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Rola prac ręcznych w terapii zajęciowej osób niepełnosprawnych

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Tekst jest udostępniony do wykorzystania w ramach dozwolonego użytku.

- apply standards and norms: what is allowed and what not;
- need and feel (including higher feelings towards other people);
- have various attitudes;
- take up various activities, overcome difficulties, etc. (Janiszewska, 2008, p. 136).

The family which fulfils its social function correctly is called a **functional family** i.e. such a family that:

cares about satisfying these needs, and as the child grows – teaches them how to meet those needs themselves (Albański, 2001, p. 149).

In a well-functioning family children are not protected in an overprotective or insufficient way, but in one where they are guarded against degrading behavior of others, while being supported in constructing their own borders against insults and learning to protect themselves.

As soon as the family does not properly fulfill their functions for the benefit of society and does not meet the needs of its members, as postulated by S. Kawula, the problem of family's dysfunctionality arises:

Each family is struggling with everyday problems that must be overcome. There are families able to meet these obligations. Such families that successfully solve their problems, guided by a desire to consolidate their community and the execution of their functions are called functional. Families which cannot properly fulfill their duties, are called dysfunctional families (Kawula, 2008b, p. 148).

These families exhibit significant irregularities in the process of meeting the basic needs of biological and psychosocial members of this family, including children in particular.

The term **dysfunction** in reference to the family means a system characterized by such interactions of its members, which lead to frustration of their basic needs, the use of some persons in the family, major violations of personal rights, the loss of liability and responsibility. At the same time, in terms of contact

dysfunctional system is characterized by: invasion, deprivation, absorption or fusion of boundaries of the individuals (Wills-Brandon, 1996, p. 193).

In turn, dysfunctional family, or, as often described in the literature – dysfunctioning family, are not one and the same. According to D.M. Bartnicka, **dysfunctional family** is one that does not or cannot fully fulfill some function assigned to it, while **dysfunctioning** – abnormal, difficult, miserable, defective, wrong – in this case refers to non-compliance with its function, therefore it means in fact **non-functional** (in: Sakowicz, 2006, p. 225).

Dysfunctioning family has disturbed psychosocial functioning as a system, where the family is understood as a new quality, which distinguishes between individual members of the system. Dysfunctionality applies here to the intrafamilial translation

disorders; it can be expressed as low cohesion, low adaptability, low communication skills and it is always expressed via: pathogenic functioning of roles, the existence of too rigid or too fuzzy boundaries, general difficulties related to the functioning of the system. It is coupled with learning-related stress and low coping with situational or developmental crises (Sakowicz, 2006, pp. 225–226). This definition of the concept involves an active situation, with determines the state a family is in. This means that the family is not functioning well, it is not designed or suited to relevant needs and objectives, particularly the ones of the *human socium*.

According to B. Kałdon:

dysfunctionality of the contemporary Polish families, needs to be seen in the context of many adverse events, circumstances impeding normal functions, like providing care and educational or cultural functioning (Kałdon, 2006, p. 93).

The reasons that most often lead to dysfunctional families can be described as social pathologies, among which are: alcoholism and drug addiction, unemployment and poverty, crime, violence, homelessness, separation and divorce (comp.: Krzesińska-Żach, 2003).

A. Kelm indicates the factors that could cause disfunctionality in families:

1. Deprivation of care:
 - natural orphanhood – complete and incomplete;
 - social orphanhood;
 - periodic deprivation of child care because of the prolonged illness of parents, imprisonment or other misfortune.
2. Lack of material resources:
 - family completely devoid of material means;
 - family in a difficult financial situation;
 - family periodically without means, due to random events.
3. Lack of sufficient care in connection with work relations of the parents.
4. Functional disorders of the family (Albański, 2001, pp. 18–19).

