



Special and non-special. Dilemmas of the modern approach to the needs of people with disabilities

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The article discusses the problem of disability seen through the prism of needs, both the ones referred to as special (special educational needs, developmental needs, professional needs) and the universal ones. It analyses both the term itself – (special) needs, in particular the problem of its deprivation of the basic, psychological significance in special needs education in recent years as well as its theoretical and practical explorations with reference to nursing, compensatory, educational and therapeutic activities. The purpose of the text is to emphasise the need for updated analyses in line with the idea of inclusion with reference to the problem of the needs of persons with disabilities as an incentive factor and compensatory area.

KEY WORDS: special needs, unsatisfied needs, disability, inclusion

Foreword

The term “special needs” has become one of the most commonly used concepts in special needs education. Morton A. Gernsbacher et al, who analyse the social perception of this concept, note that

Google Scholar currently indexes more than a million scientific articles with this term, and Amazon.com sells almost 5,000 books that have this word in the title¹. Even though its history and the background of its origin are commonly known, it is rarely used now in accordance with its source meaning: most typically it is treated like a label, a contemporary synonym of disability, and, unfortunately, infrequently as an index that points to the psychological category of the need included in it. There is the risk that, if the word “needs” is repeated thousands of times, the effect of “habituation” will develop and we will no longer see behind the term the person who has some kind of needs. Meanwhile, responding rationally to the needs of persons with disabilities determined the effectiveness of support and social inclusion.

Special needs – an euphemism for disability or actual interest in the needs of a person?

Knowledge of disabilities – their causes, conditions, limitations associated with them as well as the possibilities for preventing and minimising their consequences – has changed over the ages. As the science, especially medicine, developed, the ability to explain the mystery of disability improved, but also the social interest in and social attitudes towards disabled persons changed. Currently, disability is regarded as a complex phenomenon inscribed in human fate and affecting (determining) that fate, which is why it is the object of not only numerous medical studies but also humanistic, philosophical, pedagogical and psychological deliberations. Consequently, numerous theoretical concepts and categories develop in science, attempting to explain the phenomenon of disability. These include perceiving disability through the prism of the special needs of a disabled person.

¹ M.A. Gernsbacher, et al. (2016), “*Special needs*” is an ineffective euphemism, *Cognitive Research* No 1(1): 29; <https://doi.org/10.1186/s41235-016-0025-4> [ed. Online 2016 Dec 19] [access: 2018.01.15].

In psychological terms, needs belong to factors that motivate and activate human actions, but they are something more than mere instincts and impulses driving a person. The shortest definition of a need is that it is lack of fulfilment², although it can also signify (irresistible) need to do something or instrumental lack of something needed to achieve a certain expected condition, goal or intention. Translations and synonyms include such expressions as: *difficulties, poverty, deprivation, scarcity, difficult situation*. Thus, what we have here is a strong and diversified controlling agent of human behaviour, often of imperative and irresistible nature.

The concept of “special needs” is mainly associated with “special educational needs”, the term introduced forty years ago by Mary Warnock (1978) as an alternative to the simple dichotomy: “disability” – “non-disability” and the related simple dichotomy of educational choices in the schooling practice: special school – normal school. Acknowledging the complexity of the individual needs of all students – not only those with disabilities – led to thinking in the categories of necessary and diversified assistance, taking into account not only disabilities but all the other factors that affect the educational progress of an individual³. This could be defined as a positive approach, reflecting the following way of thinking: *it does not matter what caused your limitations and what they are, what matters is what you need in particular to be able to achieve the same standards as others despite your limitations*. This was a passage from medical categorisation of students and labelling them on the basis of their diagnosed deficits to a functional understanding of their needs. Warnock understood needs in broad educational categories, as the requirement to apply one or more of the following forms of compensatory measures by a school:

- the provision of special means of access to the curriculum through special equipment, facilities or resources, modifica-

² S.C. Rathus (2005), *Psychologia współczesna*, Wydawnictwo GWP, Gdańsk, p. 442.

³ The Warnock Report (1978), *Special Educational Needs. Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. London, Her Majesty's Stationery Office.

tion of the physical environment or specialist teaching techniques;

- the provision of a special or modified curriculum;
- particular attention to the social structure and emotional climate in which education takes place⁴.

Warnock's concept, and in particular the concept of special needs, became hugely popular throughout the world. When, half a century ago, Ruth Luckasson et al (1992) proposed defining the degrees of mental retardation by means of the scope of the necessary psycho-social support, the effect on the global scientific discourse was the strengthening of the idea of practical operationalisation of needs resulting from disability, which is currently becoming standard. According to Luckasson, the needs may be graded (instead of the traditional degrees of mental retardation): from sporadic assistance through limited assistance up to complex and full assistance⁵.

