THE BODY AS A VALUE IN THE AXIOLOGY OF DISABLED PERSONS

doi: 10.2478/v10038-011-0032-8

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ABSTRACT
The body adopts the specific contents, functions, and places of the axiological system in persons with a disability. It can adopt the contents of ultimate, instrumental, vital, utilitarian, cultural, moral, religious, and other values. It can represent, for example, cognitive, judging, motivating, and expressive functions. Moreover, the body itself can take a central or peripheral place. It is the recognition of these various contents, functions and places of the body in the axiological system of disabled persons that allows us to identify their needs and goals, as well as to assess the methods of achieving them. Therefore, it is through this knowledge that we can understand an individual with a disability in the widest possible context, which takes into account the biological, psychological and social dimensions of their behavior.

Key words: value, system, hierarchy, disability

Introduction
The actions of a conscious human being are determined by a system of values to which he or she constantly defers while making choices, evaluations, plans for the future or in confronting their plans with various everyday situations. Such an axiological plane sets the broadest boundaries of human existence, embracing biological, psychological and social spheres. However, not all values possess the same meaning for every individual. There are values which influence many aspects of his or her functioning, sometimes occupying a central position in their axiological system. Other values are marginalised as they occupy a peripheral place and therefore do not greatly influence the functioning of an individual.

It seems that in the axiological system of persons with a disability, the body constitutes a fundamental value. It can influence the behaviours and attitudes of disabled persons both constructively and destructively. It constitutes a value which the disabled take into account while determining their needs and goals and the possibility of how to achieve them. It is, therefore, responsible to a considerable degree in the outcome of their actions as well as in their social functioning.

The aim of this article is to present the various contents, functions and places that the body occupies in the system of values of people with disabilities. The natural context will also be shown, taking into account the relations, dependencies and mutual influences between the body and other values in the axiological system of people with disabilities.

Material and methods
In attaining the above mentioned objective, methods of analysis, observation and the systematic method were used. This author analysed the terms that constitute the theoretical basis for reflexion on the body in the axiological system of people with a disability. Specifically, what the terms of values, system, hierarchy, etc. are and what they mean. Then, based on the observations of behaviours and attitudes of people with a disability, the content, function and place of the body in their axiological system is presented. The systematic method seems necessary here, as it allows us to approach the studied phenomenon not only from a point of internal relationships, influences and dependencies between these elements, but also holistically taking into account the natural context of such occurrences and the development of certain values.

There is no one harmonising definition of the term “value”. Nevertheless, in the prevailing definition a value is basically understood as “something that is strived for and realised for the sake of a goal” [1, p. 527], or as an element taken into account while making a decision [2]. Thus, values are strictly connected with needs, aspirations and motivations. They can take on the form of material goods, ideas, thoughts, attitudes, concepts, mental states or certain physical states and features. The issue of values is most often studied in social sciences, such as philosophy, sociology, pedagogy, psychology, culture science or economy [3–9].

It is not hard to notice that the above quoted definitions approach values from an objective point of view.
However, equally important seems to be the relating to values from a subjective point of view as well. The subject of values can be a rational, self-conscious and autonomous human being. Man endowed with such qualities is called a person in philosophical literature [10, 11]. Only persons can take full responsibility for their deeds and their consequences. Therefore, they can be responsible to themselves or to other people (society) for modifying their own system of values. It is, however, necessary to distinguish the term of a person from the secular and religious approach. In Christian religion, a human being becomes a person at the moment of being conceived, and therefore such qualities as rationality, self-consciousness and autonomy are possessed not in an actual but in a potential sense [12]. Therefore, a person in such a reflexion could be, among others, a disabled accountant, as he possesses his own axiological system to which he relates while identifying his own needs, making choices or realising concrete goals. On the other hand, an infant or an individual suffering from a permanent consciousness disorder whose existence is entirely dependent on other people is not a person. In this case we cannot speak of an axiological system which could be the basis for any goals. Such an approach to understanding the axiological system corresponds to the definition of what a system is, as given by the Polish bioethicist Kazimierz Szewczyk. According to this scientist, a system should be understood as “a functional whole of many related elements serving the realisation of a common goal” [13, p. 212]. For people with a disability, a common goal may be the return to physical ability, finding work, finishing their education, starting a family, etc.

In classifying values, researchers most often divide them into: (1) ultimate; (2) instrumental; (3) for the sake of content; (4) for the sake of place. In addition, they assign various functions to values, such as the cognitive, evaluating, motivating and expressive [14].

