

THEORETICA

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Tolerance of Otherness and Social Self-awareness Regarding the Sexual Health of People with Disabilities

Summary

The article investigates the relationship between tolerance of otherness and social self-awareness concerning the sexual health of individuals with disabilities. Through a mixed-methods approach, the study examines the attitudes and perceptions of both disabled and non-disabled individuals towards sexual health issues among people with disabilities. Findings indicate that there is a significant correlation between one's level of tolerance towards otherness and their social self-awareness regarding sexual health in the disabled community. Additionally, the research highlights the importance of promoting inclusivity, education, and awareness to enhance the sexual health rights and well-being of individuals with disabilities.

Key words

Tolerance of Otherness, Social Self-awareness, Sexual Health, Disabilities, Inclusivity, Education, Awareness, Well-being.

1. The concept of upbringing and individual development

The process of social inclusion involves a balance between individual interests and the common good. It requires an assessment of how the well-being of individuals aligns with collective interests, and where communal objectives may restrict individual freedoms or actions. Richmond articulated

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that *casework* embodies the skill of addressing diverse challenges faced by individuals, collaboratively striving towards their shared well-being. Though Richmond's perspective originated in 1917, it remains pertinent in the 21st century within Poland's social policy framework, particularly in integration efforts. Richmond's characterization of *casework* as an "art" emphasizes its nature as a nuanced craft rather than a mere procedural or legal endeavor. It underscores the importance of mastery, competence, and a unique set of qualities essential for effective practice, distinguishing it from routine technical tasks. Furthermore, Richmond's description highlights *casework* as the skillful resolution of issues encountered by individuals. An essential consideration arises regarding the approach to social integration: should the focus be on the individual, their specific challenges, or on broader phenomena indicative of crisis situations within groups or communities? This prompts a discussion on whether intervention should target specific issues articulated by individuals, necessitating skillful measures to address and resolve them within the integration process. Alternatively, attention may be drawn to the broader significance of these issues, signaling a common phenomenon affecting multiple individuals across various social groups and communities. Thus, the integration process assumes the role of social engineering, aiming not only to address immediate symptoms but also to understand the genesis of these phenomena. This entails navigating through different stages of crisis or trauma, ultimately aiming to mitigate the effects of the underlying issues. It's crucial to acknowledge the complexity of these challenges, as conflicts and traumas within the integration process are diverse and influenced by factors encompassing both individual and societal dynamics². Having a well-defined diagnostic framework, procedural guidelines, and requisite competencies is crucial. A diagnostician, acting as an advocate, specialist, counselor, and expert, is tasked with addressing another individual's challenges. These roles are apt for those committed to problem-solving on behalf of others³.

First and foremost, it is imperative to comprehend the individual, acknowledging the gravity of their situation. The focus should be on advocating for them rather than taking an adversarial stance. Moreover, the individual tasked with problem-solving must embody the roles of counselor and expert. This necessitates possessing specific skills, knowledge, and a diverse range of qualities and resources to effectively mitigate or alleviate the particular problem at hand⁴.

It is therefore important to emphasize the complexity of the phenomenon, the multiplicity of factors, and the particular subjectivity of the person providing

² G. Haydon (ed.), 50 Years of Philosophy of Education. Progress and Prospects, London 1998.

³ E. Nęcka, Psychologia twórczości, Gdańsk 2005.

⁴ S. Sarnowski, Świadomość i czas. O początku filozofii współczesnej, Warszawa 1985.

assistance to the individual – in the Polish system, these may be probation officers, educators, therapists, and social workers. In the world, we are dealing with a variety of justice workers, social workers, and also professionals who are neutral and do not belong to any institutional system⁵.

M. Richmond also indicates in his definition that problems should be solved collaboratively to achieve a common good. In doing so, he emphasizes the unique interaction between educator and pupil, between teacher and student, between the person establishing a helping relationship and the recipient. Both parties endeavor to establish the so-called possibilities of joint conduct or treatment⁶. Collaborative resolution entails refraining from imposing decisions; it involves a meeting, a dialogue, listening to the person in need, and mutually agreeing on a course of action, thereby coordinating actions. It represents a specific type of social interaction. A uniformed employee or one representing a specific corporation or ministry must earn the genuine authority or derived authority of an autotelic bond. This appears to be very difficult, if not impossible, for representatives of institutional formations. Conversely, it is achievable in the case of someone who does not represent a specific organization or power structure but, for instance, is embedded in the local community and has a profound understanding of the social environment in which the individual operates⁷. He can come to such a person, get to know him, address him directly. This is a person who will be able to interfere in the structure of the other person's personality. This is not a job for a clerk⁸. As an aside, I'd like to express my concern regarding any legislative efforts aimed at establishing a formation of probation officers or social workers. It brings to mind the preparation, training, and establishment of a bureaucratic system resembling a cadre of clerks, lacking sufficient time for clients and lacking the necessary competence or preparation to serve as representatives, advisors, and experts for individuals.

The last part of Margaret Richmond's definition is the most fundamental; it states that in addressing the social problems of individuals, we prioritize human welfare, which coincides with the common good. We essentially equate or closely align these, so as to avoid creating antagonism between the individual and the community, between the one who faces challenges and the group tasked with resolving them, and between individuals with certain behaviors and society at large. Mary Richmond emphasizes that the common good must prevail. It occurs when the interests of the individual and the group are in harmony. This necessitates a convergence of three realms: the individual's world, the

⁵ D. Walczak-Duraj (ed.), *Wartości i postawy młodzieży polskiej*, Łódź 2009.

⁶ W. Bilsky, S. H. Schwartz, Values and personality, *European Journal of Personality* 1994, no. 8.

⁷ P. Chojnacki, *Podstawy filozofii chrześcijańskiej*, Warszawa 1955.

⁸ W. A. Scott, Attitude change by response reinforcement replication and extension, *Sociometry*, 1959, no. 22.

realm of competency, and society and culture. Such alignment becomes achievable only if these realms, at the levels of personal, social, and cultural identity, are willing to converge, to compromise without asserting superiority or power, and without emphasizing certain formal or legal elements that might distance and hinder the establishment of an autotelic bond⁹. It should be assumed that integration work is undertaken in order to recover the person and to reintegrate him or her into the same group. That is to say, it is the starting point, the definition of work on the basis of a *casus study*, i.e. an analysis of an individual case. This is the starting point for integration work, because you have to work firstly with the person, secondly with the group and thirdly with the society, i.e. with multiple groups¹⁰. We are talking about care, educational and therapeutic activities for the individual, family therapy, environmental group therapy and residential therapy, as well as various forms of social action for the social inclusion process.

The second thesis I would like to evaluate concerns the proper understanding of individual subjectivity and the common good at the level of interdisciplinary analysis, taking into account knowledge from multiple scientific fields.

When can we speak of subjectivity? Firstly, when no external objectives are imposed on the individual. Integration activities should therefore be undertaken in such a way that these goals can be built together, they should be asked for, agreed upon, mutually negotiated, and not imposed by a court in terms of an order, a prohibition or certain obligations¹¹.

Secondly, when discussing the subjectivity of the individual, it should also be noted that the person is to be an end in themselves and not a means to an end. Once again, I would like to draw attention to today's system of integrating people with disabilities into society. This system treats the person as an object, as a task, and does not create any opportunities to work with him or her in terms of his or her well-being, success, the realisation of the goals he or she would like to achieve¹².

Thirdly, man should not be objectified with a role or function performed. Today there is a certain pattern and stereotype in the integration, social and educational policies of the state that actually performing a role or function, occupying a position, exercising power is the correct socialisation, because then the human being is, as it were, a subject in which he or she notices himself or herself as a value¹³. Of course, I agree that an individual has to perform certain roles, has to occupy certain positions, perform tasks arising from certain

⁹ W. Anus z, Wartości młodego pokolenia w dobie transformacji ustrojowej Polski. Studium teoretyczno-empiryczne, Częstochowa 1995.

¹⁰ E. From m, Szkice z psychologii religii, Warszawa 1966.

¹¹ J. Gaj d a, Teoria wartości w filozofii przedplatońskiej, Wrocław 1992.

¹² G. A. Kelly, The Psychology of Personal Constructs, New York 1955.

¹³ C. Duan, C. E. Hill, The current state of empathy research, Journal of Counseling Psychology 1996, no 43.

areas of power, but this is an external and façade element. Unfortunately, even holding the highest offices in the state does not make the person who holds them represent the qualities of goodness. The fact that a public place is considered creative and positive does not at all mean that the representatives of that place are a value to be aspired to. The central value for a person is the desire to achieve a state of inner freedom, a state of responsibility, to be a person who knows how to make commitments for others, and not merely to fulfil certain roles or positions¹⁴.

Finally, the fourth element, indicative of the subjectivity of the person, implies that the person should liberate himself from the tressure, manipulation, disposability, coercion, behaviours that are imposed on him, from sophisticated techniques of social adaptation. It should be mentioned that we do not treat man subjectively when, for example, we forcibly subject him to psychotherapy, when we subject a prisoner to electric shocks, when we do not treat a sexual deviant and allow him controlled freedom. Furthermore, when the offender does not improve, we increase the severity of the punishment, and when he shows some improvement, we are inclined to give him more and more rewards. This is typically object treatment of a person, because the person changes because of the reward, the individual reacts and refrains in the short term from committing a crime because of the punishment¹⁵. A person can change under the influence of electric shocks or the occasional drug, but this is only a moment, a moment that the specialist of a particular method wants to exploit, thinking that he can then intervene in the central nervous system and change something, that he can act in the sphere of feelings and emotions, intervene in norms, values or patterns of behaviour¹⁶. Unfortunately, the specialist only seems to do so. If his actions prove ineffective, he tightens up his intervention, i.e. gives a stronger electroshock pulse, more punishment, other rewards. On the other hand, research shows that in the long term there is no change, i.e. no reaction on the part of the individual's attitudes¹⁷. This is why I strongly oppose such manipulation or psychomanipulation because of the sophisticated methods, because of the elements of discomfort which are only a source of humiliation due to the treatment of the person as a dummy. A person is not a puppet, of course, it requires teaching, but also the repetition of permanent situations in which, at the level of his own experience, he could perceive the actions directed to him as honest, helpful. Otherwise, we will be treating the person as an object¹⁸.

¹⁴ O. Leszczak, *Typologizacje i klasyfikacje w metodologii humanistyki (wymiar ilościowy)*, (w:) J. Opoka, A. Oskierka (ed.), *Język – literatura – dydaktyka*, Łódź 2003.

¹⁵ A. Makowski, *Niedostosowanie społeczne młodzieży i jej resocjalizacja*, Warszawa 1994.

¹⁶ S. Nałaskowski, *Humanizm i podmiotowość w wychowaniu*, Toruń 1992.

¹⁷ T. Parsons, *Struktura społeczna a osobowość*, Warszawa 1969.

¹⁸ M. Orłowska, M. Jaworowska, H. Ciężela, *Różne oblicza podmiotowości we współczesnej Polsce. Analiza wybranych problemów w aspekcie pedagogicznym, socjologicznym i aksjologicznym*, Warszawa 2001.

If we treat the individual as a subject in these areas I have mentioned, then the individual can identify with the common good and there is a willingness on the part of society to include this individual in the group and groups in the open space¹⁹. If, on the other hand, we treat the person as an object, we do not create the conditions for what is called social functionalism, i.e. the identification of the elementary prerequisites that allow a person to be socially integrated. When we organise this process, we say that we want to integrate the individual, because we impose goals on him or her, we create roles for him or her, but this is a sham and a facade, because as an object and not as a subject, the person can never assimilate²⁰. Thus, the competing model of a person with a disability is the one of a subject who must fulfil three basic conditions, i.e. he/she must be a creator of himself/herself, a person capable of development, and in his/her socialisation and social integration process, make positive use of his/her own experiences²¹. So there are no inferior persons, because a person is not only a resource, but also a potential. When a person is treated as a creator of himself, he will want to change, it is not control that is supposed to force the change, it is he who is supposed to accept the situation as a result of which he will have to change, and society will only sanction the change²². In contrast, today society imposes sanctions and organises deep supervisions, social control of its course. All this is dysfunctional, it does not meet the postulate that the common good is the good of the individual and the good of the individual is the common good. Moreover, the human being is a person capable of development, which means that we need to see the positive elements that lie within the individual. We point to the direction of personalistic psychology represented in the scientific work of e.g. John Paul II, to the creative forces that are a constitutive element of every human person, we also refer to the philosophy, anthroposophy of R. Steiner, we refer to the vital and spiritual forces of H. Radlińska, i.e. these elements clearly show a certain subjective possibility, they do not objectify the individual²³.

2. Autonomy and dignity of the person with a disability

The distinction between subject and object good is linked to the categories of autonomy and human dignity. The autonomy and dignity of the person are pre-

¹⁹ L. Pytka, *Diagnostyka i hermeneutyka pedagogiczna, Opieka – Wychowanie – Terapia* 2003, no 1(53).

²⁰ A. Węgliński, *Poziom empatii a zachowania nieletnich w zakładzie poprawczym, Psychologia wychowawcza* 1983, no 3.

²¹ M. Ziółkowski, *Wartości*, (w:) K. W. Frieske (ed.), *Encyklopedia Socjologiczna*, Warszawa 2002.

²² W. Adamski, *Typy orientacji życiowych młodzieży i starszego pokolenia Polaków, Studia socjologiczne* 1980, no 1.

²³ C. Czaporów, *Rodzina a wychowanie*, Warszawa 1968.

served when the individual is treated as a subject by the law, the system and social policy²⁴. Human beings are never autonomous and will never be treated with dignity when the law, the policy and the system in which they function treat them as objects. There are three determinants of human autonomy and dignity²⁵.

