WORKING METHODS WITH INTELLECTUALLY AND PHYSICALLY DISABLED PEOPLE IN THE CONTEXT OF COGNITION AND AFFIRMATION OF CORPOREALITY

Stefan Szary[1], **Jadwiga Knotowicz**[1, 2], **Joanna Wojewoda**[1]

[1] *The College of Education and Therapy in Poznan, ul. Grabowa 22, 61-473 Poznań*

[2] *The State School of Higher Professional Education in Konin, ul. Przyjaźni 1, 62-510 Konin*

ABSTRACT

Introduction. Intellectually and physically disabled people are a specific group of patients. Among them can be found people who have a limited awareness of their own body or even its absence but they demand proper, professional and individual approach on the part of the physical therapists.

Aim. To indicate the need for a holistic approach in medicine, including physical therapy on the one hand and on the other the possibility and validity of the Knill method in practice when working with people with limited awareness of their own body or the lack of it. The results confirm the validity of the presented point of view.

Material and methods. The article presents a humanistic interdisciplinary point of view. It includes psychological, pedagogical and philosophical threads as well as it refers to the history of medicine. The study and its results confirm the validity of the Knill method used in physiotherapy.

Results. The results show how important the carried out activities are for intellectually and physically disabled people. The children with polio and Down syndrome benefited the most. Autistic children are the most difficult to work with as indicated by the statistics in the tables.

Conclusion. Physiotherapy is an area which draws on its own knowledge and also calls for psychological and pedagogical skills. The Knill method used by physical therapists can contribute to the effectiveness of therapy in working with physically and mentally disabled people. It would be useful to introduce it as early as at the first levels of education of future physical therapists.

Key words: disability, awareness of one's own body, dialog, the Knill method

Introduction

1. The development as a task

Viktor Emil Frankl in his metaclinical lectures devoted to the issue of human being claimed that …"It seems that in our life there is only one real danger: the danger that we will never really live"… [1]. However, how to understand life? Frankl says that …"A person (...) does not exist in order to be but to become"... [2]. Becoming points to the process that is referred to as development. Karen Horney claims that this …"Striving for development is innate to people"… [3]. Life points directly to the dynamics of development, to the process of multidimensional development thanks to which a person can realize himself or herself. In turn, Erich Fromm claims that …"The purpose of life should be recognized as a human capacity for development in accordance with the laws of his or her nature"… [4]. Based on the "artistic" look at a person, Anthony Kępinski says that …"A person is a constantly creating work of art, a great, incredibly rich and diverse structure the construction of which never ends; it lasts from the moment of conception through death"… [5]. Therefore the awareness of life relates to such concepts as dynamics, movement, prosperity or development (lat. "evolvere").

Thinking about the holistic concept of a person, by which a person is seen as a whole, as a physical and psycho-spiritual unity, the following levels of development can be specified: somatic-physical development, psychological-personal development, spiritual, full realization of a human potential [6].

Erich Fromm says that …"A person's main task is to complete his or her birth, to realize his or her potential powers. The final stage of this effort is his or her own personality"… [7]. It should be noted that no rules are set in advance, but there is a specific person with his or her own capabilities. The goal is not to achieve standards, but, if possible, the most full development of a person.