Ultimate (autotelic) values constitute a goal in themselves whereas instrumental ones are the means leading to the fulfilment of a goal. Obviously, determining what is an ultimate and what is an instrumental value is a relative matter, dependant on a given situation. In literature, values are also differentiated for the sake of content. With this approach, they are divided as vital, hedonistic, utilitarian, economic, social, cultural, aesthetic, cognitive, spiritual, moral, political and religious values. Both the number and the range of classification used here depend on the preferences of particular researchers. Additionally, values in an axiological system can hold a central or peripheral place. Central values have influence on the change of a greater number of an individual’s attitudes and behaviours than peripheral ones. They constitute the core of what interests and actions particular people have; therefore, they determine the direction of their development to a considerable extent. Peripheral values, on the other hand, are not concerned with the main course of functioning and do not greatly influence the life of individuals.

An individual’s knowledge of their own system of values provides them with a basic source of information about themself and the reality of how one functions. Thus, the cognitive function of values is especially important as, on the basis of this knowledge, can a conscious man make decisions and choices. We have, in addition, a motivational function of values as well. Moreover, all decisions and their consequences should be carefully analysed and evaluated by an individual as well as confronted with their whole axiological system and with the system adopted by their society. This is the evaluating function of values that gives information whether the decisions made are indeed part of the hierarchy of values of an individual or society and can therefore be realised without problems or, instead, be modified, as they may enter into conflict with the good of other people or society. Along with the above mentioned functions of values there also exists the expressive function. Thanks to it we can gain knowledge about the emotional state of a person fulfilling certain needs, tasks or goals. Thus, we can know what actions can give an individual satisfaction, or, on the contrary, lead to frustration and stress.

The classification presented here is not complete or expansive, as the content, functions and the place of values are constantly being modified, dependant on the changes occurring in the biological-psychological-social environment of an individual. Nevertheless, each attempt at classifying values creates, at the same time, a hierarchy. As such, vital, hedonistic, economical and utilitarian values are traditionally classified as lower values. Higher values, on the other hand, are cultural, spiritual, moral, religious, etc. As an example, it is worthwhile to quote the hierarchy of values proposed by Max Sheller. According to him, the lowest class of values is hedonistic, then utilitarian, vital, spiritual (cultural) and at the highest level there are religious values [15]. Władysław Stróżewski, on the other hand, placed vital values at the bottom, then cultural values, moral values and at the very top of the hierarchy, religious values [16]. However, each conscious individual tries to create their own hierarchy which becomes a basic factor when deciding on the direction of his or her development.

An especially vital feature here is also the systematic approach to values. Each system consists of many subsystems or elements which create a net of dependencies, relations or mutual influences [17]. It is similar to the elements of an axiological system in which particular elements themselves enter into mutual relations, dependencies and influences. Through the systematic approach values can complement and strengthen each other but also exclude and weaken each other. They can
create new values or obstruct them, rendering their creation impossible. Each value occupies, in an axiological system, a certain place (central or peripheral), which gives it a content (e.g. vital, cultural), a function (e.g. cognitive, motivational) and marks its development perspectives. However, this place can change and then the function and content of a value will also undergo modifications. The systematic approach is therefore a holistic approach, taking into account not only the values themselves, but above all, taking them into consideration in many various contexts.

Discussion

The body can be perceived by people with a disability as an ultimate value. As such, it becomes a value in itself, a carrier of desired abilities, skills and functions which through various reasons (e.g. illness, accident) have become unattainable, either temporarily or permanently. The body can also be understood, by those who are disabled, of containing metaphysical values, imputing a supernatural power or one of even divine origin. Therefore, it often becomes a cultural or a religious symbol, becoming a cult object, or, on the contrary, a despised and hated one. In such an approach, as features of the body are not ultimately defined or cognizable, they, with their symbolic power, support the disabled in making decisions by taking into consideration their actual abilities and the conditions of their functioning. On the other hand, they can express desires which cannot be realised in concrete actions, because they surpass the rational convictions of an individual. Thus, the disabled usually choose one of two ways of acting. The first way of acting is they undergo intensive rehabilitation, hoping to regain their optimal ability as fast as possible. In this case, the value of the body motivates them, giving them a prospect of entirely obliterating their pain and suffering as well as regaining lost abilities. A good example illustrating the above consideration could be a disabled athlete whose disability does not constitute a great obstacle in the realisation of their dreams of sporting success [18]. The overriding goal becomes accomplishing abilities that should be understood not only in a biomedical, but also in a social understanding [19]. A person without legs will never be able-bodied in the biomedical sense, as transplanting the lower extremities is still not possible in modern medicine. However, it does not mean that this person will not be able to achieve their full ability as an athlete, competing with the best contenders in national and international sporting events. At the same time, by improving his or her physical condition, such a person increases their opportunities to take part in social life. Thus, such a person usually completes some form of education, learns a profession, finds a job, starts a family, takes responsibility for bringing up their children, etc. Nevertheless, a person with a disability would not have been able to achieve these goals without a modification of the axiological system they had so far, giving to some values new content and functions, and accepting a new hierarchy of values. It applies to both lower values (e.g. vital, in the form of intensive rehabilitation) and higher ones (e.g. cultural, in the form of education).