However, according to H. Spionek, disturbed functioning may also be affected by: invalid family structure (single motherhood, concubinage, orphanhood); pathogenic characteristics of mothers (e.g.: aggressive, anxious, overprotective, compensating); pathogenic properties of the fathers (e.g.: absent, le père absent, rigorous and severe (excessive aspirations), dangerous (hatred of a child), compensating; faulty educational impact (1st degree – generally correct, but the parents do not understand certain areas of child's development; 2nd degree – parental tie is loosened; 3rd degree – total loss of ties); parenting mistakes (liberalism, overprotection, rigor (autocracy), inconsistency) (Spionek, 1985, pp. 48–70).

As already mentioned above, the concept of a dysfunctional family links with the concept of pathology (Greek: *pathos* – suffering; *logos* – word), most commonly used

in reference to disease in biology and medicine, as well as the causes, mechanisms, forms, symptoms and consequences of physical and mental illness (Kozak, 2007, p. 11). It is also often used in the humanities.

In contrast, social pathology, is:

the total of deaths, reduced levels of morale and mood deterioration, and of material losses caused by the violation of praxiological, moral, and legal rules as well as self-destructive behaviors (Pospiszyl, 2008, p. 17).

It is the phenomenon, which determines the destructive and self-destructive behavior of people, groups or entire societies, remaining essentially incompatible with the world-view values accepted in a given society (Podgórecki, 1976, p. 24). Finally, according to M. Jarosz, social disorganization, deviant behavior, including a broad collection of various social phenomena, whose common symptom is dysfunctionality in relation to existing norms of public life and breaking the accepted social norms – all these terms share a common denominator:

- increase of social imbalance;
- weakened relationships;
- disregard for and going beyond the norms and social values;
- deregulation of social control mechanisms (in: Borkowski, 2003, p. 277).

Dysfunctional families are often talked about as the pathological ones, which frequently are identified in the local environment. Three important types of dysfunctional families are families with: alcohol problems, juvenile delinquency and domestic violence.

Taking action in the area of a dysfunctional family, support is a very difficult task, due to the fact that such families:

1. Deny their problems, so it never occurs to them to resolve them; in such families five human potentials are denied: feelings, insights, thoughts, aspirations and fantasies.
2. They are rooted in shame (children are often ashamed of their family).
3. They have fixed, frozen, rigid roles.
4. Their members have tangled boundaries. They live the feelings of other people in the family (and not their own).
5. Their members cannot satisfy their individual needs, which are postponed to allow to meet the needs of the system first. Therefore, in such a family almost always there is some level of anger and depression.
6. The communication system is based on an open conflict or an agreement to disagreement. Rarely there is any real contact.
7. Individual differences are sacrificed for the needs of the system. The individuals exist for the family only. Such a family is difficult to abandon.

8. The rules are rigid and do not change, and generally they are based on control, perfectionism and accusing.
9. Explicit secrets are part of the lies that keep the family in a frozen state. These mysteries are, however, a secret of Polichinelle.
10. Denial of conflict and frustration creates a situation in which everyone wants to achieve their objectives by force of will, which gives the illusion of dealing with the problem.
11. Their members reject their own limits to sustain the family system, which is tantamount to rejection of their own identity (Borkowski, 2003, p. 19).

Dysfunctionality is not a marginal phenomenon, and its characteristic is the multi-generational process, as pointed out by J. Bradshaw:

Dysfunctional family is created by a dysfunctional marriage, such marriages create dysfunctional people who find each other and they marry each other. One of the tragic facts is that dysfunctional people almost always find another person, who operates either on the same or on a higher level of dysfunction (Prajsner, 2002, p. 18).

DISTURBANCE IN FAMILY FUNCTIONING

ADDICTION

Addiction is a strong need to perform a particular action. It is the

repeated habit that increases the risk of disease and/or related personal and social problems (Griffith, 2004, p. 8).

Addictive behaviors are often subjectively perceived as “loss of control” – they appear despite conscious efforts to prevent or restrict them. Typical here is the immediate short-term reward and the subsequent harmful long-lasting consequences (costs). Attempts to change these behaviours (as a result of treatment or on own initiative) are usually accompanied by a high rate of recurrence (Griffith, 2004). **Compulsion**, on the other hand, is an organic, psychological or psychosomatic compulsion to satisfy a specific need, which heads the hierarchy of values of the individual (comp.: Becelewska, 2000).