2. The awareness of one's own body as channels of personal expression and communication

A person is an embodied creature. Corporeality is the first visible sign of individuality, uniqueness and exceptionality of a human being. It expresses individual way of life. Richard Shusterman calls this the "*somatic style*". In his lecture titled "Somaesthetics and the Somatic Style" he claims that …"The somatic style is a noticeable aspect of a surface of the human body, but it also reaches the depths and penetrates the self and personality. The somatic style is a depth which cannot be trivialized by understanding it as only a superficial matter of taste (...)" [8]. In a similar way, by expressing themselves through the body and through the body Anthony KEpinski says that …"A person in every gesture, facial expression, manner of speaking, writing, at work, dressed, style of living, fun, in the manner of walking, in his or her general view, reflects "the print" of his or her own personality, his or her "made by me". There is nothing like impersonal, non-individual, a person leaves his or her personal mark everywhere, a seal of his or her personality" [9]. The awareness of one's own physicality is very important because it directly affects the quality of the development. The lack of this fundamental awareness can significantly delay or even inhibit the process of development. Marianna Knill and Christopfer Knill, the British therapists who worked since the 70s with children and adults who do not establish contact with the environment, point to the validity of …"The use of touch in the development of interpersonal awareness, sensitivity, communication and quality of relationships"… [10]. In their therapeutic practice they fill space with appropriately matched sounds – music. On the one hand, they point to a holistic approach to a partner, and, on the other hand, to activation of senses during therapy. They developed their own treatment programs ("The Knill Programs") in which they include the awareness of the body as an important factor enabling people to open up on the surrounding world"… [11]. The awareness of the body is perceived as awareness of individual channels of expression and communication. Knill recognizes – Janina Gut explains – that proper human development depends on the ability to acquire, organize and use knowledge. A therapist who uses his program establishes a contact with a child by means of touch and music [12]. A proper human development is integrally linked with the awareness of his or her own physicality.

3. Physical and intellectual disability

A disabled person is described as a person …"Whose damaged and decreased physical performance restricts or prevents the execution of everyday and professional tasks and the fulfillment of social roles, taking into account their age, gender and environmental, social as well as cultural factors"… [13]. Disability makes the process of proper physical or intellectual, or physical and intellectual development difficult. Disability is reflected in the body as a physical defect (e.g. as an anatomical defect) or through the body (as an intellectual, mental disability expressed in a meeting, interview, etc.).

Disability affects the image of one's own, which is linked to the development of such important human factors as the correct self-assessment and the ability to perform self-acceptance. Defects, especially these which are easily perceived by others, cause the feeling of being stigmatized. The awareness of one's own disability, multiplied by the gaze of others, or by continuous monitoring, which aims to disguise disability, can lead to lower self-assessment, can weaken the fundamental sense of security, lower the threshold of confidence in others, be the cause of escape from other people, can lead to clam up, narrow the field of communication, be the reason for isolation and self-exclusion.

In some cases, the lack of full ability can lead to a permanent lack of self-acceptance, self-rejection, rejection of oneself, self-aggression or the adoption of a permanent apathy, internal seclusion and the loss of contact with the outside world. Working with disabled people requires an individual approach, full commitment and skillful psychological and pedagogical approaches. Unfortunately, in pedagogical and psychological practice, rush and conventionality prove to be fatal.

4. Disruptive behavior

The most difficult obstacles to be overcome while working with people with disabilities include disruptive behaviors between a therapist and a patient as well as a caregiver and a partner (the terminol-

ogy proposed by Christopher Knill). They are typically related to the lack of awareness of one's own body and behavior. Contact is disturbed by such behaviors as self-injury (self-mutilation), avoidance of contact, lack of understanding of messages, the refusal to obey any commands, scream, shriek, cry, repulsion, kicking, etc. Christopher Knill provides examples of specific behaviors that interfere with communication that were subjected to the Knill program treatment.

Disruptive behaviors can lead to a situation in which only basic needs of these people are taken care of. Such behaviors are not interpreted as a cry for help. Psychological needs of these people are not taken into account. Therapists remain at a safe level of being unable to recognize such behaviors. As a result, such individuals who need their physiological as well as psychological needs to be taken care of remain outside the full treatment. Janina Gut, who points to a problem related to nursing homes for children, claims that …"The people involved in taking care of a child do not have time to touch plays. They are usually nurses who take care of physiological needs of their patients and who only take care of psychological needs of their patients under special commands given by therapists. No time is given to frolic or playing with the child's fingers. Children cannot find out how they look like and how they please other people by simply being there with others because there is no talk about it. There are a lot of children but very little staff. Bathing and dressing is being "done automatically". While eating no attention is being paid to the way food should be eaten (how to chew, swallow – actions which are very important for the development of a conversation). On the other hand, attention is paid to the fact that every child should eat something. Fast-paced care treatments alienate such children from the environment due to the fact that it differs significantly from the rate of how it functions"… [14].