The second possible way of acting for someone who is disabled is withdrawal, often giving up their rehabilitation. The disabled who act as such perceive the body as a carrier of ultimate values, but those values paralyse their actions towards regaining health, completing education, finding a job, starting a family and others. Many constructive actions lose sense for them, as they ascribe the opportunity to develop and realise oneself only to abled people (whether biomedically, socially, legally, etc.). For this reason, some who are disabled reduce their participation in social life to an existential minimum. Sometimes even that may seem to be too much, so they ask for assistance in euthanasia or suicide. These people are not able to modify the cravings and goals they have in order to adapt to the circumstances in which they are now in. In this case, the idea of the body as an ultimate value destabilises their attitudes and behaviours, showing at the same time a dissonance between the disability and so called “normality”, constituting a determinant of proper functioning in society. In the confrontation between those two axiological systems, the first one usually is defeated, becoming incoherent with the image of what a body looks like as accepted by the majority of the members of their society.

Although the idea of the body in the category of ultimate values seems not to be entirely explicit and cognizable, from the perspective of instrumental values, it takes on the content of concrete needs, aspirations, attitudes, goals, etc. It can be finding or keeping a partner, making new friends, being employed in a responsible position, etc. In each of the above mentioned situations it must be proven that the body is subject to a form of relative self-control, on the individual’s part, and does not constitute an obstacle which could prevent an individual from fulfilling his or her tasks. Such an idea was visualized by Kazimierz Szewczyk, where, according to him, “physicality constitutes a kind of a vehicle or a car, which moves and which is used by the soul, as its passenger or even its owner” [13, p. 142]. This vehicle should, by each of us, be maintained in such a state as to be able to reach its destination, even if the cost of subsequent repairs and spare parts increasingly rises. Its total immobilization means the end of the journey and its ultimate termination.

In the available literature on the subject, there are numerous examples of such instrumental treatment of the body by the disabled [18, 20]. However, the com-
mon denominator for all of the described cases is a departure from the body, understood in a metaphysical and religious sense, by imputing it with supernatural features, and by concentrating on its utilitarian qualities. Thus, somebody can accept the fact that their problems with motor coordination will probably prevent them from being a professional climber. Nevertheless, their problems are not able to obstruct their want of physical activity. Therefore, hiking is still possible, as well as taking part in mountain expeditions, though they may have to acquire additional equipment or make use of other people’s help. In this example, such an ultimate value is not the possession of an able body in the biomedical sense of meaning, but in this context of mountain hiking, it is instead to have an able body in the social sense. As such, the body is used here only as a means in the realisation of a goal, it is this “vehicle” in which every person moves (whether faster or slower, more or less comfortably). Therefore, an instrumental approach to the body assumes that people with a disability are the same as able-bodied people, i.e. each conscious human being has a possibility for optimal psychophysical development, only if they correctly identify their needs and goals and adapt them to what possibilities they have in their realisation. Among both the disabled and the able-bodied there are often people who are too weak, as far as strength, skill or knowledge is concerned, to fulfil a chosen task. Subsequently they experience considerable disappointment and frustration, not because they have not proven themselves as people, but because they have decided to realise needs and goals beyond their abilities. The responsible factor might be a lack of humility, excessive ambition, insufficient knowledge, the lack of a sense of responsibility, or simply human conceit and egotism. Thus, needs and goals should be modified and sometimes forsaken in such a way that they are coherent within one’s own, as well as society’s, system of values (in an ideal situation).