Addictions can take a physiological form, but also a behavioral one, that is

the excessive human interaction with a device, which may take the form of a passive (watching TV) or an active (playing on the computer) act, and includes generally harmful substances and enhancers that contribute to the perpetuation of the addiction (Griffith, 2004, p. 10).

Category of media and modern technical equipment addictions includes typical

compulsive behavior. For example, daily playing of slot machines is undoubtedly a form of addiction, i.e. gambling.

The development of addiction is significantly affected by the family environment, because due to the negative and lasting impact of the immediate surroundings, it often comes to shaping the so-called pre-addiction personality. In a dysfunctional family, the needs of the child are neglected. All behaviors, assessment and words directed towards the small child come through and are uncritically internalized. Thereby forming the image of a young person without a sense of security, low self-esteem and poor insight into their feelings, becomes dominated by a sense of injustice, grief and anger. There are also no appropriate methods of coping with stress (Kościan, 2012). All this adds up to a model of personality conducive to reaching for alcohol.

The most frequently identified addictions include alcohol and drug abuse, but also addiction to electronic media and gambling. Alcoholism, which since 1980 is known as **alcohol dependence** is defined as:

the defective pattern of behavior that causes obvious harm of physical, mental and social nature, whose axial symptoms are: impaired control over drinking and the inclusion of alcohol in the structure needs of the individual (Pospiszyl, 2008, p. 128).

However, according to the American Psychiatric Association the definition of alcoholism includes only those people whose alcohol consumption is so high that it damages their physical condition or interferes with their personal or social functioning, or when drinking is the necessary prerequisite for their normal functioning (in: Kinney & Leaton, 1996, p. 64).

Until recently, the phenomenon of alcoholism treated as a kind of sociopathy, resulted from the fact that

a person addicted to alcohol acts anti-socially, i.e. contrary to accepted and recognized norms of social relations (Żurek, 2004, p. 161).

Currently, it is considered a disease:

Alcoholism is regarded medical science as one of the types of substance dependence, i.e. the set of complex pathologies caused by alcohol poisoning of the body, causing serious disturbance to mental and physical health. It is therefore treated as a disease and nosological unit in the strict sense (Żurek, 2004, p. 162).

Thus, in the medical literature one can meet identifying alcoholism as technical term defining the health problems caused to a person by periodic or chronic alcohol intoxication. Symptoms of this disease are classified as detailed set of mental physiological and social disorders.

The phenomenon of alcoholism is a problem on a global level. Global statistics on alcoholism show that industrialized countries are experiencing serious growth of alcohol abuse. According to statistics of the World Health Organiza-

tion, about 140 million people worldwide suffer from disorders related to alcohol. Overall, worldwide problem of alcohol affects about 15 percent of the population, while 4 percent of the population are alcoholics (both male and female) (WHO, 2014, pp. 3–5).

Alcohol consumption in Poland is shown in table 1. The scale of alcohol dependence among adults is quite difficult to estimate, because addiction treatment is used only by a small number of people – up to 15% of addicts. Most of the data shows that in Poland there are 3–5 million people abusing alcohol and approximately 800 thousand – up to a million addicts. To this one must add the number of people living with an addict or directly under their influence, which gives at least three times as many (families of alcoholics).

A worrying phenomenon is the decreasing age of alcohol initiation – 50.3% for boys and 38% for girls for the first time drank wine or spirits before the age of 12. At a meeting of health ministers from across Europe in 2001, an alarming report was announced showing that one in four deaths of the Europeans aged between 15 and 29 years of age takes place in connection with alcohol (Table 2). From extensive research conducted by Janusz Sierosławski we concur that out of 4,500 persons aged 14–18, more than 92% is already after alcohol initiation. In this group, approximately 17.4% of respondents from second class of secondary schools and 23.7% of young people from the third grade of the middle school consumed at least 5 drinks every ten days (Pospizyl, 2008, p. 136).

