SELF-REHABILITATION OF THE DISABLED: THEORETICAL BASIS

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(Zhurov, V. (2004). Self-Rehabilitation of the Disabled: Theoretical Basis. *Defectology* (Ukraine)*,* *4*, 32-35.)

The rehabilitation of the disabled is a system of structural influences from social institutions in order to bring the disabled back to "normal" life and work within his/her psycho-physical abilities. Scientific literature describes the rehabilitation influences as dynamic, permanent, and structured in a very broad range (from bio-medical to social and psychological forms), at least for the disabled people whose intellect is preserved. Pointing to the rehabilitation dynamics, Y. Ageyev notes that under technological progress "...the efficiency of a rehabilitation system is characterized with the capability of this system to improve constantly in accordance with contemporary requirements. It is the ability of the system to be socially mobile." In our opinion, the structure of social rehabilitation of the disabled is not as broad as for the first group; it is less permanent and dynamic.

The components of ***the rehabilitation system,*** such as its depth, age of application, type, combined disorders, have been sufficiently developed in theory and practice. However, there are ***general problems*** which are experienced at the subjective level. In our view, they are the following:

- ☞ Rehabilitation is directed from society towards a person. Although aiming at a personality development, such external social influence does not sufficiently form and reform the personality. Besides, it concerns mainly institutions for children. In the personality development process, the feedback connection – from a person towards society – is rather discriminated. The self-rehabilitation skills are not developed enough; moreover, self-rehabilitation has not been defined as a concept yet. Therefore, the efficiency of rehabilitating influence decreases due to limited functionality development and "calm perception of one's inferiority." That is why the well-known "Jonah complex" is formed which means aiming at mediocre achievements.
- ☞ The above-described problem causes the following: permanent and dynamic nature of most types of rehabilitation has a very extended amplitude and decreases as a person grows older. If a disabled person has the "Jonah complex", he/she has a lower than average level of rehabilitation (elementary working and social skills) which satisfy his/her major needs.

Having reached certain level that is not high but seems to be sufficient, the rehabilitation self-destructs when directing only at maintaining the acquired skills with the help of technical compensatory tools and medical treatment. Perhaps, rehabilitation should create the need for self-rehabilitation, which will increase the efficiency of the link between society and a person. Although being necessary, meeting special needs of the disabled is just one stage in the rehabilitation process. Otherwise, a disabled person gets consumer attitudes: "If I am powerless, it is not me or my personality to blame, but because the state has not given me enough."

The dictionary by A. Reber defines two levels of rehabilitation: a) reaching a sufficient psycho-physical condition; b) renewal of the previous condition on the whole. The "a" and "b" meanings are not identical. We agree with A. Reber that most specialists aim at achieving the "a" meaning. The "b" meaning is promising and potential, but possibly there are more chances to reach it through the two-vector nature of rehabilitation. Even special schools for disabled children should be expected to shape not only an active independent personality, but, first of all, the self-development skills of the personality. In different spheres of a personality it leads to self-rehabilitation.

Ukrainian special pedagogy and psychology distinguishes two basic ideas in the problem discussed here: 1) "it is necessary to shift interest to the available sphere of activity"; 2) the goal of rehabilitation is to reach the highest level of rehabilitation in order to be "included" into society. These two ideas seem to be conflicting, so they require certain analysis.

The available activity and mastering it cannot be regarded as the highest level of rehabilitation. If the intellect is safe, it is important to reach elementary rehabilitation at the level of urgent

rehabilitation, which is almost equated with working activity. These two stages of psychological and pedagogical rehabilitation should create a basis for the third level: self-rehabilitation as a dynamic ontogenetic capability of self-developing, self-actualizing, and self-improving in the rehabilitation directions that are significant, possible, and characteristic for a specific person. If the intellect is safe, it is difficult to prognosticate the upper limits of rehabilitation of the disabled. Therefore, they should not limit themselves with the urgent level only. ***Three tasks ensuring the rehabilitation process*** can be systematically settled locally, at the associations of disabled people, in special educational institutions:

- each person should outline his/her promising directions of development; the progressive changes should be systematically motivated;
- the readiness and ability for self-development should be formed;
- appropriate consultancy, stimulating self-development, should be provided at all stages of ontogenesis.

Some branches of pedagogy give a description of the developed rehabilitation levels and diagnosing means for certain disabilities (mainly, regarding the social structure of rehabilitation). In the pedagogy of the blind, these were explored by T. Golovina and E. Sternina. But they do not distinguish the frontal general rehabilitation levels. Therefore, we suggest the following ***three-level scale of frontal general rehabilitation levels:***

1. *Elementary rehabilitation* as the every-day, sensory and perceptual adaptation, as well as the formation of a person's minimal stabilizing field. This level is the most elaborated and achievable thanks to the social-subjective vector.
2. *Urgent rehabilitation level*. This is the labor adaptation to production or educational processes and people involved; reaching certain material independence; improving functional independence.
3. *Dynamic prospective personal development*: increasing a person's status; broadening of his/her activities scope; acquiring new social roles (actualizing one's potential). It is preferable to realize this stage not only during its implementation itself, but also while realizing the previous two.

According to the concepts of heterochony and correlation links between functional systems, the third stage is actually not limited in ontogenesis. A personality develops due to ergotic (functional) correlations that are formed during activities. We can find a methodological basis for this process in the works on personal self-actualization by A.Maslow, C.Rogers, and others.