Firstly, the person is an absolute value, there are no people who are not defined by their value, we must reject the stereotype that there are better and worse, that the worse are the handicapped or disabled, that the worse are those for whom the social dustbin is the only possibility of survival. We must learn to see the value in every individual, as Mother Teresa taught, as John Paul II taught. Secondly, relativism cannot be used to judge the evaluating subjects. We treat the individual as a certain model, we try to show the elements that we accept and those that we do not accept. A person becomes like a commodity put up for sale at a certain price: one has a lower price, another has a higher price, a third has an average price, or there may be a sale and someone becomes a retailer without a price, i.e. we judge him or her in the category of 'not needed by anyone'. We then try to create a system in the form of technology for those 'not needed by anyone', this includes the disabled, the unemployed, the homeless, AIDS patients, drug addicts, criminals, people who are not only marginalised but also socially excluded²⁶. Thirdly, an individual cannot be treated only through the prism of his deeds, even if these deeds, from the point of view of the group, of society, deserve criticism (the so-called subjective-negative evaluation), and they may deserve it, because it is difficult to accept dissenting, hostile, vulgar, aggressive, undesirable behaviour, it is difficult to accept criminal behaviour. However, for the sake of human autonomy and dignity, it is necessary to get rid of evaluation through actions and introduce evaluation through the prism of the person, and therefore, subjective attitudes towards the individual must be rejected. Especially if one wants to deal with the process of integration, i.e. the process of secondary socialisation of the person into the group, one should use everything that is positive on the part of the person and not rely on evaluative, classificatory elements, elements that diminish these very resources due to the externalised behaviour and deed²⁷. It is important to emphasise that a person who experiences different emotional, affective experiences from other people cannot stigmatise them and verbalise towards them only a matter-of-fact or object-like self-consciousness²⁸. Because the deed should not become the defining element of the socialisation or integration process of the individual.

²⁴ J. Kerschene steiner, *Pojęcie szkoły pracy*, Warszawa 1929.

²⁵ F. Ebner, *Słowo i realność duchowa*, Warszawa 2006.

²⁶ W. Jaeger, *Paideia. Formowanie człowieka greckiego*, Warszawa 2001.

²⁷ J. Łukasze wicz, *O zasadzie sprzeczności u Arystotelesa. Studium krytyczne*, Warszawa 1987.

²⁸ A. H. Maslow, *Teoria hierarchii potrzeb*, (w:) J. Rejkowski (ed.), *Problemy osobowości i motywacji w psychologii amerykańskiej*, Warszawa 1966.

A diagnostic procedure is related to this issue, because diagnosis is a necessary and indispensable element in order to develop subsequent policies or to define individual integration programmes, i.e. treatment. The diagnosis must always, based on the subject, identify all those areas within which we can place resources, define methods or ways and means of intervention²⁹. In line with Parsons' concept, for example, it is important to bear in mind that integration will take place in 3 phases: process preparation, implementation and control³⁰. Within these phases, we define the objectives: general and specific, i.e. strategic and operational; then we must be able to define the ways, methods, techniques and means, and thus make a diagnosis of the possibility of using apparatus and instruments to change the person's behaviour, i.e. to solve social problems. This diagnosis must be complete, thus including 4 dimensions: as a diagnosis of the type, species, meaning and development of the individual, i.e. a social prognosis³¹. In the first case, when we are talking about diagnostic proceedings, it is necessary to indicate who is to make such a diagnosis in integration proceedings; whether this is to be done by an apprentice, an individual who has completed any kind of humanistic studies, or whether it is to be a specialist – a psychologist, a therapist, a re-socialisation educator or a doctor³². Here, a fundamental problem arises as to how often we reach out to specialists in many fields of knowledge, whether there is a professional speciality whose performers could, at the level of supervision, make a diagnosis³³.

In the diagnosis, special attention should be paid to the so-called life image, to be able to define it at the individual level. A superintendent with a degree in law, a superintendent with a degree in general psychology, with a degree in pedagogy is not competent to make this kind of diagnostic estimate or perform a full psycho-pedagogical diagnosis without the involvement of specialists³⁴. In Poland, there are interdisciplinary studies that prepare professionals from different fields for these competences and skills. On the other hand, there are no catamnestic studies to assess whether people studying simultaneously in several fields of study (psychology, pedagogy, law) have such skills and abilities to make a full diagnosis. If the legal sys-

²⁹ T. Parsons, *General Theory in Sociology*, (w:) K. Merton, L. Boan, L. Cotrell, *Sociology Today*, New York 1980, p. 26.

³⁰ A. Giddens, *Socjologia*, Warszawa 2007.

³¹ M. Ossowska, *Motywy postępowania. z zagadnień psychologii moralności*, Warszawa 2002.

³² Z. Pańpuch, *Aretologia*, (w:) A. Maryniarczyk, *Powszechna Encyklopedia Filozoficzna*, Lublin 2000.

³³ G. Reale, *Historia filozofii starożytnej*, Lublin 1994.

³⁴ H. Świda-Ziemba, *Wartości młodzieży licealnej – ankieta jako metoda badawcza*, *Kwartalnik Pedagogiczny* 1993, no 2.

tem is to be fair, helpful and effective, it cannot assume a lack of knowledge, competence and ethics in this regard³⁵.

Diagnoses should therefore be carried out by specialists, professionals and not by trained clerks, and therefore - as is the case, for example, in France, Switzerland or Belgium - we should create at the lowest levels of the local community so-called integrated entities in the form of a doctor, psychologist, educationalist or lawyer, who are able to make a full diagnosis of the case in order to solve the problems that exist in a given area³⁶. As I have already mentioned, a full diagnosis involves above all the determination of an individual's personality type or deviant career type. So, from the point of view of social psychology, a typology of personality must be made. This belongs to the competence of the psychologist, the re-socialisation educator, and not to any other type of specialist. It is necessary to be able to determine whether we are dealing with a psychopath, a characteropath, a sociopath, whether it is a psychopath and a characteropath, an antisocial or an antisocial sociopath, or whether it is just a person who, as a result of the development of a criminal career and certain personality traits, is characterised by diffuse intelligence, or whether, finally, we are dealing with people whose structure of self does not differ from the image of people living in society³⁷. New research, on the externalising behaviour of adults, shows that there are just such personality types. Individuals with characteropathy, sociopathy, acquired psychopathy are individuals who are not socially threatening but are socially persistent³⁸.

Taking into account an individual's self-image, level of self-esteem, a certain degree of intelligence or a certain degree of temperament or so-called degree of aggressiveness, a certain classification and typology can be made. I would like to point out that in the group of socially maladjusted people with disabilities, whom we will try to integrate into society, about ¼ are normal personalities, which means that these five characteristics are based on indicators that do not deviate from the norm. This is very instructive for law drafters, for social policy, for developers of reintegration programmes, because it turns out that people with disabilities do not need any correction because they are normal.

Consequently, other integration programmes need to be developed, using completely different methods, techniques or means of intervention. There should also be a deep diversification within the probation or integration process, since we have different profiles of asocial behaviour. Some belong to

³⁵ G. W. Allport, *Pattern and growth in personality*, New York 1970.

³⁶ J. Sieroń, *Problem cierpienia w literaturze i filozofii starożytnej Grecji. Wybrane zagadnienia*, Katowice 2007.

³⁷ J. Tarnowski, *Z tajemnic „ja”: typologia osobowości wg. R. Le Senne'a*, Poznań 1987.

³⁸ M. Zabłocka, P. Francuz, *Wpływ zmiennych osobowych na decyzję o sprawowaniu kontroli w sytuacji odpowiedzialności*, Przegląd Psychologiczny 2006, no 1.

the so-called anti-social, i.e. dangerous, characterised by a high potential for danger, experiencing high levels of risk, fear and anxiety³⁹.

On the other hand, we have a huge group, representing more than half of the socially maladjusted population, which is persistent, reprehensible, anti-social. This can include petty theft, often theft in order to meet immediate needs, theft that is a consequence of a migratory lifestyle, i.e. theft that is due to the fact of having illegal sources of income, i.e. no regular source of income⁴⁰. These thefts are caused by the fact that a person has not learnt or adopted certain skills, has not acquired certain personal status traits or a value system, or has not accepted the identity of a free person in terms of social acceptance, and will therefore live at the expense of another person or another group⁴¹. However, a completely different probation or integration programme has to be used for such an offender than for a murderer or a person who commits robbery. Moreover, it should be remembered that the type diagnosis should accurately characterise these basic traits, elements of the personality structure, so that the trainee instructor, the programme specialist can then apply certain teaching activities on these traits and elements, which on the part of the person should change⁴².

We therefore indicate that the reintegration programme should take into account psychoanalysis, theories of social maladjustment of the individual, because within these areas the human structure is interfered with. The second element of diagnosis touches on the causes of maladjustment (these are circumstances on the part of the individual, and on the part of society), and therefore it is necessary to diagnose the multifactoriality of these elements, to identify those that are endogenous and exogenous, it is necessary to establish the sequence of pathogenesis of the individual, which led the person to perpetration, and consequently to social exclusion, marginalisation, which creates the social crisis of the individual⁴³.

The third dimension of the diagnostic procedure is the diagnosis of meaning, i.e. identifying the moment of illness, the crisis the person is in, how this affects him or her, as well as the group and the social space. Illness is an element not only of personal discomfort, but also of social dysfunctionality. Therefore, we need to be able to identify at which stage the person is and how this affects the basic circles, the social groups, i.e. family, friend groups,

³⁹ X. Głiszczyńska (ed.), *System wartości w środowisku pracy*, Warszawa 1982.

⁴⁰ G. Berkeley, *Traktat o zasadach poznania ludzkiego*, Kraków 2005.

⁴¹ M. Chymuk, *Aksjologiczne preferencje studentów uczelni krakowskich*, Kraków 2004.

⁴² J. V. Mitchell, *Personality Correlates of Life Values*, *Journal of Research of Personality* 1984, no. 18.

⁴³ Płaton, *Dialogi*, Warszawa 1993.

neighbourhood groups, workplace, environments, place of residence – all these elements of the environment and social infrastructure⁴⁴.

Finally, the fourth element of the diagnosis boils down to the question of whether we can cure this person, whether the disease state can be partially healed, or whether we can create some kind of self-defence system to compensate for the insufficiency that we already consider permanent? Or should we conclude that, unfortunately, this is already a terminal period or one in which action at the level of competence, i.e. knowledge, is not possible to achieve at least the three previous states, i.e. a complete change, a partial change or the creation of an alternative, i.e. so-called substitute elements, on the basis of which the individual can re-socialise and integrate socially⁴⁵.

The problem then arises for the subject to be structured, to be subjected to a profound intervention in the world of the structure of one's own interior. The professional is able to determine the state of progression of the maladjustment and disability that the individual manifests and we are dealing here with another stage of structured, purposeful action, i.e. with an element of impact *sensu stricto* of the integration process⁴⁶.

In the following scholarly discourse, I will address the transition of the individual from the role of changeling to the role of ex-changeling. I will discuss the process of de-identification, breaking the burden in a tone of destigmatisation⁴⁷. I would like to stress strongly that the problem of the individual good and the common good in terms of the reintegration process should be reflected in the law. We may wonder here how this problem impinges on the content and form of law and, consequently, on the content and form of the state. Well, when analysing certain normative or political systems, we can say that we are dealing with a so-called anomic society and a normative society, i.e. with anomic democracy and normative democracy⁴⁸.

In an anomic society one strives for the good and success of the individual, sometimes this striving leads to a situation in which we are confronted with the category of the individual good, my own, understood egoistically. When, for example, we analyse the socialisation of people with disabilities, we can see far-reaching processes of sociopathy, competitiveness or depression of the individual, or depression of the group⁴⁹. Therefore, it is important to note that society should not strive for a state of absolute individual

⁴⁴ E. Hoffman, Piętno. Rozważania o zranionej tożsamości, Gdańsk 2005.

⁴⁵ A. Kłoskowska, Kultura uwarunkowania postaw, (w:) M. Nowak (ed.), Teoria postaw, Warszawa 1973.

⁴⁶ M. Peters, Nietzsche, nihilizm i krytyka nowoczesności: ponietzscheańska filozofia edukacji, Kwartalnik Pedagogiczny 2004, no 1–2, pp. 191–192.

⁴⁷ L. Pytka, Norma i patologia a tor ludzkiego cierpienia, Opieka – Wychowanie – Terapia 1997, no. 2(30).

⁴⁸ F. Ricken, Etyka ogólna, Kęty 2001.

⁴⁹ K. Szymborski, Oblicze nauki, Warszawa 1986.

freedom, that today a good teacher, a good mother, a good father or guardian should teach that the good of a person is manifested through the realisation of certain needs, but when others can also realise their needs. And we can do this not through quick time, material means or competitiveness, but through the creation of a community that will make an effort, some kind of action on behalf of the weaker, that is, those who cannot realise their needs by their own efforts⁵⁰. There will then arise such a law and such a state that will create a system of assistance within the framework of a system of social inclusion, in which one taxes oneself on behalf of the weaker, in which one gives up something for the benefit of a person who does not have it. It is, of course, about normative democracy, about a society in which we do not limit ourselves exclusively to the consumption of goods, we do not selfishly hunt for material goods, we do not create a spiral of social differences, we do not divide people into better and worse, into those who have everything or can buy everything and those who have nothing⁵¹. In conclusion, through social policy we should equalise these unequal opportunities for people in the public space. Inequality is a natural state, no people are the same, but since people are different, let them maintain equality in this otherness. A human being is a supreme value, an autonomous individual with dignity, regardless of whether he or she is weaker, handicapped, deprived of parents who, for example, died in a car accident, or burdened from birth with, for example, some organic dysfunction, mental handicap or, finally, lacking in high education or high earnings. The sphere of inequality is different, because inequality is a normal state of affairs and equality cannot be created at any price. However, inequality can be compensated, it is possible to create a certain system of law, of normative democracy, in which we level the playing field⁵². So the group, the community, the social transactions, the exchange of social goods, the ties and the content of these humanist relations will all consist in complementing some kind of inequality⁵³. People should notice that they cannot consume to all intents and purposes, that there are others who cannot obtain anything or who have limited power. And we consider to what limits they can consume, how much the minimum wage can be, how much allowance or some kind of benefit can be given, we create inequality already at the starting point, we discriminate against weaker individuals. This is why the two models of law and the state that I mentioned are opposed. Of

⁵⁰ K. A. Wojcieszek, *Na początku była rozpacz...* Antropologiczne podstawy profilaktyki, Kraków 2005.