Table 1. The size and structure of consumption

Years	The consumption in litres per capita				
	spirits (100% alcohol)	wines and meads	wines and me- ads expressed as spirits	beer	beer expressed as spirits
1992	3.5	7.6	0.91	38.6	2.12
1993	3.8	7.5	0.90	33.0	1.82
1994	3.8	6.9	0.83	36.4	2.00
1995	3.5	6.8	0.82	39.0	2.15
1996	2.9	10.3	1.24	42.8	2.35
1997	2.8	12.8	1.54	49.8	2.74
1998	2.4	13.7	1.64	54.1	2.98
1999	2.1	13.6	1.63	60.1	3.31
2000	2.0	12.0	1.44	66.9	3.68
2001	1.7	10.6	1.27	66.5	3.66
2002	1.7	11.2	1.34	70.7	3.89
2003	2.4	11.3	1.36	74.8	4.10
2004	2.5	10.6	1.27	82.0	4.51
2005	2.5	8.6	1.03	80.7	4.44

Years	The consumption in litres per capita				
	spirits (100% alcohol)	wines and meads	wines and me- ads expressed as spirits	beer	beer expressed as spirits
2006	2.7	9.1	1.09	90.8	5.00
2007	3.0	8.9	1.07	93.4	5.14
2008	3.4	8.2	0.98	94.4	5.19

* PARPA calculations based on the CSO data. It is assumed that one litre of beer contains 5.5% of alcohol, while wine (mead) contains 12% of alcohol.

Source: www.parpa.pl/index.php?option=com_content&task=view&id=156&Itemid=16.

Prophylaxis and prevention of the effects of alcoholism in Poland is regulated by the *Act of 26.10.1982 about Raising in Sobriety and Counteracting Alcoholism*. National Prevention and Alcohol Problems Programs are also adopted at the national and regional scale under the Provincial Program for Prevention. Despite that the numbers are still high.

Table 2. Minors under the influence of alcohol

Year	The number of intoxicated persons below 18 years of age disclo- sed by the Police	The number of intoxicated persons below 18 years of age taken by the Police to sobering	Boys	Girls
2000	10 763	7 533	6 994	539
2001	9 871	4 382	4 023	359
2002	8 796	3 778	3 475	303
2003	10 880	3 413	3 126	287
2004	14 507	2 658	2 115	243
2005	16 331	2 777	2 511	266
2006	20 758	3 372	3 004	368
2007	23 747	2 682	2 381	301
2008	24 099	2 396	2 135	261

Source: http://statystyka.policja.pl/portal/st/940/50853/Maloletni_pod_wplywem_alkoholu.html.

According to A. Grzybowski, the seriousness of problems resulting from excessive and improper use of alcohol in Poland is significant, both in terms of health effects and social ones. Local government units have an important role to play both in eliminating the damage, and perhaps most of all in their prevention. It seems, however, that despite the relevant legal regulations, still both the importance of responsibility and choice of the most effective action is not fully conscious (Grzybowski, 2005, p. 244).

Another addiction, which is a significant social problem, especially among young people, is drug addiction. The term **drug addiction** is rooted in antiquity. In ancient Greece and Rome, the concept of *Narke*, *narcosis*, *narcoticus* – indicating

intoxication and dizziness referred to the conditions, circumstances or agents inducing such state (Świerczewska-Wesołowska, 2007, p. 81). Drug abuse is

taking psychotropic drugs, all: narcotics, stimulants and hallucinogens, changing the psyche, harmful to individuals and society (Cekiera, 2003, p. 33).

According to the *Law on Preventing Drug Abuse of 29.07.2005*, addiction is a permanent or temporary use for the purposes other than medical narcotic drugs or psychotropic substances or substitutes, with the result that may rise the dependence on them (No. 179, Item 1485, Art. 4, Par. 11).