The Knills programs are valued therapeutic methods with people with disorders.

5. The Knills therapeutic programs for the treatment of individuals with disorders

Marianna (1947-1986) and Christopher Knill (1948) are the creators of a particular type of activity programs. They were described in two papers "Activity Programs for Body Awareness, Contact, and Communication" and "Touch and Communications". The authors refer to the achievements of developmental psychology and apply therapy to people who have no contact with the immediate environment. Their treatment is based on regular and sensitive use of touch with the aim of developing positive contact and communication. An important factor of the treatment is to create proper conditions for the so-called total communication and a proper approach to the caregiver-partner relationship. This terminology is consciously adopted since as Christopher Knill explains …"Terms such as an adult and a child, a therapist and a patient, a teacher and a child are too restrictive and impose appropriate behavior"… [15]. Without such boundaries the relationship is created individually and correspondingly to the needs of people. Therefore, one of the most important activities in the Knill method is to recognize the needs of a partner. Then, together with the holistic approach, one can define aims concerning the development.

Knill offers a list of specific questions regarding: (1) the identification of needs and aims, (2) the planning of sessions and contacts, and (3) the regularly recorded information in a notebook.

An important part of a session is to create the appropriate atmosphere. The Knill programs include appropriate music which is an integral part of the therapy. A person who participates in the therapy should feel safe and be respected. Only in such a situation it is possible to increase patient's self-confidence and an attempt should be made to "break down the barriers" and "be opened through communication".

Touch is a basic and positive sign in the Knill method. …"The experience of a touch is the first impression that we experience and the last we lose. That is why the first experiences of a physical contact an infant experiences have a strong influence on his or her later emotional relationships with the surrounding world. If a child feels safe and support when he or she is held firmly but gently, close to another warm body, then a baby has a chance to confidently treat the world around him or her (not be afraid of it) and feel confident"… [16]. Physical contact is an emotional acknowledgment, acceptance, affirmation, the starting point for further development of communication. There is no proper development of a child without intimacy, warmth, hugs and a positive physical contact. Through a touch a person becomes aware of his or her body and an imagine of himself or herself. The touch of another person allows you to discover your own body as your own "channel of communication" [17]. At the same time, however, one cannot forget about the role of the caregiver, the important role

of voice, manner of speech, intonation, volume, facial expression, eye contact, posture, clothes and most of all hands. …"The way we touch should be convincing and accurate and not mechanical or thoughtless. Touching with a hand should convey a positive attitude and a sense of security in our partner which reduces the need to defend himself or herself and let them to openness. If we are too gentle the effect might be opposite. It may cause confusion and result in anxiety and tension"… [18].

In addition, the Knill programs impose conditions on caregivers. They are the basic condition upon which the effectiveness of the therapy lies. The most necessary include patience, tolerance, sensitivity, empathy, respect, creativity, peace, self-control and a positive awareness of conducted activities. On the basis of a longtime practice Christopher Knill claims that …Contact sessions lead to increased interpersonal sensitivity, openness and active communication"… [19]. What is more, not only the development of self-awareness of a partner, but also of a caregiver should be stressed. When meeting other people caregivers' world becomes more open and they become more experienced.

Aim

People with intellectual disabilities need help from the environment in which they live. Often in such environment attention is not paid to the fact that not only the mind but also the body requires support and knowledge (self-consciousness). Thus, our study set out to deal with this problems.

Material and methods

The participants were 130 first year physiotherapy students at the College of Education and Therapy in Poznan and 38 second year pedagogy students at the State School of Higher Professional Education in Konin. The students observed children with cerebral palsy, Down syndrome, autistic and blind children. Seventy cases were selected, 20 of which regarded the first three ones and 10 related to the blind children.