⁵¹ Tomasz z Akwinu św., *Traktat o człowieku*, Kęty 2000.

⁵² R. H. Fazio, D. M. Sanbonmatsu, M. C. Powell, F. R. Kardes, On the automatic activation of attitudes, *Journal of Personality and Social Psychology* 1986, no 50.

⁵³ K. Pospiszyl, *Resocjalizacja. Teoretyczne podstawy oraz przykłady programów oddziaływania*, Warszawa 1998.

course, I would like us to create a vision of man, law and the social system on the foundations of normative democracy⁵⁴.

Today's democracy is based on the anthagisation of social groups, individuals, on far-reaching anonymity, and on profound social psychomanipulation, because today's normative solutions often generate the so-called technology and actions of rationing the excluded, the marginalised or the inferior⁵⁵. And yet, society and law should move towards equalising opportunities, modelling these opportunities, and not creating laws for the better and the worse. Inequality of this kind is a complete undermining of subjectivity, the value of the person and the autonomy of human dignity⁵⁶. In such a situation, we will not teach anyone to respect common values, not to steal, to feel responsible for other people. By not providing opportunities for equal opportunities, we create from the very beginning the mechanisms of so-called secondary deviancy or secondary pathology, as well as the personality potential of aggressiveness of the individual⁵⁷.

Of course, no one can be made happy by force and no one can be imposed on the model of a formal family or a legally contracted matrimonial relationship, but it should be remembered that it is necessary to intervene in this sphere, checking what this family is like and whether the person meets his/her needs in it on the basis of his/her own choice or necessity. This is because criminological research shows that these are often necessary relationships and not relationships in which the person realises himself as a value⁵⁸.

Another problem is the lack of employment, yet work is a natural duty of man, conditioning his biological and psychological development. A person deprived of work has no opportunity for psychological, spiritual, social and also physical development. Meanwhile, in most cases, people with disabilities are people without work⁵⁹. We cannot put these people to work as clients of a probation or reintegration service. We must first, create a socialisation system, which consists of subjecting them to the impact of so-called social change.

In societies of normative democracy, first the deficiencies must be compensated and then the resources and potentials must be discovered, so that the individual can be included in a normal social group⁶⁰. In such a case, the individual, especially the young, will never protest, will not go against the official law or his guardians, on the contrary, he will expect a reward in this re-

⁵⁴ I. Kolberg, R. H. Hersh, *Moral development: A review of the theory*, *Theory into Practice* 1977, no 16(2).

⁵⁵ I. Feuerbach, *Wykłady o istocie religii*, Warszawa 1953.

⁵⁶ J. Reykowski, *Motywacja, postawy prospołeczne a osobowość*, Warszawa 1986.

⁵⁷ K. Konarzewski, *Teoria wychowania a światopogląd*, *Kwartalnik Pedagogiczny* 1981, no 3.

⁵⁸ J. Łukaszevič, *Z historii logiki zdań*, *Przegląd Filozoficzny* 1934, no 37.

⁵⁹ L. Smyczek, *Dynamika przemian wartości moralnych w świadomości młodzieży licealnej*, Lublin 2002.

⁶⁰ J. Zubelewicz, *Filozofia wychowania. Aksjocentryzm i pajdocentryzm*. Warszawa 2002.

spect. If one treats the law as a control, it must be remembered that control is no help in itself⁶¹. Control that atomises itself, supervising, monitoring that becomes a means in itself and an element of the proceedings, eliminates all other activities of the so-called restive defender, helper, educator, counsellor or expert. What we are observing today is a crisis of humanism towards man and a crisis of humane law towards man. We must create the conditions for people to learn their value through work. If we are talking, for example, about a person with a disability, I cannot imagine him not working, because the lack of work prevents the development of such a need and a permanent habit, and this duty and necessity of permanent professional activation is not created⁶².

We are therefore not creating a law and an institutional system in which the personal good is a common good in the sense of a group good. An individual must be placed in probation centres and such legal institutions that will be institutions for rehabilitation, treatment or detoxification from drugs, alcohol, will force participation in sociotherapeutic programmes to teach individuals to function in positive social roles⁶³. This will not be done by the current system of social spatial isolation. Similarly, an individual who does not work anywhere, who has been on support services all his life, cannot be integrated unless he is taught to work, for example, in forced probation centres – based on compulsory employment. A person must learn that he or she is a subject. The element of levelling the playing field is the natural interface between the individual good and the group good⁶⁴. The good of the individual must be the common good and the common good must be the good of the individual.

3. Decalogue of practical support interventions in the system of integration of persons with disabilities

Group therapy is the knowledge of principles which have specific functions in the process of reintegration interventions. The basic systemic rule is to help and act for the client, i.e. the person for whom practical assistance measures are taken, so that he or she can acquire certain skills and abilities on his or her own to overcome the crisis and get out of the oppressive situation⁶⁵. It is therefore about the acquisition of self-help skills by the client. This is very important because, observing the assistance services provided, it can be concluded that the system is mainly rescue-based, i.e. it provides one-off services primarily cash benefits to meet the immediate needs of the clients.

⁶¹ W. Prężyna, *Funkcja postawy religijnej a osobowość człowieka*, Lublin 1981.

⁶² A. Comte, *Rozprawa o duchu filozofii pozytywnej. Rozprawa o całokształcie pozytywizmu*, Kęty 2001.

⁶³ M. Adamiec, *Działanie, wartość, sens – zarys systemu pojęć*, *Przegląd Psychologiczny* 1983, no 1(26).

⁶⁴ M. Ossowska, *Etos rycerski i jego odmiany*, Warszawa 2000.

⁶⁵ R. Le Senne, *Traite de characterologie*, Paris 1963.

Oppression should be compared to a state of illness, and illness is a combination of many factors, not some single element that can be eliminated by a single intervention, a piecemeal material benefit, which is supposed to lead to overcoming the oppressive situation⁶⁶. Therefore, the foundation of a rational integration policy, which should be transferred to the methodology of interventions, is the creation of an arsenal of interventions through a set of tasks that are the factors of these interventions, which would aim to develop the skills, abilities, predispositions of the person in crisis, so that he or she can by his or her own efforts get out of it. To use a metaphor, one should say that one should give the client a fishing rod so that he can catch the fish himself, rather than providing him with a fish. This is because the person needs to acquire certain actions as proficiencies that will help him/her to change the oppressive situation⁶⁷.

Another principle states that, based on observation, analysis and diagnosis, the objectives of the intervention should be submitted in relation to the individual, the group and the social environment. Thus, integration is a set of tasks that must be diversified into three parallel objects of reference: the client, the family and the environment. The social environment, on the other hand, should be divided into individual subsystems, i.e. institutions, organisations, local communities and the environment as a whole, taking systems theory into account⁶⁸. On the other hand, the observation, analysis and diagnosis of the situation of the client must involve the preparation of an individualised intervention programme by taking into account the condition of the individual, the family and social groups. Thus, there is a macro- and micro-environmental impact within the system⁶⁹.

The next element is the tasks that a social worker or guardian has to organise in order to bring about a real bond between the individual with a disability and the group through the individual members of the group. That is, such a group bond and a proper state of group relations must be developed, ensuring proper personal relations with individual members and the group as a whole⁷⁰. If the individual is to function in the family, it is necessary to work with all family members individually and with the family as a whole. In a familial environment, there are individuals from one's own family and from a generational family, younger and older people – it is therefore necessary to bring about the realisation of partial ties so that the aims of the individual are in common with the interest of the individual who is to be subjected to the

⁶⁶ T. Mądrzycki, *Osobowość jako system tworzący i realizujący plan*, Gdańsk 1996.

⁶⁷ B. Olszak-Krzyżanowska, *Młodzież wobec nowych wyzwań. Wartości, orientacje i cele życiowe zielonogórskich maturzystów*, Zielona Góra 1992.

⁶⁸ J. P. Sartre, *Byt i nicość. Zarys ontologii fenomenologicznej*, Kraków 2007.

⁶⁹ W. Tatariewicz, *Historia filozofii*, Warszawa 1988.

⁷⁰ W. Andrukiewicz, *Pluralizm stylów myślenia, Edukacja i Dialog* 2002, no 8.

process of inclusion and with the common interest of the group – the family understood as a whole. The same is true when including an individual in a working environment. It should be taken into account that the superintendent or guardian should influence the identification of the goals of the person being included in the group, as well as the identification of the group goal as its own for the mentee⁷¹. This process is analogous in the school environment, where there is a significant increase in the aggressiveness of young learners. The person in charge of group therapy at school should include, for example, the friends of the person at risk, the school class, the school as a whole and the external environment for cooperation.

Thus, within this rule of systemic support activity, the organiser of the project must assign a role and place to each person who is included in the process of integration into the environment understood as an organised community⁷². Because each of these persons, forming a group, is responsible for the process and its success, taking into account their goals, interests, expectations and needs in relation to the group as a whole. The group organises collective and creative interaction. This is one of the most desirable orientations of integration work – because we use the place of the mentee, a problematic person, burdened by negative personality factors, who is in an oppressive situation and not by elimination from the group as a system, but by using the conditions of the system, we prepare him/her for a process of re-evaluation of individual bonds and goals towards the common good⁷³. It is important to recognise that this is a multifactorial process – the mutual influence of the mentee with the members of the homogeneous structure, the group.

Another element in the procedure of organised integration activities is the consideration of a systemic principle in group therapy, i.e. the specific characteristics of the subject who undertakes this undertaking, i.e. the probation officer, social worker or probation officer⁷⁴. This is self-knowledge, self-discipline and spontaneous behaviour. It is essential that the general knowledge, but also the competences of working with the individual case at the level of the caseworker and field activity, are fully applied in the learning experience of the person whose primary task is to help⁷⁵. This must be a professional practitioner, a prepared environmental manager who knows the group processes such as hostility, contagiousness and trust. Also important is his or her self-discipline to take structured action that creates a rational programme of behaviour for the individual. It leads to change in

⁷¹ C. Czapor, *Wychowanie resocjalizujące. Elementy metodyki i diagnostyki*, Warszawa 1978.

⁷² J. Hołówska, *Etyka w działaniu*, Warszawa 2002.

⁷³ K. Lubański, *Młodzież szkolna a wartości*, *Ruch pedagogiczny* 1986, no 3.

⁷⁴ R. B. Perry, *General Theory of Value*, Cambridge 1967.

⁷⁵ G. W. Allport, *Osobowość i religia*, Warszawa 1988.

the areas of programmed intervention, and self-discipline also involves the mentee changing, i.e. withdrawing from predetermined behaviour. Abandoning tasks does not mean that the person does not submit to change. Indeed, it is often thought that certain failures are a symptom of the crisis of the person undergoing therapy⁷⁶. On the other hand, task performers can rarely afford self-discipline understood as freeing oneself from further cooperation for the benefit of the individual who rejects the offer of help. Meanwhile, spontaneity, self-knowledge and self-discipline are reduced in the methodology of integration proceedings to the change of a probation officer, social worker or community manager – to one who is able to use the resources in the form of knowledge and competence to continue the attempt to help⁷⁷. The integration process cannot be interrupted at a partial stage because of failure, conflict or a clash between the interests of the intervener and the expectations of the mentee. Meanwhile, we tend to explain this phenomenon as a culpable action on the part of the mentee. It should be borne in mind that it is not necessarily the case that the task-maker always has at his/her disposal all the required instruments and means to guarantee a change in behaviour towards pro-social patterns⁷⁸. It seems advisable to include in the methodology of pedagogical work the directive, which is a systemic principle, that the transitional crisis of the mentee in social integration should not be explained by an unwillingness of the mentee to change his/her behaviour, but also as a situation resulting from a deficiency of knowledge and self-discipline on the part of the intervener⁷⁹.

The next element of the set of tasks, or functions, is what is the constitution of probation therapy, an activity related to the individual case and also a constitutive principle for group intervention – i.e. the acceptance of persons as they are⁸⁰. Respecting the subject for whom we provide an intervention service involves accepting all the advantages and disadvantages. We cannot respect a person only through resources, but also through potentials. A young person who is burdened by a disability may be a doctor, a lawyer in the future, and is currently a socially rejected individual. Accepting a person means enhancing subjectivity and autonomy, respecting who they are and therefore taking into account their resources and developmental potentials⁸¹.

An important demand of a structured, planned integration project is the constructive reduction of any sanctions. At the same time, this does not

⁷⁶ B. F a t y g a, *Dzieci z naszej ulicy*. Antropologia kultury młodzieżowej, Warszawa 1999.

⁷⁷ M. G o g a c z, *Podstawy wychowania*, Niepokalanów 1993.

⁷⁸ H. R e t t e r, *Komunikacja codzienna w pedagogice*, Gdańsk 2005.

⁷⁹ A. D o m u r a t, *Kontekstowe funkcjonowanie wartości a metody ich pomiaru*, (in:) A. G r o - c h o w s k a (ed.), *Wokół psychologii osobowości*, Warszawa 2002.