The causes of drug abuse are not unequivocal, as they are composed of a number of different factors that, to a greater or lesser extent, affect the likelihood of addiction. Among them, the most frequently cited are personality and environmental factors. The factors dependent on an individual's personality include (Sroczyński, 2007, p. 171):

- lack of emotional stability;
- neurotic symptoms occurring in childhood already;
- anxiety, feeling of injustice and threat;
- lack of strong patterns of father and mother in the family;
- lack of ability to make effort and of problem solving skills;
- low tolerance to frustration;
- subjectivity in judging others;
- low self-esteem;
- low level of socialization and responsibility;
- unmet need of being in a group;
- behaviour guided by the principle of pleasure in life only;
- reduced values and sense of life.

In contrast, environmental factors include: incomplete, threatened with disintegration or broken family, conflict in the family, incompatibility in the parenting methods, lack of family bonds, overprotective family system, both parents working outside the home, often in delegation, high familial tolerance of smoking cigarettes, drinking alcohol and taking drugs (Sroczyński, 2007, p. 172).

Effects of drugs can be considered in terms of short-term and long-term implications and consequences for physical, psychological and social sphere. With regard to long-term measures, there are three types of addiction, namely:

1. **Physical**, consisting in taking psychoactive agents, causing an artificial biological need for them, demanding absolute satisfaction. This means that the drug is incorporated into the cellular metabolism and becomes indispens-

able to balance the body, and its absence or insufficient quantity in the body causes disruption of metabolic processes and the presence of symptoms of *narcotic hunger*.

2. **Mental**, caused by mental needs of the individual. Frequently after use of psychoactive agents, addicts feel as they got rid of the accompanying constant fear, a sense of unworthiness, or rejection, which causes the desire to repeat the experience.
3. **Social**, drug use is the result of emotional or personality problems of the individual. Social addiction, in a large percentage, is the addiction of the social group primarily, only secondary from the psychoactive agent. Social addiction occurred especially in the 60s and 70s. Of the XXth c. in adolescents remaining in the circle of the so-called subcultures of drug abuse (Juczyński, 2005, p. 59–61).

Poland, as compared to other countries, has a relatively low level of typical drugs consumption by the youth, but high in the case of other narcotic measures. This does not mean, however, that the problem of drug addiction in Poland is marginal and its social effects are not acute:

The most serious and also the first appearing social signal, telling about falling into the trap of addiction, is the isolation of the individual from the surrounding environment, increase in conflicts, the breakdown of relationships with significant others and finally, the inevitable disintegration of the relationships. But no less important are the damages in an individual's personal life. First of all, limiting of development opportunities, disruption of school or a job loss, a decrease of competence, dereliction of duty resulting in a wide variety of threats, the rise of guilt, low self-esteem, loss of practical skills, giving up goals and aspirations, loss of values, a tendency to cross moral lines, increase in crime, risky behaviours, self-destructive attitudes, social exclusion (Pospiszyl, 2008, p. 185).

FAMILY VIOLENCE

Violence is:

all non-accidental acts of using the advantage of the perpetrators, when they attack the personal freedom of the individual, contribute to their physical or mental harm and fall outside the social norms of mutual contacts, but also any acts of torment and cruelty (Pospiszyl, 2008, p. 57).

More specifically, it's:

the physical stress (physical force) or the use of chemical or electrical incentives, etc., which makes the subject of the action thrown into an undesirable situation where they become the object of perpetrator's actions (Pszczółowski, 1995, p. 421).

Violence manifests itself in the form of physical assault, which ends up inflicting pain, injury or death of the victim or in the form of psychological violence, violating human dignity (Libiszowska-Żółkowska & Ostrowska, 2008, p. 7).

Violence is linked to **aggression**, but as some authors believe, one can talk about aggression, when both sides have similar physical and mental strength that allow them to defend themselves. However, in the case of violence, we deal with the victim, who is mostly younger, weaker physically and mentally, while the perpetrator is older and stronger. According to R.M. Kalina, the distinguishing feature for both phenomena is the fact that an act of aggression usually involves two sides, while the act of violence is committed only by one party, the aggressor (Kalina, 1991, p. 53–66).