Results

The results of the study show that the therapeutic work with such people requires an individual and creative approach. The improvement methods required a lot of patience and skill to reach a disabled person. Helpful in identifying developmental changes were observation sheets used for measuring and evaluation. The three following indicators of interaction between a child and a therapist were pointed to: participation, attentiveness, behavior disturbance.

The results indicate nine types of activity: I – rocking; the aim: to let a child to experience the body as a unity and to build confidence; II – clapping and patting different parts of the body; the aim: the development of body awareness and the ability to coordinate movement; III – rowing; the aim: the awareness of importance of balance, the experience of moving body weight in cooperation with other people, to get the correct muscle tone of the back and hip; IV – feet rubbing; the aim: to understand what a child's own feet are, to understand the concept of a foot; V – fingers moving; the aim: teaching the awareness of fingers, the development of their strength and control over them which determines the correct balance and proper walking; VI – feet moving, the aim: the development of the ability to deliberately and independently use both legs, the development of leg muscles; VII – lying on the back, the aim: to familiarize a child with his or her own back, to understand the concept of the back; VIII – turning one's back to a side, the aim: relaxation and balance exercises, to understand the concept of the back and side and the development of rotary motion of the spine which are the basis of proper walking; IX – turning from the back to the abdomen and relaxation; the aim: to understand the concept of a stomach.

Table I shows the attempted to assess the child's response to each activity. A scale from A to F was used with A meaning passive, B – interest, C – recognition, D – waiting, E – cooperation, F – initiative.

As far as the disturbing behavior is concerned (see Table II), the first level relates to behaviors disrupting activity in a limited range; the second level relates to behaviors impeding the performance of an activity; the third level relates to behaviors preventing the performance of an activity.

Table I. The children participation in activities.

Participation								
	CP *20 children*		DS *20 children*		Autism *20 children*		Blind children *10 children*	
	Amount	%	Amount	%	Amount	%	Amount	%
I	F 13	*65*	F 10	*50*	A 5	*25*	A 3	*30*
rocking	E 4	*20*	E 5	*25*	B 5	*25*	B 3	*30*
	D 3	*15*	D 5	*25*	C 10	*50*	C 4	*40*
II	F 9	*45*	F 7	*35*	A 4	*20*	A 2	*20*
clapping and patting	E 3	*15*	E 9	*45*	B 6	*30*	B 4	*40*
	D 8	*40*	D 4	*20*	C 10	*50*	C 4	*40*
III	F 10	*50*	F 6	*30*	A 7	*35*	A 4	*40*
rowing	E 5	*25*	E 6	*30*	B 6	*30*	B 4	*40*
	D 5	*25*	D 8	*40*	C 7	*35*	C 2	*20*
VIII	F 11	*55*	F 7	*35*	A 6	*30*	A 4	*40*
turning one's back to a side	E 7	*35*	E 8	*40*	B 6	*30*	B 3	*30*
	D 2	*10*	D 5	*25*	C 8	*40*	C 3	*30*

Table II. Behavior disturbance during activities.

Behavior disturbance									
		CP *20 children*		DS *20 children*		Autism *20 children*		Blind children *10 children*	
	Level	Amount	%	Amount	%	Amount	%	Amount	%
I	I	14	*70*	15	*75*	11	*55*	6	*60*
rocking	II	5	*25*	2	*10*	4	*20*	2	*20*
	III	1	*5*	3	*15*	5	*25*	2	*20*
II	I	10	*50*	16	*80*	14	*70*	4	*40*
clapping and patting	II	8	*40*	2	*10*	3	*15*	2	*40*
	III	2	*10*	2	*10*	3	*15*	2	*20*
III	I	11	*55*	14	*70*	14	*70*	5	*50*
rowing	II	5	*25*	3	*15*	2	*10*	3	*30*
	III	4	*20*	3	*15*	4	*20*	2	*20*
VIII	I	17	*85*	13	*65*	16	*80*	3	*30*
turning one's back to a side	II	1	*5*	5	*25*	2	*10*	3	*30*
	III	2	*10*	2	*10*	2	*10*	4	*40*

