Yudintsev, A. F. (2019). Psychological and pedagogical features of a person with disabilities. *Journal of Research in Applied Linguistics*, 10(SP), 529-535.

² Kazan Federal University, Kazan, Russia; Egutman@rambler.ru

³ Institute of pedagogy, psychology and social problems, Kazan, Russia

⁴ Kazan Federal University, Kazan, Russia

health reasons they could not serve themselves. In the next, in the 19th century, invalids began to be classified as people who, in whole or in part, lost the opportunity to earn their own living due to a poor health condition. Since disability is an obstacle to full-fledged professional activity and deprives a person of the opportunity to independently provide for his own existence, the main attention until the middle of the 20th century was paid to the medical aspects of disability and material assistance to invalids. By the beginning of the 20th century, in Europe and in Russia, attention was mainly paid to charity, mainly due to private charity and donations from philanthropists. Charity houses were built in the cities, designed to somehow make up for the lack of funding for the accommodation and meals of people with disabilities. A significant role in charity for people with disabilities also belonged to various religious organizations. At the beginning of the 20th century, ideas were expressed about the need for such assistance that would give this category of people the opportunity to lead independent life. The very concept of "disability" was revised, which is now regarded as an integral biopsychosocial category.

Many scholars in their works touched upon matters concerning the correction of psycho-physical and emotional-personal development of people with disabilities (Vygotsky, 2006; Leontiev, 2005). Questions in the field of rehabilitation are revealed in the works of Russian and foreign psychologists, psychotherapists, scientists; in the concept of the patient role; in the theory of social interaction; in the problems of individual adaptation to the social environment (Lisina, 2009).

2. Materials and Methods

According to the observation of our specialists working with a group of young people with disabilities resulting from illness or damage of the nervous system, the following interesting fact was revealed: an urgent problem for this category of young people is the need to "accept" their true disability and change their perception. This is an opportunity to satisfy the needs of any person, that is, "to feel not the limitations which a disabled person now has, but those opportunities which the present provides him with: this is an opportunity to look into the future, not the past, but at the same time to enjoy the present." These are three groups of the basic needs: physical needs; spiritual (intellectual) needs; social needs.

A universal ability that allows a person, group or community to prevent or negate the negative consequences of a difficult situation is called resilience. This term is also used to describe a number of qualities which contribute to the process of successful adaptation in life despite difficulties. Analyzing the sustainability model proposed by E. Grotberg, A.M. Scherbakova and A.V. Shekhorina conclude its use is effective in developing individual programs for the psychological and pedagogical support of rehabilitation and optimizing the quality of life (Izutkin et al., 2013).

People with disabilities are sometimes more pessimistic than not alone, they experience a hypertrophied sense of self-pity; expect only troubles from other people,

and only the worst from the future. They also consider their lives and the others to be lonely and meaningless. In such cases, they are unintelligible, behave quietly, and try to be invisible, most often look sad.

Undoubtedly, the personal characteristics of people have a strong influence on the experience of loneliness. The formation of people with disabilities personal characteristics occurs under the influence of factors associated with their diseases, especially those arising from a disease or damage of the central nervous system. First of all, this is limited movement in an unsuitable environment, which drastically narrows the social circle, which often happens only by phone. Isolation and self-doubt very often develop. Two groups of people with disabilities can be clearly distinguished: the first group - people who have been sick since childhood; the second group - people who are sick or injured in adulthood. It can be assumed the personal characteristics and style of interpersonal communication between these two groups will differ quite sharply, since people who are sick from birth or from early childhood immediately found themselves in conditions of limitation of their physical capabilities. The life of people sick or injured in adulthood was divided into two parts, before and after the illness, which could not but lead to psychological trauma (Osnitsky, 1996).

The phenomenon of loneliness is complex and ambiguous in terms of scientific definition and individual comprehension by the researcher. The presence of several approaches to the study of loneliness proves the presence in this concept of real scientific content, which, on the one hand, can be rationalized, on the other, requires further theoretical and experimental research. This requirement is due to insufficient knowledge of phenomenology, and even more so - of the loneliness psychological mechanisms (Mendelevich, 2008).

One of the most striking features of loneliness is a specific feeling of complete self-absorption. The feeling of loneliness is not like local feelings, experiences; it is holistic, absolutely all-encompassing. The separation of the phenomenal and cognitive elements leads to the understanding loneliness is a special form of self-perception, an acute form of self-awareness. It is not necessary to completely and accurately understand one's condition, but loneliness is one of the phenomena which requires the most serious attention. Undoubtedly, the human personality plays a significant role in one's perception and experience of loneliness (Aysherwood, 2001).