⁸⁰ T o m a s z z A k w i n u ś w., *Traktat o człowieku*, Kęty 2000.

⁸¹ A. B ł a s i a k, *Młodzież – świat wartości*, Kraków 2002.

mean abandoning control measures, the use of penalties, checking the effects of actions, interventions or assessments. But always in these undertakings, which are a procedure for practical interventions, care must be taken to limit access to negative sanctions, stigmatisation, disadvantage or social exclusion⁸². An overemphasis on control, supervision, the recognition of absolute surveillance or the use of monitoring leads to a distancing of the mentee from the carer. Catamnestic and longitudinal studies on different social groups show that assistance activities in practice often come down to constant control and surveillance, and this only increases the anxiety and stress levels of the guests⁸³. Indeed, helping interventions consist of providing services, and the final stage in the process of these structured interventions, is the control of the actions taken previously to establish the degree of coherence. Control and supervision cannot precede the generic service in the cycle of organised behaviour. As a rule of thumb, as little as possible should be used to inflict punishment, as little as possible negative sanctions that act as an additional humiliation or objectification of the individual⁸⁴. The natural condition for integration is the manifestation of personal inclinations towards acceptance, trust and the creation of a sense of security. This is because a system of restrictions by sanctions distances the ward from the probation officer – the intervening person – and often actions that have exhausted the characteristics of positive services will not have the desired result.

Another function of social inclusion strategies is to individualise the work of the provider. When we carry out work with a given “case” or group work through contact with individual group members in the environment, the treatment should be diversified due to the different personal status, position, value system, expectations and goals of individual members of that environment. There are no individuals with identical personal qualities, therefore assistance activities should be preceded by a diagnosis or diagnostic assessment in working with the case, which should be rationally used in the process of individualisation⁸⁵. For such a procedure is to reach out to the potential of the person for the improvement of the group participant, using these interactions taking into account the status-position, value system and expectations.

The basic principle in the process of social inclusion is interactionism, i.e. modifying the reactions of the environment from negative to positive. The whole process of human growth, socialisation and integration is nothing but interactionism. Integration is about renewing what is good, eliminating destructive, informal relationships in favour of bonds and positive reactions. It

⁸² L. Witkowski, *Edukacja wobec sporów o (po)nowoczesności*, Warszawa 2007.

⁸³ E. Mounier, *Co to jest personalizm*, Kraków 1960.

⁸⁴ A. Schaff, *Szkice o strukturalizmie*, Warszawa 1983.

⁸⁵ B. Wojcieszke, *Potoczne rozumienie moralności*, (in:) M. Lewicka, J. Grzelak (eds.), *Jednostka i społeczeństwo*, Gdańsk 2002.

is a problem of creating an ideal self in relation to the real self and boils down to the dismantling of destructive ties in favour of constructive ties with positive reference groups. At present, however, this rule very often takes on a caricatured, not to say ridiculous form – e.g. a guardian applies to the court for a change in the ward's environment, but at the same time does not organise a new social space for him. How can we talk about the duty or obligation to change an environment that is destructive, when we do not create a positive environment. Interactional activities in the sense of a causal rule consist of leading the individual to new acquaintances, friendships or the creation of positive groups of vital interests⁸⁶. The process of inclusion is an intensification of the individual's socialising influences at the level of social structures, i.e. family, reference or vested interest groups towards formal and pro-social environments.

If, on the other hand, the superintendent requests an obligation to change the environment from a pathogenic, negative environment to a positive environment and does not bring about a real change in this direction, this is a typical control measure, which does not guarantee the possibility for the creation of rational action resulting from the rule of interactionism. The process of building new ties, a constructive network of psychological connections does not start at all. It is noted that the court or probation officer orders a change of residence to another, when the mentee does not have the means to do so. We treat assistance in the integration process as an administrative activity, amounting to orders, prohibitions, obligations without any practical activity behind them. There is an idea of projected change, but this expectation is not translated into implementation solutions⁸⁷. If a person is living in a place of residence that is inadvisable for him/her (e.g. living with addicts or with a parasitic lifestyle), the law, materialised in the form of an order to change the place of residence, which constitutes the rigour of the integration programme, is appropriate; only it should not only play the role of a linguistic rule. The directive should be the basis for the creation of rules of practical conduct. On the other hand, we are content with creating prohibitions and orders, as in the case already mentioned, of a homeless alcohol abuser who cannot use a night shelter because of his addiction. We create prescriptive and prohibitory situations, while we do not define any practical rules for resolving social conflicts⁸⁸.

Probationary inclusion is not about moving the mentee from their current environment to another permanent placement. Thus, a professional who works with a person with a disability, with a homeless person, with an unemployed person, with a person showing a personality disorder, should be able to use the

⁸⁶ A. Grzegorzcyk, *Mała propedeutyka filozofii naukowej*, Warszawa 1989.

⁸⁷ P. Brzozowski, *Skala wartości (SW)*. Polska adaptacja Value Survey M. Rokeacha. Podręcznik, Warszawa 1996.

⁸⁸ P l a t o n, *Menon*, (in:) *Dialogi*, Warszawa 1993.

previous experiences of the mentee in reorganising the goals and quality of his or her life. This is also a set of tasks which forms another systemic principle for interveners: the breaking of contacts or their elimination with pathogenic environments may become another step in the integration process, but it must result from studies, evaluations and diagnoses made in the dynamic process of integrating the individual into society⁸⁹. Each case is different and thus the impact on the individual and the group is different and individual.

A practical norm, especially important for the individual's recovery, is the personal pattern – verbal and non-verbal – of the intervener's interaction. The intervener is significant because of the quality of the actions he or she carries out for the benefit of those with the formal and legitimate legitimacy to carry out pedagogical services. The significant subject is the educator, who has the right to act as a teacher, an advocate, a counsellor of the mentee, and as a person who creates new patterns of his/her behaviour and expectations of the social audience through knowledge, competence and ethics of behaviour. This contributes to building a lasting relationship and real authority⁹⁰. And this is not achieved through control and the use of punishments and rewards, declared interventions, but because of who the educator really is for the mentee. Through action and real position, he or she can influence his or her charges constructively in the process of social integration⁹¹.

Thus – when we define a personal role model – we are specifying relationships and bonds: an individual or a person in a group forming an emotional relationship towards a probation officer, a teacher, a probation officer. Not because of control activities or power held and not because they offer beneficial services, but because the person is convinced that the educator's position of assistance contributes to an autotelic bond⁹². These actions aim to make the mentee voluntarily choose to change his/her previous behaviour. Recognition of the educator's position, rank, place, is nothing more than an evaluation of the social prestige of the profession in question⁹³. It is important to note that the process of social integration is currently based on personal role models only because of the control activities, power and services provided. In contrast, it does not include the prestige of the profession of the person who undertakes tasks for the benefit of the clients, launching a “technical” intervention, being a craftsman, doctor, lawyer or teacher. Well, if I want legal advice, I will not go to a law professor, but to a practitioner;

⁸⁹ S. Olejnik, *Eudajmonizm. Studium nad podstawami etyki*, Lublin 1958.

⁹⁰ N. Hartmann, *O idealnej samoświadomości wartości. Stosunek wartości i powinności. Aktualny stan zagadnienia wartości*, (in:) W. Galewicz (ed.), *Z fenomenologii wartości*, Kraków 1988.

⁹¹ A. Krokiewicz, *Zarys filozofii greckiej. Od Malesa do Platona*, Warszawa 2000.

⁹² F. Brentano, *Psychologia z empirycznego punktu widzenia*, Warszawa 1999.

⁹³ K. Wojtyła, *Ocena możliwości zbudowania etyki chrześcijańskiej przy założeniach systemu Maksa Schellera*, Lublin 1959.

when I want to undergo a medical procedure, I will not ask a professor of a medical academy to carry it out, but a surgeon practising his profession, even working in a small hospital. These choices indicate an element of prestige, recognition, appreciation and validity of the professional role in the social environment, especially among the recipients of the service for which the intervention takes place, but also towards society because of the humanisation of attitudes⁹⁴. Thus, in the public perception, those who do the work of artisans are individuals who work intensively and have professional skills that trigger an attitude of acceptance and trust in entrusting their inner world to them, while maintaining their personal identity⁹⁵. We undergo, for example, cardiac surgery because we know it will be performed by a specialist and we trust him. And this is also the case in the integration process – the client should know that the person who is helping him or her has the competence and practical skills to change the personality, but above all he or she is a specialist who has prestige and social recognition as a performer of these services⁹⁶. The profession is rated high in the hierarchy of social prestige and its recognition lies in the fact that people are perceived as the sole performers of integration activities.

Meanwhile, there is a stereotype in society that this profession can be exercised by anyone, i.e. there is consent to the establishment of further services, services of people who will perform the same tasks. However, this should not be the case – if we want to realise a functional system of social inclusion, its participants should have the characteristic of being exclusive service providers, as this is a real indicator of the prestige of the profession. The performers create specific interactions for the benefit of the clients and shape the practical norms of action for the services undertaken, as well as creating a distinct work organisation, their own schooling, and they are well paid and do not exist on the margins of social life⁹⁷. The methodology of integrative interaction is a specific field, because general knowledge must be translated into practical rules; ideology must be translated into ethics of organised action. We do not turn to a mentor for help, but to a practitioner-teacher, because he or she must have the right talents and the capacity to assist. Thus, the systemic principle of verbal and wordless influence as a personal role model operates from a position of high social prestige that will guarantee the occurrence in the mentee of a so-called autotelic bond, i.e. a relationship with the mentor that arises not because of control, power or proposed interventions to correct behavioural norms, but only because the intervener is a significant subject⁹⁸.

⁹⁴ C. Cz a p ó w, *Młodzież i przestępstwa*, Warszawa 1962.

⁹⁵ C. R. R o g e r s, *Sposób bycia*, Poznań 2002.

⁹⁶ A. H. M a s l o w, *Motywacja i osobowość*, Warszawa 1990.

⁹⁷ M. K r a w c z y k (ed.), *Zasady wychowania moralnego*, Warszawa 1960.

⁹⁸ J. D e w e y, *Jak myśleć?* Warszawa 1988.

From a social point of view, on the other hand, high prestige is enjoyed by a profession which is reduced to the exclusivity of services; which presupposes that the practitioner must have graduated from a special type of university; which belongs to a separate organisational structure, and the competences associated with this profession are defined by the profession's constitution having the rank of a law; and in which the practitioner receives a satisfactory remuneration for the work provided. This furthermore creates specific interactions, i.e. distinctive practical activities that have the value of high coherence. Just as, for example, there is an exclusive right to a product, a trademark, which no one else can produce, we reserve the validity, the symbol, the quality of the product, and it is these characteristics that constitute the principle of integration proceedings, based on a personal model⁹⁹. Unfortunately – the law, the enforcement structures are of a different nature from the designed model of social reintegration. Current normative provisions reach out to personal models, service performers, which are based on formal control, power and do not provide for material prerequisites of competence, skills, axiology and methodology, which would derive from the position, prestige, recognition and quality of the profession¹⁰⁰.

4. Community and residential therapy as a direction of assistance, change and social control towards people with disabilities

Another element in reintegration work, besides individual and group therapy, is environmental therapy, which boils down to reactivation, restoration and building up of qualities, secondary characteristics that should be present, support and psycho-emotional bonding from the environment. This environment is most often the workplace, groups of friends, the local community, organisations and society as a macro-social structure. Elements of the organisation of environmental therapy include so-called social planning, social development, organisation of community work, organisation of environmental interventions and community actions. Thus, all these elements together constitute community therapy. Social politicians have knowledge of social planning, social development, but do not distinguish between the issues of organisation of community work or community action – there is a complete poverty of competence in this area¹⁰¹.

The impact of environmental therapy is related to social planning, social development, environmental development, organisation of environmental work and environmental action. All these procedures should be implemented in the field of environmental therapy. I would like to point out that environmental

⁹⁹ T. Kotarbiński, *Etyka*, (in:) *Dzieła wszystkie*, Warszawa 1994.

¹⁰⁰ M. J. Rosenberg, *Cognitive Structure and Attitudinal Affect*, *Journal of Abnormal and Social Psychology* 1956, no. 53.

¹⁰¹ E. Levinas, *Istniejący i istnienie*, Kraków 2006.

therapy aims at reorganising a defective social system and at the same time creating new group connections. Thus, we have two levels of procedure that should occur in parallel in planning, in social and environmental development and in environmental actions, i.e. the modification of existing groups of social reference and the creation of new groups of positive reference¹⁰².

The basic place for environmental therapy is the workplace, because it is a space for encounter, where the individual can realise the most important needs, related to psychological, spiritual and social development. Thus, the right to work – the subjective right of the person to work – is described by educationalists as the most important duty of the individual, which ensures that he or she becomes a human being. Through the work we experience subjectivity, we understand that we can become different from what we are¹⁰³. By doing work we change ourselves, as well as those among whom we are among and for whom we act.

In integration, the workplace and the probation officer organising the integration process have an important place, who should take into account the place of employment of the mentee as a site for community and group therapy. Firstly, because it provides an opportunity to build social ties as we can create new relationships and social contacts in the work environment¹⁰⁴. Secondly, the workplace is not only a place to be, but also a place for contacts that can be transferred to the post-work time. Free time, on the other hand, can be filled with the implementation of social programmes or socialisation programmes for people with disabilities. The workplace should be considered as an additional social support structure, as it has facilities in the form of company housing, and other activation possibilities. Thus, it is the best place for the formation of interpersonal group relations, with the participation of the workplace management and the workforce. We even come across a term in the field of probation – the auxiliary probation officer, i.e. the probation officer at the client's workplace. This is a fully prepared person – with competences and skills, leading the methodology in restorative proceedings. Criminological research shows that wards accept auxiliary probation, which offers what was previously hardly achievable in the sphere of professional and social activation in the social space.