Family violence is defined in the *Law on Domestic Violence of 29.07.2005* in the following way:

Domestic violence should be understood as one-time or recurring deliberate action or behavior violating the persons or their personal rights, in particular exposing these people to the danger of loss of life, health, affecting their dignity, physical integrity, freedom, including sexual one, causing injury to their physical or mental well-being (No. 180, Item 1493, Art. 2, Par. 2).

Importantly, causing suffering and moral damage to people affected by violence, can take a variety of forms and shapes. Most often we distinguish **active violence**, one in which anger of the aggressor is aimed directly at the victim and when they take actions harmful mentally, physically or sexually; and **passive violence**, including various types of neglect: psychological, physical, sexual or economic (anger of the aggressor is manifested by lack of interest in the victim or/and avoidance of interaction, or/and provocative outbursts of anger) (Nowakowska, Kępka & Chańska, 2005, p. 6).

Family violence is often called by the name of **domestic violence** which includes any act or omission done within the family by one of its members against others, using existing superiority or the one created by the circumstances of force or authority, which might negatively affect rights or personal goods, in particular live or health (physical or mental) and harm or suffering resulting in it (Mellibruda, 2005).

The most commonly identified kinds of domestic violence include (www.niebieskalinia.pl, 2015):

- physical abuse – pushing, overpowering, gripping, slapping, pinching, kicking, choking, beating with an open hand and fists, beating objects, throwing objects, pouring corrosive substances, use of weapons, abandoning in dangerous area, not granting of the necessary assistance, etc.;
- psychological violence – mocking of views, religion, national origin, imposing views, punishing by the denial of feelings, interests, respect, constant criticism, persuasion of mental illness, social isolation (controlling and limiting contact with others), demanding obedience, reducing sleep and food,

verbal degradation (name-calling, belittling, humiliating, embarrassing), the use of threats, etc.;

- sexual violence – forcing of having a sex life, forcing of unacceptable fondling and sexual practices, forced sex with third parties, sadistic forms of sexual intercourse, demonstrating envy, criticism of female sexual behaviors, etc.;
- economic violence – overtaking the money earned, preventing to take up paid work, not satisfying the basic material needs of the family, etc.

As is clear from numerous studies conducted among people experiencing domestic violence, it is rarely a one-time act. Usually it is a continuous process that can take as long as several decades. The cycle of violence is usually comprised of three consecutive phases (ROPS 2004):

1. **The phase of growing tension** – this is the beginning of the cycle, which is characterized by an increase in tension and intensity of conflict situations. At this stage, there is a variety of events such as the manifestations of jealousy, anger, controlling of the family members, using insulting words, humiliating loved ones. The perpetrator is constantly irritated and provokes quarrels. The person against whom anger is directed – the victim, tries by all means to calm the situation, satisfying the demands of the perpetrator and doing everything to improve their mood. Often the victim places the blame on their own behavior and seek to redress the perpetrator. The causes of growing tension may lay outside the family, sometimes being a trifle, a minor misunderstanding which piles up tension. The situation becomes unbearable and aggression appears.
2. **The phase of acute violence** – an explosion of anger and aggression discharge. Sometimes the scene is caused by the victim of the violent behavior because they can no longer withstand the increased tension and want it all to be over. In other cases, the perpetrator of a violent attack causes it putting his victim in from of claims that they are not able to meet, to which he responds with aggression. Irritated perpetrator goes berserk, loses all control over their behavior and can beat, injure, maim the victim, make terrible things without considering the consequences of their aggressive actions. This phase lasts for a relatively short time, but may end dramatically in bodily injury, or even death, of the victim. During the attack the victim is doing everything possible to protect themselves and calm the perpetrator. These treatments, however, rarely produce the desired effect. With the cessation of acts of violence, the victim is in a state of shock and does not want to believe what just happened. They feel terror, helplessness, a sense of shame, but also anger, which causes the decision to call for help and file a complaint, and thus initiates intervention in situations of domestic violence. If the person threatened with violence does not report to the relevant institutions for help, it is the last moment to break the cycle of violence before it starts again.