We can say people with disabilities who are sick from birth or from early childhood, for the most part, are more able to integrate into society, more contact and with great, albeit cautious optimism, look to the future. This is explained by the fact that the "rules of the game" of this people category were determined from early childhood or from birth by adequate upbringing, the formation of a realistic assessment of their position, the ability to contact with others and find their place in life. Such people with disabilities prefer interpersonal communication strategy of

cooperation and compromise. Friendliness is of the greatest importance to them, all other types of relationships with others also have sufficient distinct manifestation, and moreover, the most significant of them are dependence and subordination. The accentuations of character by type of emotionality, pedantry and anxiety are the most expressed. The level of empathy and compassion is high.

People with disabilities who were ill or injured in adulthood, life was sharply divided into “before” and “after” illness, and they found themselves at a crossroads, completely unprepared for a new lifestyle. Old interpersonal relationships are subjected to serious trials and often end, families are often broken up, and new socializing is very difficult. Their behavior is often associated with a sharp change in the sentiment, which is often explained by the appearance some messages about new methods of treatment in the media. And when, in most cases, treatment methods are ineffective or simply fictitious, they fall into deep depression. They prefer strategies of confrontation and cooperation in the interpersonal communication. 4 types of attitude towards others are most distinct manifested for them: authoritarianism, suspicion, aggressiveness and subordination. The accentuations of character according to this type are demonstrability, imbalance and dystimism, the level of exaltation is also high.

The people with disabilities personality formation, especially with disorders of the musculoskeletal system, occurs in conditions of limited living space and communicativeness, sometimes completely dependent on outside help in self-care. Despite the fact such people, as a rule, have a high internal susceptibility of the world perceptions and developed self-analysis providing the prerequisites for the development of creative abilities, it is much more difficult for them to realize their abilities than other people with disabilities.

This causes self-doubt, an inferiority complex, focuses on consumer consciousness and dependency, that is, leads to a syndrome of social infantilism. As a result, the personality potential is lost, and the cost of social assistance practically “yield poor returns” for society. A comprehensive social assessment is needed.

Different reasons lead to the loss of health and disability, but all of them affect the financial situation and attitude of the disabled, give rise to moods of deprivation, inferiority and pessimism not only for themselves, but also for those around them. Moreover, it should be borne in mind the social environment is usually hostile to a disabled person and there are no conditions for well-timed and successful adaptation. Delays and disruptions in this process lead to the psychological phenomenon development, defined as the formation of a disabled person status. Socio-psychological and psychological-pedagogical rehabilitation is the most reliable way to successful social adaptation of a person with disabilities.

Social rehabilitation is a complex of socio-economic, psychological, pedagogical measures aimed at the formation of independence, inclusion in the social

environment, mainstreaming and work, taking into account the psychophysical capabilities of the disabled person.

3. Results and Discussions

The success of rehabilitation depends on the consideration of a number of psychological and pedagogical factors. As pointed out by Vygotsky (2006), it is not a defect decides the fate of a personality, but its social consequences. In general, reactions to one's state can be divided into the following types: adequate (corresponding to the objective state of a person), hypochondriac and anosognosic. Inadequate types of reactions negatively affect the possibilities of rehabilitation: weak motives, low self-esteem of health, lack of faith in their capabilities and, as a result, unwillingness to actively engage in the rehabilitation process are observed with the hypochondriac type; with the anosognosic type - denial of any influence of illness and disability on a person's abilities, unwillingness to change their lifestyle in accordance with their abilities, there are often cases of encountering insurmountable obstacles, leading to frustration, to the life plans collapse, and separation from reality.

Another group of factors affecting rehabilitation opportunities is related to the relationship between people with disabilities and society. Illness and disability which occurred in adulthood often lead to changes in the motivational sphere and need state, value orientations, and other personality characteristics. The feeling of dependence on other people, the need for special conditions often entail a decrease in self-esteem, a sense of inferiority, emotional and volitional disorders, a narrowing of the social circle due to the inability to fully fulfill the former social roles. Persons with disabilities are evaluated based on group affiliation rather than individual characteristics. Such an attitude aggravates the isolation of persons with disabilities from their usual social environment (including family), and entails difficulties in finding work.