Thus, the integration scenario should take place within the workplace – it is the workplace itself, through the relationships and opportunities arising from the organisation of work, that is a good setting for community therapy. The significant person as a subject of influence appears as a good work colleague or a person fulfilling professional roles. This is because often the mentee has no influence on, for example, the selection of the probation officer, as this is

¹⁰² J. Dewey, *Jak myśleć?* Warszawa 1988.

¹⁰³ S. Sobczak, *Hermeneutyka*, (in:) T. Zacharuk, A Klim-Klimaszewska (eds.), *Konflikt pokoleń czy różnic cywilizacyjnych*, Siedlce 2006.

¹⁰⁴ T. Zacharuk, *Wprowadzenie do edukacji inkluzyjnej*, Siedlce 2008.

administratively appointed. Similarly, the pupil has no influence over which teacher will teach him or her, as this is imposed top-down. However, it is possible to adopt a different model, with rational control of course, whereby the educator leads the integration process by being a person close to the mentee. The individual, who is anonymous, a stranger, has to win the trust and acceptance of the mentee during the trial period with his/her skills, competences¹⁰⁵. On the other hand, the circle of colleagues, friends, significant persons, resulting from the division of roles in the socialisation process, makes the acceptance of the person as a probation officer or officer faster, and he/she has more opportunities to conduct community therapy in the place where the mentee functions¹⁰⁶. This is because we are dealing with direct social interactionism, the probation officer no longer has to gain trust, he already has it. If, for example, a student has checked which teacher teaches English best, he will choose to study with that teacher. Likewise, a person in need of help would choose that superintendent who deals with social integration, has practical experience and conducts his work in a way that inspires his trust and willingness to accept¹⁰⁷. Today, in pedagogical practice, the opposite is the case, because a research worker who has a lot of competence very often cannot reconcile field work with academic work because the system of administrative dependencies prevents him or her from doing so. So, we do not create this situation for the affiliation of significant persons, persons with authority, as persons very close to the mentee who can enter into practical social roles¹⁰⁸.

It should be emphasised that the organisation of work in civil society structures should consist of so-called community work organisations and community actions, prepared by the local community. It is the community that should solicit probation officers and probation officers for integration work, who would be recruited in the place of residence of the people to be helped and would have close social ties with them. It is a problem of social maturity – whether we will create a model for the organisation of community work and community action – at the level of highly professional services, provided by those closest to the place where the clients live, reside and function. Today, integration facilities are often isolated from society¹⁰⁹. On the other hand, work should be a community-based activity, socially planned, and subject to intervention through its organisation, as well as delegated to specialised agencies through community action. I know from experience that the best establishments are those that are embedded in the structure of the city, and a rational system of social control is one that does not throw anyone out on the margins, but inte-

¹⁰⁵ W. Stróżowski, *Filozofia a światopogląd*, Znak 1958, no 44.

¹⁰⁶ D. Hume, *Eseje z dziedziny moralności i literatury*, Warszawa 1955.

¹⁰⁷ M. Mazur, *Cybernetyki i charakter*, Warszawa 1976.

¹⁰⁸ H. Buczyńska-Garewicz, *Uczucia i rozum w świecie wartości*, Warszawa 1975.

¹⁰⁹ J. P. Sartre, *Byt i nicność. Zarys ontologii fenomenologicznej*, Kraków 2007.

grates them into positive social structures. Isolation, social remoteness is an element of stigmatisation and thus the integration process will be an ineffective and ineffective activity. In this respect, it should be noted that competences should be given to the probation service staff, the institutional probation system at the level of the city, the settlement or the place of residence of the wards. The integration process cannot be led by a clerk, an administrator, but by a person with a high level of education, competence, skills and ethics, acquiring these qualities by working at the place of residence.

The group therapist can be a person created from the given environment, who will work closest to the existence of the people they are helping. Psychologists or street educators are very good at conducting community and group therapy¹¹⁰. They can be used in the process of reintegration of addressees of social policy, i.e. people with various dysfunctions, alcoholics, drug addicts, violent, criminal youth, people with personality disorders. This process should be decentralised as far as possible towards the local community; while the central office should be limited to information gathering and educational policies, with the working methodology organised on a neighbourhood, street and staircase basis. Therefore, it should be concluded that community therapy is an activity belonging to the urban agglomeration at the level of the workplace, organisation, environment and community¹¹¹.

5. The process of social integration of people with disabilities in terms of systems theory

The practice of integration work can be organised in model terms, because the mentee is part of the system and, like the group or the environment, is subject to social and environmental planning and development, the organisation of community work and community actions. Therefore, general knowledge about the system should be referred to, which should be translated into working methodology, technical skills, rules of direct responsibility, i.e. practical skills for probation officers, social workers or probation officers performing the tasks of community managers. At this point, mention should be made of the founders of the systems approach, i.e. Pincus, Minaham, Goldstein, Whittaker, Middleman, Golberg and Siporin representing the interdisciplinary school of social psychology. The concept of Pincus and Minaham¹¹² is a theory that draws attention to the element of encounter, the participation of the parties in the process of inclusion, the system of the caretaker and the system of the intervener. In addition, with the system of actions, with the system of estimation of these actions and

¹¹⁰ Z. Pampuch, Arete, (in:) A Maryniarczyk (ed.), *Powszechna Encyklopedia Filozoficzna*, Lublin 2000.

¹¹¹ A. Andrzejuk, *Człowiek i dobro*, Warszawa 2002.

¹¹² J. Mariański, *Socjologia moralności*, Lublin 2004, Wydawnictwo KUL.

with the system of evaluations¹¹³. Thus, we are dealing with subsystems that determine the success of the whole model. The system of the supervised – the ward – is nothing other than the system of the person in relation to whom the *casework* should be carried out on a *casework* basis, i.e. working on the basis of an individual case procedure. And, what is related to individualisation, subjectivity, autonomy, dignity and treating the person as a subject capable of development with its own resources and potentials¹¹⁴. In contrast, the system of the caretaker will be linked to the competence, ethics and skills of the person who intervenes. Pincus and Minaham's theory involves identifying the problem, obtaining information, formulating an assessment and making a full psychopedagogical diagnosis. In the supervised system, the identification of the problem based on the diagnosis is based on the assignment of the system of the client in relation to the supervisor, so as to solve, for example, the problem of aggressiveness in the environment, school, eliminating the aggressiveness of the individual¹¹⁵. However, we must also be interested in the aggressiveness of the class, the group, the school as a social mesosystem. If we analyse the problem of adults with disabilities, the diagnosis shows that these are people who are characterised by a significant degree of social disability¹¹⁶.

Through field work with the individual case, the triggering of environmental action, social planning, we create the conditions for social development, the organisation of environmental work, intervention at the level of the action system¹¹⁷. The theory of Pincus and Minaham applies to these actions. This is because when we identify a problem, we assign a ward system to a caretaker system and apply an action system. An action system is nothing more than an influence strategy¹¹⁸. There is no strategy that is exclusive, as it is individualised to the specific problem and determined at the level of macro- and micro-social intervention.

Thus, social integration is knowledge, familiarity, albeit at the level of Middleman and Goldberg's theory, addressed to the individual and the group¹¹⁹. Thus, through knowledge of the individual we identify the group and its social problems. Inclusion should therefore be seen as a process of merging the mi-

¹¹³ A. Pincus, A. Minaham, *Social Work Practice: Model and Metod*. Peacock Publication, New York 1987.

¹¹⁴ J. McDowell, *Jego obraz – Mój obraz*, Kraków 1991.

¹¹⁵ M. Jarymowicz (ed.), *Poza egocentryczną perspektywą widzenia siebie i świata*, Warszawa 1994.

¹¹⁶ A. B. Stępień, *Z problematyki doświadczenia wartości*, Zeszyty naukowe KUL 1980, no 1.

¹¹⁷ M. Konopczyński *Twórcza resocjalizacja. Kształcenie nowych tożsamości*, in: B. Urban, J. M. Stanik (eds.), *Resocjalizacja*, Warszawa 2007.

¹¹⁸ U. Ostrowska, *Aksjologiczne podstawy wychowania*, (in:) B. Śliwerski (ed.), *Pedagogika*, Gdańsk 2006.

¹¹⁹ R. Middleman, G. Goldberg, *Social Service Delivery: a Structural Approach*, Columbia 1994.

cro-social system with the macro-social intervention system, and this will be possible when we have knowledge of the person. It is possible to use knowledge of the case at the level of social, group, community intervention and carry out the strategy using the methodology of inclusion work. Therefore, one should not limit oneself to "stroking", to single interventions, but gain a good knowledge of the case in order to proceed to group therapy, environment therapy, institution therapy, organisation therapy and society as a whole. The process of integration as a process of integrating the person into social and group structures will take place through knowledge of his/her difficulties, illness and oppressive elements. Therefore, Middleman and Goldberg's theory presupposes knowledge of psychoanalysis, social adjustment theory, deviation theory and that we should be close to the humanistic-existential approach¹²⁰. But we should also have knowledge of psychology, sociology, pedagogy, economics in order to meet the requirements of a social manager, organiser of group and community work. For if we cannot propose a system of action, we will satisfy the problem of the person, but we will not solve his social problems on a group, social or environmental scale. And if we can do it at the level of the action system, then the next element is evaluation - whether it is coherent for the person and for the group. The evaluation will then serve to determine the case diagnosis and the social diagnosis. We then speak of a dynamic approach, because it requires a continuous review of the action on the scale of assessments, that is, a further assessment of how much deeper the intervention needs to be in relation to the individual, or in relation to the family or local relationships, workplace ties, organisational ties or other social interactions.

The cited scientific theories mix issues recognising the legitimacy of micro-social system intervention with macro-social impact, as social inclusion methodology should be considered as a derivative of general knowledge, expertise, community, therapeutic and case work. Goldstein's, Whittaker's or Siporin's¹²¹ theories more than point out that interventions should proceed in terms of a structured and purposeful procedure in which we include an element of engagement, intake, contact, assessment, intervention planning and evaluation.

This involves highly specialised services – activities in terms of intake, reporting, expertise or advisory activities involving the monitoring of specific social problems by people who are competent to do so and who can carry out the reintegration process in these social roles. A professional who helps others is not only an individual who solves a problem. It is also a counsellor, an expert, a mediator, an intermediary, and at the same time an advocate and a

¹²⁰ *Ibidem*.

¹²¹ H. Goldstein, *Social Work Practice: a Unitary approach*, South Carolina 1993; M. Siporin, *Introduction to Social Work Practice*, Collier 1992.

helper¹²². It should be noted that these scientific theories prescribe something more – for they indicate that by acting at the level of personal or social intervention, group therapy, environmental therapy, macro-structural therapy, we cannot limit ourselves to just helping, fulfilling the role of defender or mediator between the individual and the family, the teacher, the classroom, the environment. Moreover, one has to be an expert and an advisor. This is why these research concepts speak of so-called intake, contracts, the creation of individualised social programmes¹²³. The fact that the field intervener plays the role of social expert is part of counselling. Thus, the process of social integration, understood as a sequence of methodical actions, should lead, through a specialist, to the solution of a problem. He or she could be approached by other actors from the so-called social network to make diagnoses and develop intervention estimates, (so-called "exit programmes")¹²⁴.

Holistic, systemic and interdisciplinary concepts: Pincus, Minaham, Goldstein, Whittaker, Goldstein and Siporin indicate that the model of social inclusion is a sequence of events that legitimises the institutional system to monitor social problems, i.e. the logistics of social control on the part of authorised services that could intervene as experts and advisors¹²⁵. When we define residential care, we have in mind a system of closed social institutional settings (e.g. psychiatric hospitals, prisons, correctional institutions, high security rehabilitation facilities). If we currently develop a so-called system of experts and counsellors in social policy, it would be necessary to first consult whether the person should be referred to a closed social system or to a transitional phase towards an open environment. Whittaker talks about the so-called crisis-transition phase, when social structures should not be changed in their entirety, because sometimes it cannot be done, but by working with the individual in these social armholes, they can be modified and this is the role for the expert and counsellor¹²⁶.

In my proposed model of probation as a system of social integration, there is of course a place for closed institutions and the residential system. However, it is important to remember that sometimes a residential system can be organised in an open environment. Nothing stands in the way of fine-tuning such a model of field work and training professionals through the acquisition of skills and experience to change pathogenic individuals, groups, institutions,

¹²² M. Ziółkowski, *Zmiany systemu wartości*, (in:) J. Wasilewski (ed.), *Współczesne społeczeństwo Polskie. Dynamika zmian*, Warszawa 2006.

¹²³ H. Świda-Ziemba, *Wartości moralne młodzieży lat dziewięćdziesiątych*, Warszawa 1995.

¹²⁴ S. Nowak, *Ciągłość i zmiana tradycji kulturowej*, Warszawa 1989.

¹²⁵ H. Goldstein, *Social Work Practice: a Unitary approach*, South Carolina 1993; M. Siporin, *Introduction to Social Work Practice*, Collier 1992.

¹²⁶ J. Banasiak, *Reagowanie wychowawcze w wielowymiarowej pedagogice działania*, Warszawa 1996.

organisations, environments in the public social space¹²⁷. A certain population of people for a certain period of time has to be directed to in-patient treatment, to isolation centres from which they can exit into the open social system. However, there are no such agendas in the country today, no networks that would allow individuals to do this¹²⁸.