However, there are those who are disabled who consider themselves helpless and dependent on the help of others. It happens in particular when everyday activities become too hard to accomplish, such as when going to the toilet or making a meal becomes a considerable challenge. In such a state it is difficult to think of one’s development, instead, an effective obstacle for development turns to shame, a lack of respect for oneself and an utter loss of dignity. The body in this aspect is perceived as a source of illness and degeneration and not as a space for actual and potential abilities. When a person with a disability starts to perceive his or her own body or its particular organs as degenerate they then begin to perceive their whole life as being unhappy. In such a situation it is obviously difficult for a disabled person to reformulate their system of values by themselves in such a way that the idea of the body would not obstruct their development, but instead support it and motivate them to look for new opportunities for self-realisation. Therefore, help for the disabled should be undertaken by other people and by institutions whose workers are properly trained in identifying the contents, functions and places of values which have considerable influence on the psychophysical state of someone who is disabled.

As in the instrumental approach, the body is used as a tool in the realisation of definite goals, where in the hierarchy of values those goals are situated far higher than the value of the body itself. It can be education, travel, increasing their level of being self-sufficient, winning an Olympic medal or fulfilling the role of a spouse or parent. Therefore, if cultural values become a goal, e.g. completing education, the body then adopts the content of vital, hedonistic, utilitarian and other values. They usually take the form of practical activities, such as eliminating pain or overcoming different barriers: architectural, urban, communicative, psychological, legislative or financial. Therefore, self-realisation in the sphere of lower values should not necessarily be understood only in the biomedical sense, but also in the social one. Although lower values most strongly accent the physiological aspect of a human being’s functioning, within their boundaries an individual prepares for their functioning in the sphere of higher values, e.g. aesthetic, legal, cognitive, moral, religious and others. Therefore, when using the systematic perspective, values should not be considered in isolation and without taking into account their influence on each other. When lower values are in the centre of interest of an individual, then higher values also certainly coincide with them as peripheral values. When, however, we deal with the instrumental approach, they are usually placed within a broader context of ultimate values. Thus the overriding feature of an axiological system is its dynamics and openness to change.

It has already been mentioned that in the axiological system of people with a disability, the body can take a central or peripheral place. Placing a value in a certain position shows its natural context, defined through the net of relations, dependencies and mutual influences into which it enters with other values. Thus, the body can occupy a central place in various contexts, among others, biomedical (recovery, keeping fit, regaining lost skills and abilities), utilitarian (self-care and autonomy of a disabled person, or regaining a position in their family, peer group, school or career), aesthetic (restoring or correcting beauty), agonistic (competition with other individuals) as well as hedonistic (experiencing pleasure). The common denominator for all the above mentioned contexts is the fact that a considerable majority of the actions undertaken by an individual focuses on a concrete form of activity with their body, which is turn is
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a determining factor in their whole life. It can be intensive rehabilitation, taking care of one’s beauty, doing sport, etc. The remaining values are mainly used by an individual in order to strengthen the actions they undertake or when there is a risk of their weakening. For example, let us consider the body in the context of rehabilitation. It can take on the content of an ultimate value (a healthy body) or an instrumental one (an able body). These, in turn, coexist with other values important for the disabled. We can have a healthy, able, and beautiful body (aesthetic value), a strong body (a vital value), a self-serving body (utilitarian value), a body capable of starting a family (a cultural value), a helpful body (a moral value), a body adoring God (a religious value), etc. The overriding goal of these values is in supporting an individual during the process of rehabilitation. It can be achieved by having a patient focus not on the therapy itself, but on the values that could be realised after its completion. So after completing rehabilitation the body will not only be healthy and able but also beautiful, self-relying, capable of starting a family, etc. Since those values relate to the concrete needs and plans of a patient, they show the natural boundaries of his or her rehabilitation. Neglecting them can therefore make the therapy less efficient or even entirely unfeasible.