The specificity of the psychologist-pedagogical support for optimizing the quality of life of such people consists mainly in the corrective orientation of this process. First of all, those who carry out this process are required to maximize the opportunities of people with disabilities to master subject-practical and theoretical experience. The emotional state of such people requires special attention. It is necessary in a friendly and encouraging manner to form their adequate self-esteem and level of aspirations, the desire to develop those abilities and inclinations which can contribute to maximum self-realization. Creating conditions which meet these requirements is a complex problem; its solution largely depends on the implementation of the totality of psychological, pedagogical and medical-organizational conditions of psychological and pedagogical support of the process of optimizing the persons with disabilities quality life. Reasserting the ability of people with disabilities to social functioning, to create an independent lifestyle, social

workers help them to determine their social roles, social connections in society, contributing to their full development (Vasiliev, 2013).

People with disabilities as a social category of people are surrounded by healthy people compared to them and need more social protection, help, and support. These types of assistance are determined by law, relevant regulations, instructions and recommendations; the mechanism for their implementation is known. It should be noted all normative acts relate to benefits, allowances, pensions and other forms of social assistance, which is aimed at supporting life, passive consumption of material costs. At the same time, people with disabilities need such help which could stimulate and activate people with disabilities and suppress the development of dependent trends. Young people with disabilities, in fact, are in conditions of social deprivation; they constantly experience a lack of information (Mendelevich, 2008). The social attitude to the families having a child with obvious abnormalities, are often contradictory and “filled” with prejudices (Nelson, 2003; Saurel-Cubizolles et al., 2007). In this regard the family’s need for new social contacts increases: the communication with specialists, families having the same situation, associations and organizations which help people with abnormalities can be of great importance.

The role of a specialist - rehabilitologist is to create a special environment in a medical inpatient institution and especially in those departments where young people with disabilities live. Environmental therapy occupies a leading place in organizing the lifestyle of young people with disabilities. The main direction is the creation of an active, effective environment that would encourage young people with disabilities to "do-it-yourself", self-support, derogation from dependent attitudes and hyper-custody.

To realize the idea of activating the environment, one can use employment, amateur activities, socially useful activities, sporting events, organizing informative and recreational activities, and training in professions. Such a list of measures should be carried out not only by a specialist-rehabilitologist. It is important all staff is focused on changing the work style of the medical institution in which young people with disabilities are located. In this regard, a specialist rehabilitologist needs to be familiar with the methods and techniques of working with people serving people with disabilities in a hospital. Given these tasks, a specialist rehabilitologist should know the functional responsibilities of medical and support staff. He should be able to identify the common, similar in their activities and use this to create a psychological and therapeutic environment.

4. Conclusion

The best way to solve the problems of disability is to focus on social rehabilitation. In the framework of the social model, the rehabilitation of persons with disabilities is considered not only as a repairing of health, but also as a reasserting of the individual's labor and social abilities.

The role of a specialist rehabilitologist is to, taking into account age interests, personality characteristics of all categories of persons with disabilities; organize social and psychological adaptation of young people with disabilities. Assisting in the admission of persons with disabilities to the college entrance is also one of the important functions of the specialist rehabilitologist participation in the socio-psychological and psychological-pedagogical rehabilitation of this category of people.

The results presented in the paper are of practical importance for psychologists and specialists working with people with disabilities and their environment.

Acknowledgements

The work is performed according to the Russian Government Program of Competitive Growth of Kazan Federal University.

References

- Aysherwood, M. M. (2001). *The full life of a disabled person*. Trans. from English. M.: Pedagogy.
- Izutkin, A. M., Petlenko, V. P., & Tsaregorodtsev G. I. (2013). *Sociology of health*. Kiev: Sweet.
- Leontiev, A. N. (2005). *Activity, consciousness, personality*. Moscow: Smysl: Academia.
- Lisina, M. I. (2009). *The formation of a child's personality in communication*. Saint Petersburg: PETER "Masters of psychology".
- Mendelevich, V. D. (2008). *Clinical medical psychology*. Moscow: Medpress.
- Nelson, A. (2003). Transition to motherhood. *Journal of Obstetric Gynaecology and Neonatal Nursing*, 32, 465-477. <http://dx.doi.org/10.1177/0884217503255199>
- Osnitsky, A. K. (1996). Problems of research of subjective activity. *Psychology Issues*, 1, 32-37.
- Saurel-Cubizolles, M. J., Romito, P., & Lelong, N. (2007). Women's psychological health according to their maternal status: A study in France. *Journal of Psychosomatic Obstetrics and Gynecology*, 28(4), 243-249. <http://dx.doi.org/10.1080/01674820701350351>
- Vasiliev, A. L. (2013). *Russia in the XXI century. Quality of life and standardization*. Moscow: Standards and quality.
- Vygotsky, L. S. (2006). *Issues on pediatric psychology*. Saint Petersburg: SOIUZ.