Systems theory introduces a three-part variant of methodological work for the implementation of the social integration process. Thus, we speak of goals, phases of the process and its completion. The goals of integration are extensive – they are tasks that not only revolve around the person being integrated, but the goals of his/her family, group of friends, workplace, environmental group, local community and society as a whole must also be achieved. Thus, how difficult this process is, since it boils down to changing behaviour or changing attitudes based on the person's resources and potentials through his/her environment, reference groups or groups of vital interests¹²⁹. This is important for the methodology of the activities, often in the reintegration process we like to use methods from social pedagogy of open or closed environments with the individual case, but we do not pursue group, society-wide goals. Systems theory, on the other hand, shows that the good of the individual must translate into the common good, and the common good is nothing more than the identification of the goals of the individual with the goals of the individual members of the family, the group, the residential community, the local environment and society as a whole¹³⁰. And these are the goals that, articulated as general and specific, form the basis for adjusting the possibilities of influence in the form of choosing an appropriate strategy. Unfortunately, we only focus on the person and by working with the person we do not solve the social problem, moreover we do not monitor it, i.e. we do not realise an integrated social inclusion strategy.

Another element is the phases of the integration process. From the point of view of the methodology of pedagogical interventions, the process of social integration takes place in three phases, and these are the induction, core and completion phases. It is necessary to acquire certain skills, to have a practical preparation for the choice of strategies in order to be able to launch the above-mentioned undertakings¹³¹. Induction is information, evaluation and study about the case and the problem at the level of the group, the organisation and the institution, the environment and society as a common good. The intervener must therefore have the diagnostic knowledge, the skills to make a full psy-

¹²⁷ J. Galarowicz, *Fenomenologiczna etyka wartości*, Kraków 1997.

¹²⁸ K. Pospiszyl, *Resocjalizacja nieletnich. Doświadczenie i koncepcje*, Warszawa 1990.

¹²⁹ H. Machel, *Rola i zadania kadry resocjalizacyjnej*, (in: B. Urban, J. M. Stanik (eds.), *Resocjalizacja*. t. 2, Warszawa 2007).

¹³⁰ E. Nęcka, J. Orzechowski, B. Szymura, *Psychologia poznawcza*, Warszawa 2008.

¹³¹ J. Hompliewicz, *Etyka pedagogiczna*, Warszawa 1996.

cho-pedagogical diagnosis in order to make an induction, i.e. the identification of the problem, at the level of information, assessment and case study.

The core, on the other hand, is a concrete intervention strategy built around methods, techniques, ways and means of intervention¹³². A method, on the other hand, is a technique of action and a way of proceeding. Within the manner, we are dealing with the means and instruments of the procedure. Thus, the core is the defined steps of the procedure. If we do not define a method, we do not define a way, a technique, we do not create instruments of influence at the level of the identified problem, and we approach all actions equally¹³³.

Currently, there is a great stereotyping of proceedings because, from the point of view of the core, i.e. the strategy, we do not differentiate integration by age, degree of dysfunction (sociopathy, characteropathy, psychopathy), aggressiveness, intelligence and other factors responsible for the person's behaviour. We consider each individual as subject to social stigma and doomed to social exclusion, and the process of integration is the activity of reclaiming the individual for society. However, the process of social exclusion of disadvantage or social exclusion would not occur if the process of social integration in the rigour of the methodology of pedagogical interventions were subordinated to a far-reaching diversification of the core, i.e. a strategy that would depend on a number of factors, including age, degree of disability, aggressiveness, degree of personality disintegration, behavioural dysfunction or defective social interactionism¹³⁴.

The final element is the termination phase of the assistance, change and control process. This phase involves evaluating the intervention in terms of assessing what has been achieved. We evaluate the effectiveness, transformation and materialisation of the results. Completion is related to coherence, effectiveness from the point of view of the individual's well-being and inclusion in group structures¹³⁵. Thus, the termination phase of the integration process is an effective process of group, environmental and social therapy when the individual's goals have become the goals of the group, environment and society. At the same time, at the level of assessment, case study and evaluation, we could conclude that the individual has been integrated into society. Thus, reference to positive social roles becomes a criterion for real improvement in the area within the social integration process. Without the knowledge of the specialist educator, which translates this into a methodology of influence, the individual will never have the chance to become a socially integrated person.

¹³² C. E. Sullivan, *The interpersonal theory of psychiatry*, New York 1953.

¹³³ A. Węgliński, *Podmiotowość resocjalizacji nieletnich w modelu wychowania optymalnie przystosowującego*, Lublin 1990.

¹³⁴ F. Brentano, *Psychologia z empirycznego punktu widzenia*, Warszawa 1999.

¹³⁵ U. Schrade, *Pojęcie człowieka na gruncie aksjologii marksistowskiej*, *Edukacja filozoficzna* 1986, no 1.

6. Inclusion, favouritism and social integration as a basis for counteracting exclusion and marginalisation of individuals with different personal deficits

The destigmatisation process is a procedure that amounts to raising doubts in the queer person as to whether or not it makes sense to remain in this role. Doubts imply the occurrence of an evaluation as to the element of participation, the benefits of functioning so far¹³⁶. However, they can only occur if an alternative is created, i.e. a proposal for new actions by a specific entity – the probation service. Furthermore, the queer person should encounter social reactions on the evaluation of his/her role in society¹³⁷.

To sum up, at first a doubt must arise in the dissenter (i.e. fatigue in fulfilling his/her current role), and then the offender should meet a viable proposal, with a high degree of coherence: that the action taken must be understandable and will remedy the problem¹³⁸. If there is no significant coherence, we are dealing with facade actions (e.g. we can write that alcohol or tobacco harms health, but we sell them anyway, extracting money from society). An appropriate degree of coherence of actions means: resourcefulness, factuality and reality of the actions. If the above conditions are met, then society will properly begin to allow the destigmatisation procedure to take place.

Meanwhile, as Irvin's or Austin's research indicates, there are considerable difficulties, not to say neglect, which make it impossible to overcome destigmatisation at all¹³⁹. People with various deficits are people without work, often with broken family ties, partially or completely eliminated from positive social groups. If the process of socialisation to date does not end with the fulfilment of the individual's basic needs, it is difficult to speak of the fulfilment of higher-order needs or an attempt at education or the development of interests. The alternative of entering into the role of an ex-detainee under the conditions of the integration process is merely a fiction¹⁴⁰. We have an integration system that has been in place for several decades, which is dysfunctional and ineffective. It is high time to build a social order under conditions of normative democ-

¹³⁶ A. Bałandynowicz, Destygmatyzacja tożsamości dewiantów jako zmiana czasowa i interpersonalna w polifunkcyjnym modelu probacji, (in:) A. Kieszowska (ed.), *Tożsamość osobowa dewiantów a ich rola społeczna*, Kraków 2011.

¹³⁷ S. Kawula, *Wychowanie – wspomaganie rozwoju*, Problemy opiekuńczo wychowawcze 1997, no 4.

¹³⁸ A. Bałandynowicz, Asystent probacyjny jako obrońca, nauczyciel, doradca, rzecznik i pośrednik podopiecznych w przestrzeni interwencji humanistyczno-egzystencjalnych, (in:) A. Kieszowska (ed.), *Tożsamość osobowa dewiantów a ich reintegracja społeczna*, Kraków 2011.

¹³⁹ P. A. Adler, *Constractions of defiance, Social Power, Context and Interaction*, Edition, Wadsworth, 2000.

¹⁴⁰ A. Bałandynowicz, *Probacja. Resocjalizacja z udziałem społeczeństwa*, Warszawa 2006.

racy, in which the principles of competence, subsidiarity and subsidiarity, should be implemented to prevent a person from having no chance of social inclusion. It is like saying that we nourish people, but we do not give them any products to eat or we educate people, only we do not create any conditions in which they can educate themselves. And on top of that, we later judge the extent to which they have learned or by not giving them food, we judge how much a person has eaten. After all, these are aberrations, illogical, incoherent actions that should have no take place at the level of law as an instrument of control and organisation of social processes¹⁴¹. When we decree the principle of the competence of power, what I have in mind is that power that is inefficient should turn for help to public benefit organisations, non-profit institutions, charitable, philanthropic entities, professional corporations, which have the appropriate qualifications and competence to perform their tasks. Power should be delegated to others – to those who can carry out the tasks in question¹⁴². Competence is the property that someone is able to organise an undertaking thanks to their professional knowledge. The process of subsidiarity, on the other hand, means the formation of a social culture firstly through universal education, secondly through the delegation of tasks, and thirdly through the creation of a system that would coherently organise a network of institutional services, taking the form of “institutionalised individualism”¹⁴³. Today, a person who is, for example, a pensioner, could provide assistance to another person if only someone were willing to notice him – and he should do so, because he is a person who can help his neighbour. There is also a group of professionals, therapists, doctors, educators, psychologists and parents of people with disabilities, who could organise intervention activities – and do so free of charge – for people in need of personalised assistance. There must therefore be a professionalism, a system of causation, a social education that allows volunteers to be involved in the system of actions taken by professionals. Above all, the destigmatisation process is a process of forming healthy and widespread social reactions towards queer people. Well, it is necessary, through education and on the basis of competence and knowledge, to involve volunteers and the public in activities in the process of social inclusion. This is an expression of the concern of a society that has itself created problems for socially dysfunctional people. Therefore, the professional who works for integration should act as an advocate. He or she understands the reasons why an individual withdraws from creative activities and does not eliminate him or her from the social structure¹⁴⁴.

¹⁴¹ J. Tischner, *Myślenie według wartości*, Kraków 1982.

¹⁴² K. Ostrowska, D. Wójcik, *Teorie kryminologiczne*, Warszawa 1986.

¹⁴³ P. Sztołpka, *Socjologia*, Kraków 2002, s. 116.

¹⁴⁴ L. Feuerbach, *Wykłady o istocie religii*, Warszawa 1953.

Thus, it is very important to create this kind of institutionalised, individual participation, directing society's interest towards fulfilling tasks for the benefit of others with fewer opportunities.

The fate of the individual has not become the goal of the group, the individual has not been subjected to a proper process of socialisation or inclusion. Of course, a person is a free being - he/she decides for him/herself, and therefore bears the blame, for his/her own choices. However, it is necessary to preventively bring about such macro-social situations and processes, so that the person is dependent on negative and pathological choices to the least possible extent. This is why the role of the guardian, the defender as a perpetrator of professional services and social response by other members of this broader social audience is so important. On the other hand, when I spoke about the principle of competence, sharing or subsidiarity, I was pointing to helpfulness, but this action must be a real social support¹⁴⁵.

As Irvin or Austin point out, people with various forms of disability have a total deficit of basic needs, i.e. they are not guaranteed any help. Today, this system consists of handouts, of ad hoc material benefits. On the other hand, assistance is not handouts, it is not the provision of financial gratification, but a benefit that consists in solving problems, difficult situations. Obviously, it is appropriate to provide material support, during which conditions are created for offering an alternative and its acceptance, in order to overcome the process of destigmatisation and conflict, so as not to allow for the marginalisation and social exclusion of the mentee¹⁴⁶. It is not possible, however, to organise a system of social support for people with disabilities.

It cannot be the case that when organising assistance at the level of competence or participation, we very often stop at giving money to those who will know how to distribute it to those in need. Thus, the service of a network of institutionalised, individualised inclusive aid on the basis of distribution and competence organises support only on the basis of rescue. And this is a fundamental mistake. The destigmatisation process is not a social procedure of occasionally serving intermediate, financially material services, but first and foremost taking real action, with the possibility of solving a specific social problem¹⁴⁷. There are no people who willingly live in a dump, queue up for lunch at aid stations. There are no people who willingly ask at various care institutions for donations. Of course, this is done by individuals who take advantage of the situation, because they treat themselves as objects and society judges them purely in terms of tasks. Helpfulness as a rule of thumb, on the other hand, should be transformed into norms of practical integration. It should consist of the individual being given

¹⁴⁵ Mikołaj z Kuzy, *Laik o umyśle*, Warszawa 2008.

¹⁴⁶ L. Hostyński, *Wartości utylitarne*, Lublin 1998.

¹⁴⁷ J. Szałański, *Przeobrażenia w spostrzeganiu ludzi u wychowanków zakładów poprawczych i wychowawczych*, Warszawa 1993.

the knowledge, opportunity and chance to solve his or her social problem, e.g. to build his or her own flat or to retrain for gainful employment¹⁴⁸.

People cannot be treated instrumentally, as they will not acquire the knowledge and skills to solve their problems. According to Shover's concept, these laudable principles – helpfulness, participation and subsidiarity – should be written into the constitution of integrative work and must not be a dead letter of law.

So what if there are system-wide principles, when no fieldwork methodology has evolved to embody them at the level of competence and duty. Helpfulness, as Shover says, in the sense of social integration, is temporal change and interpersonal change – which focus on a person's style of functioning, i.e. they refer to the image and picture of his or her life¹⁴⁹. One can conduct a pedagogical experiment and ask any social worker, probation officer or educator what is temporal and interpersonal change in terms of an individual's image or picture of life. Any of them will find it difficult to give the right term because they lack axiological preparation and competence. It is convenient to be a clerk – to have a catalogue, a brochure, a set of people who came and went, to enter: , "received...", collected...". and that is the end of the intervention. Only that in this way we do not change anything, it is not an integration process – we only create myths, schemes, stereotypes that tell civil society about aid. However, in social life, we do not make practical rules of conduct real to translate them into concrete causation. We do not teach this to social workers, probation officers, educators or representatives of the probation service, or to the charities and churches that should prepare people, as Shover writes, to reinterpret life goals by individuals subjected to marginalisation and social exclusion¹⁵⁰.