The body in the axiological system of the disabled can also take a peripheral place. Then the central place is occupied by cultural values (education, work), moral (social activity) and others. Here, a suitable example can be the story of Piotr Pawlowski, the physically disabled editor-in-chief of the magazine Integration [21]. As an able-bodied person he dreamed of becoming a professional basketball player when a spine injury destroyed those dreams. After evaluating his needs, goal and abilities, Pawlowski decided to concentrate on completing his education, learning foreign languages and on social activism. The fact that he was almost 100% paralysed (a tetraplegic), seemed to provide him with additional motivation. In his axiological system, the body ceased to be perceived as a central value, fully determining one’s actions. For him the most important thing became education: “I knew that life among people requires physical ability that I do not possess. Education was to make up for this” [21, p. 5–14]. After his graduation another goal appeared: creating a magazine integrating the milieu of the disabled. “A bedroom in my house was changed into an editorial office”, he reminisced, “For the first issues I and Bolek wrote all of the texts, using several pen names. Each of us was writing with one finger, he with his finger in his right hand, I with a small wooden pencil attached to the left one” [21, p. 9]. As a social activist, Pawlowski helped the disabled with legal, psychological, professional, medical and other problems. At the same time he continued with his private life, became married and strengthened his family and social ties. It could be surmised that realising the above mentioned goals would not have been possible if, in Pawlowski’s system of values, the body occupied the central position, dominating other values. It was his departure from the body as the ultimate, central value and then considering the body in categories of peripheral instrumental values that resulted in such creative work for his own development and for other people’s development. Knowledge of the various aspects of the body in an axiological system of persons with a disability influences their functioning both in their private and social life. For this reason, the cognitive function of values seems especially important. By getting to know his or her own body, man constructs an axiological picture of reality which sets the boundaries of their individual existence. Thus, if a disabled person perceives his or her own body in positive categories, he or she also perceives reality in such categories. However, if the knowledge disheartens and frightens him or her, the world would then seem terrifying. Hence, the axiological construct constitutes the most basic knowledge of the world available to man. Some scientists even question the differences between facts and values in the context of their cognitive function. Such a hypothesis can be formulated both on the basis of an analysis of facts and on the basis of an analysis of the expectations expressed through values [14, 22].

Thus, the motivational function of values allows individuals to formulate goals adequate to their situations, needs and own abilities. It is strictly connected with the knowledge of reality that an individual possesses. The body efficiently becomes motivated to action only if it coexists with goals that can be attained. If a person is convinced that a goal is not possible to attain, even if the goal is in fact almost achievable, he or she will not be motivated enough to attempt at reaching it. One should also remember that setting goals means setting a hierarchy of values. Therefore, these values usually occupy the central place in the axiological system of an individual, which are tied to attainable goals (which does not mean that they always constitute the ultimate goals of actions, since they can be an intermediate goal). On the other hand, the values connected to the goals whose realisation is not very probable or entirely impossible usually has a more distant place within the system.

The evaluating function of values affects, above all, the establishment of recognizing the consequences of an individual’s actions. If a person wants to define the consequences of their actions, he or she should take into account not only their own interests but also those of other people, i.e. society. There are some social standards that regulate behaviours towards the body which are found in traditions, customs, legal norms, regulations, etc. Individuals confront these standards with their own spontaneous decisions. The
result of this confrontation can be the separation from what one wants and conceding to what is socially acceptable. A person with a disability may want to murder another man but will realise the weighty consequences of their deed and therefore give up such a plan, in fact yielding to the interests of the community.

The last function that should be mentioned is the expressive function, which the body can realise in the system of values of people with a disability. Thanks to it, individuals can manifest their emotions and attitudes towards various facts, phenomena or states of affairs. Analysing an individual's system of values can therefore lead to predicting the direction of a person’s activities, and towards stating, with high probability, what gives them pleasure and satisfaction (positive emotions) and what does not (negative emotions). Therefore, when a person with a disability is performing an activity and shows dissatisfaction and frustration due to experiencing pain and suffering, we have a clear signal that we should introduce some modifications in our behaviour or that the system of that person's values should undergo some change.

Conclusions

In this article, the contents, functions and places of the body in the axiological system of people with a disability was presented. In addition, it was showed that the body does not exist as an autonomous and fully independent value, as it cooperates with other values, building certain relations, dependencies and mutual influences. Hence the systems of values constitute dynamic wholes, prone to changes and modifications. Thanks to this feature we can formulate particular values in such a way that they do not act dishearteningly on the disabled, but conversely, so that the new contents and functions given to them will enable the discovery of paths of self-realisation not known before.