Discussion

The original results of the study regarding the participation and disruptive behaviors show differences among children with cerebral palsy, Down syndrome, autistic and blind children. Particular activities to a large extent indicate that the knowledge of the body and its various parts among the disabled was very individual, and, constituted a challenge to the physical therapists. The study concerned the child's activity, the creation of a safe framework for activities, the encouragement to physical contact with an adult and the development of tolerance towards physical contact especially in children who have problems with such contact.

Physiotherapy is an area which despite its own knowledge also calls for psychological and pedagogical skills. A variety of methods including, for example, the Knill programs can be used by physical therapists and help to increase the effectiveness of therapy while working with physically and mentally disabled people, people who have limited or no awareness of their own body.

Future physical therapists should be taught different methods used in the field of body pedagogy related to intellectually disabled people as early as at the first levels of their education.

References

[1] Frankl V.E.: Homo patiens, tł. R. Czernecki i Z. J. Jaroszewski, Instytut Wydawniczy Pax, Warszawa 1998;272.

[2] Frankl V.E.: Homo patiens, tł. R. Czernecki i Z. J. Jaroszewski, Instytut Wydawniczy Pax, Warszawa 1998;47.

[3] Horney K.: Nerwica a rozwój człowieka, tł. Z. Doroszowa, Dom Wydawniczy Rebis, Poznań, 2006;37.

[4] Fromm E., Niech się stanie człowiek. Z psychologii etyki, tł. R. Saciuk, Wydawnictwo Naukowe PWN, Warszawa-Wrocław, 1996;24.

[5] Kępiński A.: Rytm życia, Wydawnictwo Literackie, Kraków, 1994;350.

[6] Salamucha A.: Pojęcie rozwoju człowieka w pedagogice, Roczniki Nauk Społecznych KUL, 2, 2000/2000;159-166.

[7] Fromm E.: Niech się stanie człowiek. Z psychologii etyki, tł. R. Saciuk, Wydawnictwo Naukowe PWN, Warszawa-Wrocław, 1996; 192.

[8] Shusterman R.: Somaesthetics and Somatic Style, wykład wygłoszony podczas II Międzynarodowej Konferencji Naukowej: Filozoficzne i kulturowe aspekty cielesności. Ciało niepełnosprawne w perspektywie filozoficzno-kulturowej, zob. przypis powyżej. Wydawnictwo Naukowe PWN, Warszawa-Wrocław, 1996; 192.

[9] Kępiński A.: Poznanie chorego, Państwowy Zakład Wydawnictw Lekarskich, Warszawa, 1978;72.

[10] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;6.

[11] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;10.

[12] Gut J.: Programy M. i Ch. Knillów w terapii z dziećmi z zaburzeniami w rozwoju (z doświadczeń terapeuty), w: Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej1997;1:82.

[13] Sowa J.: Pedagogika specjalna w zarysie, Wydawnictwo Oświatowe FOSZE, Rzeszów, 1997;19.

[14] J. Gut, Programy M. i Ch. Knillów w terapii z dziećmi z zaburzeniami w rozwoju (z doświadczeń terapeuty), w: Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej, 1997;1:84.

[15] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;8.

[16] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;10.

[17] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;13.

[18] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;17-18.

[19] Knill Ch.: Dotyk i komunikacja, tł. M. Piszczek, Centrum Metodyczne Pomocy Psychologiczno-Pedagogicznej MEN, Warszawa, 1995;53.

Corresponding author: Jadwiga Knotowicz, The College of Education and Therapy in Poznan, Grabowa Str. No 22, 61-473 Poznan, j.knotowicz@wseit.edu.pl