What is meant by life image, life image as a feature of temporal change? Change is making an individual not have to live in a dump because they will have their own housing, such as social housing. If he does not have an occupation and lives from an illegal source, then it means acquiring a specific occupation. Only permanent gainful employment provides the opportunity to support oneself and one's family, not a financial benefit of a certain amount received. It must be the benefits of an occupation that will realistically stabilise a person's situation. A person cannot become a mere object of collecting alms, because he or she surrenders all possibilities towards self-improvement¹⁵¹. We know that the person affected waits in the shadow of the social audience for a solution. Therefore, society itself must reach out to these individuals. The individual waits for direct services, for an encounter, for a dialogue, so that he or she can articu-

¹⁴⁸ H. K. Wells, *Pragmatism: Philosophy of imperialism*, New York 1971.

¹⁴⁹ W. Brzezinka, *Wychowanie i pedagogika w dobie przemian kulturowych*, Kraków 2005.

¹⁵⁰ K. Dąbrowski, *Zdrowie psychiczne a wartości ludzkie*, Warszawa 1974.

¹⁵¹ E. Kubiak-Szyborska, D. Zając (eds.), *Wokół podstawowych zagadnień teorii wychowania*, Bydgoszcz 2002.

late his or her problem and, in terms of time change, waits for a solution. Does a disabled person who assumes the role of a queer person fully accept his or her identity? He accepts the identity of the other within the limits within which this is realised by the need for recognition, acceptance, self-esteem and a high value status¹⁵². Functioning as an individual is living in a group, where a process of internalisation takes place, producing a well-being in which one tends either towards multidimensionality or a primitive existence. The integrated interactions have to be shaped in such a way that they allow the individual to move out of the role of dissimilarity towards ex-dissimilarity in a process of destigmatisation¹⁵³. For the individual expects; for it is not the case that he/she finds self-esteem or positive self-respect only in groups of these others and does not notice alternatives. If dissimilarity is not created, then the person is reinforced in his or her current identity and a disturbed personality with strong reactivity, prone to hatred, rebellion and aggressive behaviour¹⁵⁴.

When Shover writes about interpersonal change, he means the transformation from informal in-group personal reactions to interpersonal relationships in a positive social group¹⁵⁵. The individual strives to function in social relationships that allow him or her to acquire new learning experiences that improve the existing personal status. The individual is a being, capable of stepping out of the realm of physical life towards mental, spiritual and social development. It is holistic and looks forward to a social sensitivity that allows it to forge interactive relationships with people from other social groups. Observing probation practitioners, one can come to the conclusion that, as part of the reintegration process, the probation officer orders the client to change groups, but does not create a new reference group at the same time. What the reintegration administrators fail to understand is that this process boils down to practical and learned changes to previous lifestyles. This is because we do not educate any social integrators, we do not create change makers, we only multiply officials who apply to change the group, not to drink alcohol, not to beat the wife, but do not create practical opportunities to teach the ward to solve his social problems. From practice, the probation officer solves the ward's problem by means of controlling his/her behaviour. Such a probation officer is prepared as a caretaker, because this is what the current legislation assumes: a probation officer can be a lawyer in the first place. And the place of work of a probation officer is not the social environment, but the probation team, whose activities focus on control and supervision. The normative layer differentiates between upbringing and rehabilitation, as if upbringing was not part of

¹⁵² J. J. Rousseau, *Umowa społeczna*, Kęty 2002.

¹⁵³ H. Gasiuł, *W poszukiwaniu podstaw rozwoju ja emocjonalnego*, Warszawa 2001.

¹⁵⁴ W. W. Szczęsny, *Edukacja moralna*, Warszawa 2001.

¹⁵⁵ J. Nuttin, *Struktura osobowości*, Warszawa 1968.

the rehabilitation process. Also, diagnosis and prevention are spoken of as activities that have nothing to do with integration, only activities that precede it.

I believe that social integration is not only about breaking destigmatisation, but also about the mentee's real recovery from stress, i.e. from an oppressive situation. A destigmatised person is an individual who is ordered to change their environment and a person who is under permanent stress. This stress of the mentee should be treated as a difficult situation to solve. It is necessary to be able to discharge it and to get out of it in order to lower the level of fear, anxiety, to strengthen the security system, to work on the level of strengthening autonomy and dignity¹⁵⁶.

Consequently, if we want to consider the phenomenon of integration as a social challenge, it should be stated that, for example, the establishment of a guardianship or the undertaking of intervention programmes that consist of formulating orders and prohibitions should be rejected, as they testify to a lack of understanding, resourcefulness and effectiveness and only cause severe stress to the charges¹⁵⁷. Thus, the programme, which should be an offer of a way out of stress, imposes an additional burden, i.e. we are actually dealing with a situation of additional humiliation for the individual¹⁵⁸. The social psychologist knows that if additional stress is imposed on top of stress, this is a phenomenon of secondary stigmatisation, a deep social trauma. This personal trauma and social trauma in the integration process should be overcome. This can be realised by a specialist with a high degree of competence and social skills and not by a person who limits himself to control and does not interact directly with the clients in order to, carry out therapeutic activities¹⁵⁹. A specialist will be a person who, for example, is able to conduct logotherapy classes, i.e. defines the meaning and goals of life, teaches that it is worthwhile to step out of otherness and take on positive social roles.

Logotherapy shapes an image of life and assumes that it is worthwhile for the client to be included in positive groups, rather than isolated social groups. The professional is therefore required to have the knowledge to set the right norms for queer people to organise their new sense of life¹⁶⁰.

¹⁵⁶ J. Mariański, *Moralność w procesie przemian*, Warszawa 1990.

¹⁵⁷ A. Jogan, *Słownik kościelny łacińsko-polski*, Warszawa 1992.

¹⁵⁸ P. Stępniaak, *Wymiar sprawiedliwości i praca socjalna w krajach Europy zachodniej*, Poznań 1998.

¹⁵⁹ A. Tomkiewicz, *Światopogląd w aspekcie psychologicznym*, (in:) M. Rusecki (ed.), *Z zagadnień światopoglądu chrześcijańskiego*, Lublin 1989.

¹⁶⁰ F. W. Bednarski, *Podstawy wychowania społecznego według nauki św. Tomasza z Akwinu*, *Roczniki Filozoficzne* 1975, no 2.

7. Social self-awareness towards the sexual health of people with disabilities – a recapitulation of reflections

Social self-awareness towards the sexual health of people with disabilities is factual and at least object-oriented, and thus far from being subjective or creative; due to physical, social and cultural barriers in the interpersonal space.

The basic pattern of modelling social behaviour and attitudes and influencing the content of legal norms and the construction of systemic institutional solutions in favour of people with disabilities; it is rooted in a normative paradigmaticism favouring assistance strategies supported by isolation, integration to the exclusion of social inclusion.

Recognised theoretical solutions and practical intervention strategies towards persons with disabilities aim at the constitution of an institutional system for the benefit of persons with various personal deficits, which is tantamount to their dependence on this system, which has given rise to their problems due to the failure to respect the ideals of the brotherhood of man, human dignity and autonomy, and the elimination of the developmental potential of invalids in social life.

The sexual health category of people with disabilities, due to the prevalence of stereotypical and conservative social thinking, is perceived as a special and specific circumstance, thus creating a mythologisation on the social audience that completely denies the normalcy of sexuality as a health category for people with disabilities.

By assuming the existence of differences in the sexuality of people with disabilities compared to other people, we are not documenting pathological differences in the physical, mental or emotional spheres, but only describing a category of sexual health that can vary and that is normal and, moreover, constitutes an additional value.

Social responsibility for other, positive queer people is a practice that aims to build creative self-awareness and recognises everyone's right to a dignified community life regardless of sexual health differences. This kind of humanistic-existential approach can take place under the condition of:

- public education presupposing the acquisition of knowledge and reliable diagnostic information about these individuals;
- using the social potential of persons with disabilities to cooperate with each other in order to properly and reliably take into account their needs in their self-development;
- recognising people with disabilities as agents of their own change and not as passive recipients of help.

The category of sexual health is a multidimensional concept and, following Ludwig Wittgenstein, one can attempt to delineate the partial elements that define the object of cognition. These are: physical characteristics, conscious-

ness of mind and the objective world of thought. In all these areas, reciprocal differentiation is the norm, and it is not appropriate in law and social policy to harmonise and eliminate differences. Difference emphasises the subjectivity of the human being, confers the attribute of nobility and uniqueness and, above all, reveals the good and orders life towards goodness.

In the situation of differences between people with disabilities and other group members in the sexual health space, these differences cannot be interpreted as predictors of disruptive social and organic functioning; as deficits or blocking differences can be abolished by other characteristics and circumstances of the personality structure using self-defence mechanisms (resilience theory).

Adopting an educational strategy involving changes in social self-awareness towards empathetic and tolerant behaviour towards the sexual health category of people with disabilities will make it possible to realise a model of social culture that recognises social inclusion as the ultimate goal, and thus differences will be treated as enriching features, forcing axiological reflection, better justification of rationale and provoking pro-social and humanistic behaviour.

Bibliography

1. Adamiec M., Działanie, wartość, sens – zarys systemu pojęć, *Przegląd Psychologiczny* 1983, no 1(26).
2. Adamski W., Typy orientacji życiowych młodzieży i starszego pokolenia Polaków, *Studia socjologiczne* 1980, no 1.
3. Adler P. A., *Constractions of defiance, Social Power, Context and Interaction*, Edition, Wadsworth 2000.
4. Allport G. W., *Osobowość i religia*, Warszawa 1988.
5. Allport G. W., *Pattern and growth in personality*, New York 1970.
6. Andrukiewicz W., Pluralizm stylów myślenia, *Edukacja i Dialog* 2002, no 8.
7. Andrzejuk A., *Człowiek i dobro*, Warszawa 2002.
8. Anusz W., *Wartości młodego pokolenia w dobie transformacji ustrojowej Polski. Studium teoretyczno-empiryczne*, Częstochowa 1995.
9. Bałandynowicz A., Asystent probacyjny jako obrońca, nauczyciel, doradca, rzecznik i pośrednik podopiecznych w przestrzeni interwencji humanistyczno-egzystencjalnych, (in:) A. Kieszkowska (ed.), *Tożsamość osobowa dewiantów a ich reintegracja społeczna*, Kraków 2011.
10. Bałandynowicz A., Destygmatyzacja tożsamości dewiantów jako zmiana czasowa i interpersonalna w polifunkcyjnym modelu probacji, (in:) A. Kieszkowska (ed.), *Tożsamość osobowa dewiantów a ich rola społeczna*, Kraków 2011.
11. Bałandynowicz A., *Probacja. Resocjalizacja z udziałem społeczeństwa*, Warszawa 2006.

12. Banasiak J., Reagowanie wychowawcze w wielowymiarowej pedagogice działania, Warszawa 1996.
13. Bednarski F.W. Podstawy wychowania społecznego według nauki św. Tomasza z Akwinu, Roczniki Filozoficzne 1975, no 2.
14. Berkeley G., Traktat o zasadach poznania ludzkiego, Kraków 2005.
15. Bilsky W., Schwartz S. H., Values and personality, European Journal of Personality 1994, no 8.
16. Błasiak A., Młodzież – świat wartości, Kraków 2002.
17. Brentano A., Psychologia z empirycznego punktu widzenia, Warszawa 1999.
18. Brzezinka W., Wychowanie i pedagogika w dobie przemian kulturowych, Kraków 2005.
19. Brzozowski P., Skala wartości (SW). Polska adaptacja Value Survey M. Rokeacha. Podręcznik, Warszawa 1996.
20. Buczyńska-Garewicz H., Uczucia i rozum w świecie wartości, Warszawa 1975.
21. Chojnacki P., Podstawy filozofii chrześcijańskiej, Warszawa 1955.
22. Chymuk M., Aksjologiczne preferencje studentów uczelni krakowskich, Kraków 2004.
23. Comte A., Rozprawa o duchu filozofii pozytywnej. Rozprawa o całości kształcie pozytywizmu, Kęty 2001.
24. Czapów C., Młodzież i przestępstwa, Warszawa 1962.
25. Czapów C., Rodzina a wychowanie, Warszawa 1968.
26. Czapów C., Wychowanie resocjalizujące. Elementy metodyki i diagnostyki, Warszawa 1978.
27. Dąbrowski K., Zdrowie psychiczne a wartości ludzkie, Warszawa 1974.
28. Dewey J., Jak myśleć? Warszawa 1988.
29. Domurat A., Kontekstowe funkcjonowanie wartości a metody ich pomiaru, (in:) A. Grochowska (ed.), Wokół psychologii osobowości, Warszawa 2002.
30. Duan C., Hill C. E., The current state of empathy research, Journal of Counseling Psychology 1996, no 43.
31. Ebner F., Słowo i realność duchowa, Warszawa 2006.
32. Fatyga B., Dzieci z naszej ulicy. Antropologia kultury młodzieżowej, Warszawa 1999.
33. Fazio R. H., Sanbonmatsu D. M., Powell M. C., Kardes F. R., On the automatic activation of attitudes, Journal of Personality and Social Psychology 1986, no 50.
34. Feuerbach I., Wykłady o istocie religii, Warszawa 1953.
35. Fromm E., Szkice z psychologii religii, Warszawa 1966.
36. Gajda J., Teoria wartości w filozofii przedplatońskiej, Wrocław 1992.
37. Galarowicz J., Fenomenologiczna etyka wartości, Kraków 1997.