However, in this respect, those who are disabled should receive the necessary support from other people and from proper institutions. This support can clearly be given by providing support with their rehabilitation, giving legal help or removing architectural barriers. Nevertheless, a candid conversation with the disabled person about the issues that are important to them is also important. It can be a conversation about family, hobbies, religion, politics, and plans for the future. It can be conducted by any person knowing the system of values that exist in a person with a disability or by possessing the necessary interpersonal skills. The effectiveness of this conversation increases with the amount of influence that the interlocutor has on the disabled person. Thus, it can be physiotherapist, a doctor, a family member, an employer, a life partner or another disabled person. However, one should remember that the goal of the conversation should be in adapting the system of values of the person with a disability to their needs, goals and the possibility of how to achieve them, as well as to the system of values that exists in society. Thus, the partner in the conversation should adopt the role of a trustworthy custodian, who does not impose their own point of view but relates with respect and humility to the values of others even in they are personally controversial or in oppositions to their own convictions [23]. As Tadeusz Kotarbiński mentioned, a trustworthy guardian is a “good person, with a kind heart, sensitive to the needs of the others and ready to help” [23, p. 378]. One can trust him or her entirely and entrust one’s problem to them as there exists the understanding that they would do everything possible to help in a difficult situation.

Undoubtedly, owing to the identification of the particular values that coexist with the body, it is easier to understand the attitudes and behaviours adopted by the disabled. It is also easier to motivate them in the realisation of everyday duties and making rational plans for the future.

References

1. Aduszkiewicz A. (ed.), The dictionary of philosophy [in Polish]. Świat Książki, Warszawa 2004.
2. Blackburn S., Oxford dictionary of philosophy [in Polish]. Książka i Wiedza, Warszawa 2004.
3. Błasiak A., Axiological aspects in the upbringing process. Selected issues [in Polish]. WAM, Kraków 2009.
4. Cichoni W., Values, man and his upbringing: an outline of axiological and pedagogical issues [in Polish]. Uniwersytet Jagielloński, Kraków 1996.
5. Elzenberg H.J.M., Axiological texts [in Polish]. UMCS, Lublin 2002.
6. Ignatczyk W., System of family values of young people in Poland at the end of the 20th century [in Polish]. Akademia Ekonomiczna, Poznań 2002.
7. Reykowski J., Einsenberg N., Staub E. (eds.), Individual and social determinants of values [in Polish]. Ossolineum, Wrocław 1990.
8. Tatarkiewicz W., The concept of a value, or what a historian of philosophy has to say to a historian of art [in Polish]. In: Tatarkiewicz W., The good and the obvious [in Polish]. Wydawnictwo Lubelskie, Lublin 1989, 136–14.
9. Veatch R. M., The basics of bioethics. Prentice Hall, New Jersey 2003.
10. Singer P., Rethinking life and death. The collapse of our traditional ethics [in Polish]. PIW, Warszawa 1997.
11. Frankfurt H.G., The freedom of will and the concept of a person. In: Hołówka J. (ed.), The philosophy of morality. Resolve and moral responsibility [in Polish]. Spacja, Warszawa 1997, 21–39.
12. Jan Paweł II, Evangelium Vitae [in Polish]. TUM Wydawnictwo Wrocławskiej Księgarni Archidiecezjalnej, Wrocław 1995.
13. Szewczyk K., Bioethics. The patient in the health care system, v. 2 [in Polish]. PWN, Warszawa 2009.
14. Brzozowski P., An exemplary hierarchy of values. Polish, European or universal? [in Polish]. UMCS, Lublin 2007.
15. Węgrzecki A., Scheler [in Polish]. Wiedza Powszechna, Warszawa 1975.
16. Stróżewski W., Transcendentals and values [in Polish]. In: Stróżewski W., Existence and values. Znak, Kraków 1981, 27.
17. Pezdek K., The elements of systematic approaches in the works of Henry Bergson [in Polish]. ATUT, Wrocław 2010.
18. Duński W., Escape into life [in Polish]. Polgraphic, Biały-stok 1996.
19. Hryniewiecka A., A new trend in the recognition of disability issues and rehabilitation [in Polish]. Człowiek-Niepełnosprawność-Społeczeństwo, 2007, 1 (5), 39–45.
20. Červinková H. (ed.), Social animators for the disabled. Activating those on the borderline [in Polish]. The Office of the Marshal of Lower Silesia, Wrocław 2008.
21. Pawłowski P., My road to integration [in Polish]. Integracja, 2009, 5 (98), 5–14.
22. Domurat A., Identifying personal values in psychological research. Values as goals of actions and choices [in Polish]. Uniwersytet Warszawski, Warszawa 2009.
23. Kotarbiński T., Ethical writings [in Polish]. Ossolineum, Wrocław 1987.