Thus, social and psychological aspects have the priority for any success at the third stage of rehabilitation of the disabled with preserved intellect (those with sight, hearing, muscular-skeletal disorders).

The rehabilitation is carried out through psychological and pedagogical compensatory measures. In our pedagogical science, Prof. Y.Syniova defines the ***basic ideas concerning the theory of development of the disabled.*** These ideas are important for self-rehabilitation; they supplement the methodological basis for resolving this problem. They are:

- environmental factors have the leading role in personal development; at the same time, specific biological factors should also be taken into account;
- the active status of a person in social and material environment ensures the personal development;
- inner psychic activity is formed through external material and practical activity, while having the direct or indirect contacts with other members of society;
- personal development is supported by dynamic features of the nervous system, which determines the compensation laws.

Thus, the development of a personality is determined with internal (neurodynamics, inner psychic processes) and external (environment, involvement and activity in the environment, communication) factors. The internal and external determinants correlate between one another, and the external factors play the prominent role. This is also proved by the law of psychological information, substantiated by G. Abramova.

The development of a personality takes place and the individual features are taken into account at the levels of elementary and urgent rehabilitation in all its structural components. Today, the

personality-oriented rehabilitation model “got acclimatized” only in pedagogy, yet even here the formation of self-rehabilitation skills is not stipulated. In other structural branches of rehabilitation science, including social and psychological, this model functions as the principle of the integral approach towards a person (developed by V.Behterev and B.Ananyev). Therefore, the re-orientation of the psychological and pedagogical rehabilitation cycle at more lasting and high-quality work with a personality will ensure the development of self-rehabilitation ability.

We will try to ***define the concept “self-rehabilitation.”*** Self-rehabilitation is a process and system of progressive personal self-development by means of one’s internal and external activity; a system of achievements in the active period of ontogenesis which are reached through emotional, volitional, intellectual, moral, value, ethical, and aesthetical self-development. We understand self-rehabilitation as the non-stopping creation of oneself, one’s achievements for the sake of public good. This is creativity, openness, deepening of the personality.

The goal of self-rehabilitation is to reach a positive dynamics of the second criterion of the formed personality, offered by L. Bozhovych. It means conscious regulating one’s behavior, based on the realized motives, goals, principles. Y. Hipenreiter notes that the criterion we choose as the dynamic goal is characterized with developed self-consciousness. According to the goal, we can ***determine the self-rehabilitation structure that consists of priority components of a personality and their self-development.***

The first component is the self-consciousness as a synthesis of self-evaluation, self-analysis, responsibility, and self-control. We define the objective pre-condition (social plans, programs of a personality) as the criterion that this component has been formed. The indicators of this criterion are: a personality fulfills his/her own programs; a personality overcomes obstacles pursuing his/her goals.

The second structural component is the motivational field of a personality. Its criteria are: the presence of dynamics, motives (social, ideal) on the way to the higher. The indicators of the criteria are: a motivated, not an accidental system of activity with the definite purpose; appearance of new, higher motives in different periods of self-development. Motivation means an aiming system in dynamics.

The third component of the structure is the aiming of a personality as the main component of its orientation. Its criterion is the attitude style towards one’s life goals. The indicator of the criterion is the coincidence of the activities with the goals and plans; the correspondence between behavioral lines and plans. The aiming includes a personality orientation, defined by a hierarchy of needs. The main needs related with a personality’s aiming and orientation at self-rehabilitation can be named as: the need for being accepted by others; the need for being active; the need for self-relying and independence. It is known that needs generate activity and activity generates needs. Therefore, the aiming of a personality at self-development requires a dynamics of his/her needs.

The fourth component of self-rehabilitation is the emotional and volitional sphere of a personality. This component is closely connected with self-consciousness. Its criteria: emotional stability of a personality. The indicator is the presence and effectiveness of an individual system of self-regulation of conditions; initiative. The indicators are the presence of ideas, as well as activities for achieving these ideas (S.Rubinstein notes that intellectual potential is important for initiative); persistence indicated with the continuous efforts and steps to achieve the goal.

Of course, a personality has more structural formations and features than those described above, but we have defined the priority structures which are the driving forces of self-rehabilitation.

The question naturally arises about the directions available for the personality self-rehabilitation. Self-rehabilitation is possible in any direction under certain conditions which are: non-stopping education and self-education; continuous search for external and inner ways of realizing one’s programs because of limited functionality.

The life activities of the disabled and their experience suggest ***integrated directions of self-rehabilitation.*** In our opinion, they are:

1. Professional self-improvement based on education and self-education.
2. Artistic and aesthetic self-perfection based on education and self-education.
3. Broadening of functional abilities; enriching and acquiring versatile practical experience.

4. Ethical and aesthetical development as the background development for the previous three directions: broadening of philosophical, psychological, ethical, and aesthetical knowledge; setting high ideals and values.

A person can self-rehabilitate along the first three directions which are often combined. The second and the fourth directions are not identical since the second one means some creative artistic achievements, not just general preparation. The fourth direction intensifies the first three directions, although it is not autonomous. It only improves, yet not ensuring the functionality.

This article is a step in exploring the issue of self-rehabilitation, and it requires further studies and development. At the present stage of the analysis, it is possible to note the urgency of this issue for the disabled and the presence of a theoretical basis. There are very many examples of high-level self-rehabilitation of disabled people in real life, which gives empirical facts for dealing with the problem.