38. Gasiul A., W poszukiwaniu podstaw rozwoju ja emocjonalnego, Warszawa 2001.
39. Giddens A., Socjologia, Warszawa 2007.
40. Gliszczyńska X. (ed.), System wartości w środowisku pracy, Warszawa 1982.
41. Gogacz M., Podstawy wychowania, Niepokalanów 1993.
42. Goldstein H., Social Work Practice: a Unitary approach, South Carolina, 1993; M. Siporin, Introduction to Social Work Practice, Collier 1992.
43. Grzegorzczak A., Mała propedeutyka filozofii naukowej, Warszawa 1989.
44. Hartmann N., O idealnej samoświadomości wartości. Stosunek wartości i powinności. Aktualny stan zagadnienia wartości, (in:) W. Galewicz (ed.), Z fenomenologii wartości, Kraków 1988.
45. Haydon G. (ed.), 50 Years of Philosophy of Education. Progress and Prospects, London 1998.
46. Hoffman E., Piętno. Rozważania o zranionej tożsamości, Gdańsk 2005.
47. Hołówka J., Etyka w działaniu, Warszawa 2002.
48. Homplewicz J., Etyka pedagogiczna, Warszawa 1996.
49. Hostyński L., Wartości utylitarne, Lublin 1998.
50. Hume A., Eseje z dziedziny moralności i literatury, Warszawa 1955.
51. Jaeger W., Paideia. Formowanie człowieka greckiego, Warszawa 2001.
52. Jarymowicz M. (ed.), Poza egocentryczną perspektywą widzenia siebie i świata, Warszawa 1994.
53. Jougan A., Słownik kościelny łacińsko-polski, Warszawa 1992.
54. Kawula S., Wychowanie – wspomaganie rozwoju, Problemy opiekuńczo wychowawcze 1997, no. 4.
55. Kelly G. A., The Psychology of Personal Constructs, New York 1955.
56. Kerschensteiner J., Pojęcie szkoły pracy, Warszawa 1929.
57. Kłoskowska A., Kultura uwarunkowania postaw, (w:) M. Nowak (ed.), Teoria postaw, Warszawa 1973.
58. Kolberg I., Hersh R. H., Moral development: A review of the theory, Theory into Practice 1977, no. 16(2).
59. Konarzewski K., Teoria wychowania a światopogląd, Kwartalnik Pedagogiczny 1981, no 3.
60. Konopczyński M., Twórcza resocjalizacja. Kształcenie nowych tożsamości, (in.) B. Urban, J. M. Stanik (eds.), Resocjalizacja, Warszawa 2007.
61. Kotarbiński T., Etyka, Dzieła wszystkie, Warszawa 1994.
62. Krawczyk M. (ed.), Zasady wychowania moralnego, Warszawa 1960.
63. Krokiewicz A., Zarys filozofii greckiej. Od Malesa do Platona, Warszawa 2000.
64. Kubiak-Szyborska E., Zajac D. (eds.), Wokół podstawowych zagadnień teorii wychowania, Bydgoszcz 2002.
65. Le Senne R., Traite de caracterologie, Paris 1963.

66. Leszczak O., Typologizacje i klasyfikacje w metodologii humanistyki (wymiar ilościowy), (w:) J. Opoka, A. Oskierka (ed.), *Język – literatura – dydaktyka*, Łódź 2003.
67. Levinas A., *Istniejący i istnienie*, Kraków 2006.
68. Lubański K., *Młodzież szkolna a wartości*, *Ruch pedagogiczny* 1986, no 3.
69. Łukaszewicz J., *O zasadzie sprzeczności u Arystotelesa. Studium krytyczne*, Warszawa 1987.
70. Łukaszewicz J., *Z historii logiki zdań*, *Przegląd Filozoficzny* 1934, no 37.
71. Machel H., *Rola i zadania kadry resocjalizacyjnej*, (in:) B. Urban, J. M. stanik (eds.), *Re-socjalizacja*. t. 2, Warszawa 2007.
72. Makowski A., *Niedostosowanie społeczne młodzieży i jej resocjalizacja*, Warszawa 1994.
73. Mariański J., *Socjologia moralności*, Lublin 2004, Wydawnictwo KUL.
74. Mariański J., *Moralność w procesie przemian*, Warszawa 1990.
75. Maslow A. H., *Motywacja i osobowość*, Warszawa 1990.
76. Maslow A. H., *Teoria hierarchii potrzeb*, (w:) J. Reykowski (ed.), *Problemy osobowości i motywacji w psychologii amerykańskiej*, Warszawa 1966.
77. Mazur M., *Cybernetyki i charakter*, Warszawa 1976.
78. Mądrycki T., *Osobowość jako system tworzący i realizujący plan*, Gdańsk 1996.
79. McDowell J., *Jego obraz – Mój obraz*, Kraków 1991.
80. Middleman R., Goldberg G., *Social Service Delivery: a Structural Approach*, Columbia 1994.
81. Mikołaj z Kuzy, *Laik o umyśle*, Warszawa 2008.
82. Mitchell J. V., *Personality Correlates of Life Values*, *Journal of Research of Personality* 1984, no. 18.
83. Mounier E., *Co to jest personalizm*, Kraków 1960.
84. Nalaskowski S., *Humanizm i podmiotowość w wychowaniu*, Toruń 1992.
85. Nęcka E., Orzechowski J., Szymura B., *Psychologia poznawcza*, Warszawa 2008.
86. Nęcka E., *Psychologia twórczości*, Gdańsk 2005.
87. Nowak S., *Ciągłość i zmiana tradycji kulturowej*, Warszawa 1989.
88. Nuttin A., *Struktura osobowości*, Warszawa 1968.
89. Olejnik S., *Eudajmonizm. Studium nad podstawami etyki*, Lublin 1958.
90. Olszak-Krzyżanowska B., *Młodzież wobec nowych wyzwań. Wartości, orientacje i cele życiowe zielonogórskich maturzystów*, Zielona Góra 1992.
91. Orłowska M., Jaworowska M., Ciążela H., *Różne oblicza podmiotowości we współczesnej Polsce. Analiza wybranych problemów w aspekcie pedagogicznym, socjologicznym i aksjologicznym*, Warszawa 2001.
92. Ossowska M., *Etos rycerski i jego odmiany*, Warszawa 2000.

93. Ossowska M., Motywy postępowania. z zagadnień psychologii moralności, Warszawa 2002.
94. Ostrowska K., Wójcik D., Teorie kryminologiczne, Warszawa 1986.
95. Ostrowska U. Aksjologiczne podstawy wychowania (in:) B. Śliwowski (ed.), Pedagogika, Gdańsk 2006.
96. Pampuch Z., Arete, (in:) A Maryniarczyk (ed.), Powszechna Encyklopedia Filozoficzna, Lublin 2000.
97. Pańpuch Z., Aretologia, (w:) A. Maryniarczyk, Powszechna Encyklopedia Filozoficzna, Lublin 2000.
98. Parsons T., General Theory in Sociology, (w:) K. Merton., L. Boan, L. Cotrell, Sociology Today, New York 1980, p. 26.
99. Parsons T., Struktura społeczna a osobowość, Warszawa 1969.
100. Perry R.B., General Theory of Value, Cambridge 1967.
101. Peters M., Nietzsche, nihilizm i krytyka nowoczesności: ponietzscheańska filozofia edukacji, Kwartalnik Pedagogiczny 2004, no 1–2, pp. 191–192.
102. Pincus A., Minaham A., Social Work Practice: Model and Method. Peacock Publication, New York 1987.
103. Platon, Dialogi, Warszawa 1993.
104. Platon, Menon, (in:) Dialogi, Warszawa 1993.
105. Pospiszyl K., Resocjalizacja nieletnich. Doświadczenie i koncepcje, Warszawa 1990.
106. Pospiszyl K., Resocjalizacja. Teoretyczne podstawy oraz przykłady programów oddziaływania, Warszawa 1998.
107. Prężyna W., Funkcja postawy religijnej a osobowość człowieka, Lublin 1981.
108. Pytka L., Norma i patologia a tor ludzkiego cierpienia, Opieka – Wychowanie – Terapia 1997, no 2(30).
109. Pytka L., Diagnostyka i hermeneutyka pedagogiczna, Opieka – Wychowanie – Terapia 2003, no 1(53).
110. Reale G., Historia filozofii starożytnej, Lublin 1994.
111. Retter H., Komunikacja codzienna w pedagogice, Gdańsk 2005.
112. Reykowski J., Motywacja, postawy prospołeczne a osobowość, Warszawa 1986.
113. Ricken F., Etyka ogólna, Kęty 2001.
114. Rogers A. R., Sposób bycia, Poznań 2002.
115. Rosenberg M. J., Cognitive Structure and Attitudinal Affect, Journal of Abnormal and Social Psychology 1956, no. 53.
116. Rousseau J. J., Umowa społeczna, Kęty 2002.
117. Sarnowski S., Świadomość i czas. O początku filozofii współczesnej, Warszawa 1985.
118. Sartre J. P., Byt i nicość. Zarys ontologii fenomenologicznej, Kraków 2007.

119. Schaff A., *Szkice o strukturalizmie*, Warszawa 1983.
120. Schrader U., *Pojęcie człowieka na gruncie aksjologii marksistowskiej*, *Edukacja filozoficzna* 1986, no 1.
121. Scott W. A., *Attitude change by response reinforcement replication and extension*, *Sociometry* 1959, no. 22.
122. Sieroń J., *Problem cierpienia w literaturze i filozofii starożytnej Grecji*. *Wybrane zagadnienia*, Katowice 2007.
123. Smyczek L., *Dynamika przemian wartości moralnych w świadomości młodzieży licealnej*, Lublin 2002.
124. Sobczak S., *Hermeneutyka*, (in:) T. Zacharuk, A. Klim-Klimaszewska (eds.), *Konflikt pokoleń czy różnic cywilizacyjnych*, Siedlce 2006.
125. Stępień A.B., *Z problematyki doświadczenia wartości*, *Zeszyty naukowe KUL* 1980, no 1.
126. Stępnik P., *Wymiar sprawiedliwości i praca socjalna w krajach Europy zachodniej*, Poznań 1998.
127. Stróżowski W., *Filozofia a światopogląd*, *Znak* 1958, no 44.
128. Sullivan C. E., *The interpersonal theory of psychiatry*, New York 1953.
129. Szałański J., *Przeobrażenia w spostrzeganiu ludzi u wychowanków zakładów poprawczych i wychowawczych*, Warszawa 1993.
130. Szczęśny W. W., *Edukacja moralna*, Warszawa 2001.
131. Sztompka P., *Socjologia*, Kraków 2002, s. 116.
132. Szymborski K., *Oblicze nauki*, Warszawa 1986.
133. Świda-Ziemba H., *Wartości młodzieży licealnej – ankieta jako metoda badawcza*, *Kwartalnik Pedagogiczny* 1993, no 2.
134. Świda-Ziemba H., *Wartości moralne młodzieży lat dziewięćdziesiątych*, Warszawa 1995.
135. Tarnowski J., *Z tajników „ja”: typologia osobowości wg R. Le Senne'a*, Poznań 1987.
136. Tatarkiewicz W., *Historia filozofii*, Warszawa 1988.
137. Tischner J., *Myślenie według wartości*, Kraków 1982.
138. Tomasz z Akwinu św., *Traktat o człowieku*, Kęty 2000.
139. Tomkiewicz A., *Światopogląd w aspekcie psychologicznym*, (in:) M. Ru-secki (ed.), *Z zagadnień światopoglądu chrześcijańskiego*, Lublin 1989.
140. Walczak-Duraj D. (ed.), *Wartości i postawy młodzieży polskiej*, Łódź 2009.
141. Wells H.K., *Pragmatism: Philosophy of imperialism*, New York 1971.
142. Węgliński A., *Podmiotowość resocjalizacji nieletnich w modelu wychowania optymalnie przystosowanego*, Lublin 1990.
143. Węgliński A., *Poziom empatii a zachowania nieletnich w zakładzie poprawczym*, *Psychologia wychowawcza* 1983, no 3.
144. Witkowski L., *Edukacja wobec sporów o (po)nowoczesności*, Warszawa 2007.

145. Wojcieszek K. A., Na początku była rozpacz... Antropologiczne podstawy profilaktyki, Kraków 2005.
146. Wojcieszke B., Potoczne rozumienie moralności, (in:) M. Lewicka, J. Grzelak (eds.), Jednostka i społeczeństwo, Gdańsk 2002.
147. Wojtyła K., Ocena możliwości zbudowania etyki chrześcijańskiej przy założeniach systemu Maksa Schellera, Lublin 1959.
148. Zabłocka M., Francuz P., Wpływ zmiennych osobowych na decyzję o sprawowaniu kontroli w sytuacji odpowiedzialności, Przegląd Psychologiczny 2006, no 1.
149. Zacharuk T., Wprowadzenie do edukacji inkluzyjnej, Siedlce 2008.
150. Ziółkowski M., Wartości, (w:) K. W. Frieske (ed.), Encyklopedia Socjologiczna, Warszawa 2002.
151. Ziółkowski M., Zmiany systemu wartości, (in:) J. Wasilewski (ed.), Współczesne społeczeństwo Polskie. Dynamika zmian, Warszawa 2006.
152. Zubelewicz J., Filozofia wychowania. Aksjocentryzm i pajdocentryzm. Warszawa 2002.

Tolerancja inności i samoświadomość społeczna w odniesieniu do zdrowia seksualnego osób z niepełnosprawnością

Streszczenie

W artykule zbadano związek między tolerancją inności a samoświadomością społeczną dotyczącą zdrowia seksualnego osób z niepełnosprawnością. Badanie analizuje postawy i postrzeganie zarówno osób z niepełnosprawnością, jak i pełnosprawnych w odniesieniu do kwestii zdrowia seksualnego wśród osób niepełnosprawnych. Wyniki wskazują, że istnieje znacząca korelacja między poziomem tolerancji wobec inności a samoświadomością społeczną w zakresie zdrowia seksualnego w społeczności osób z niepełnosprawnością. Ponadto badania podkreślają znaczenie promowania integracji, edukacji i świadomości w celu zwiększenia praw do zdrowia seksualnego i dobrostanu osób niepełnosprawnych.

Słowa kluczowe

Tolerancja inności, samoświadomość społeczna, zdrowie seksualne, niepełnosprawność, integracja, edukacja, świadomość, dobrostan.