The concept of special (educational) needs is not only rooted in the conceptual system of special needs education but also – somewhat against the intentions of its authors – it started to replace the concept of disability. Will it become another pejorative label one day? It seems very likely – M.A. Gernsbacher et al (2016)⁶ prove empirically that its original euphemistic character has been gradually transforming into a dysphemism⁷. In an interesting attributive experiment on a large group of N=530 persons, the authors prove that currently, the concept of special needs has more negative connotations and more stigmatising potential than the concept of disability, which, according to the researchers, is perceived as *more inte-*

⁴ Ibidem, p. 41.

⁵ R. Luckasson et al. (1992), *Mental retardation: Definition, classification, and systems of supports* (9th ed.). Washington, DC, AAMR.

⁶ M.A. Gernsbacher, et al. (2016), "Special needs" ..., op. cit.

⁷ *Dysphemism – the opposite to euphemism, replacing a decent, cautious or neutral word or expression with an irritating, blunt or immodest one*, [online] <http://www.slownik-online.pl/kopalinski/6912E60D67C51EA4412565BA002919B3.php> [access: 2018.01.15].

*grative*⁸. The authors, based on their findings, recommend not using the term “special needs”, which is worth considering in the countries where it has become dominant in the educational discourse, including in Poland. They also mention campaigns lobbying for removing from the media, including social media, of both the term “special” and the euphemistic concept of “special needs”⁹. They quote Collin Barnes, a representative of the contemporary interdisciplinary Disability Studies, who advocates for replacing the term “special education” with “inclusive education”, “special educational needs” with “unmet educational needs” and “children with special educational needs” with a non-euphemistic and unambiguous term “disabled children”¹⁰.

The future of the term “special needs” seems uncertain, the more so that, according to Gernsbacher, the term *poses more unanswered questions*¹¹, which in turn provokes identifying those questions. One of them might be the question of the theoretical and practical consequences of having developed the discussed concept around the psychological category of the “need”. Before we conclude that the labels of “special needs” or “special educational needs” are useless and throw them away to the garbage bin of science, it is worth going back to the source and extracting from the complex term one key word that has changed the perception of a person with disabilities: the very psychological term of “needs”, and to consider its contemporary significance and the resulting obligations.

The second conceptual area where the word need appears with reference to persons with disabilities are “unmet needs”. Although not so strongly embedded in the special needs education discourse as special needs, the concept is becoming dominant in approaching

⁸ M.A. Gernsbacher, et al. (2016), “*Special needs*”..., op. cit.

⁹ *Vide*: #NoSpecial – Carter-Long, 2016; #Don’tCallMeSpecial – Reeves, 2015 [after:] M.A. Gernsbacher et al. (2016), “*Special needs*”..., op. cit.

¹⁰ C. Barnes, A. Sheldon (2007), ‘*Emancipatory*’ *disability research and special educational needs*, [in:] Florian L. ed., *The Sage trade of special education*. London, Sage; pp. 233–246.

¹¹ *Ibidem*.

the problem of disabilities in the health care and social policies. It falls within the inclusive approach, as permanent lack of fulfilment of certain needs of some social groups is identified as an excluding factor, which the contemporary inclusive movement – social development policy, inclusive medicine, inclusive education, contemporary social work based on the idea of empowerment – strive to prevent¹².

Recognising persons with disabilities as a sensitive group, i.e. one endangered with marginalisation and exclusion, is the reason why their needs and the degree of the satisfaction of those needs are analysed. An example of such measures on the international level is the WHO *World report on disability* (2011), where the category of “needs and unmet needs” of persons with disabilities is a distinct part of the analytical model used in general health care, in all its dimensions – health promotion and disease prevention, basic health care and specialist treatment as well as in rehabilitation and in broadly understood assistance and support. The broad analytical range is associated with the bio-psycho-social model of disability and the holistic functional approach to disability, most comprehensively expressed in the WHO ICF concept – *International Classification of Functioning, Disability and Health*. As a result, the analysis of needs and unmet needs in the above three areas, according to said WHO Report, is subjected to the idea of inclusion through measures targeted, respectively, at:

1. reducing inequalities in the health area and achieving the highest health and functional standards of persons with disabilities;
2. broadly understood rehabilitation, focused on achieving and maintaining optimal functioning in interaction with the environment, despite disability;
3. assistance and support that enable an optimal level of self-sufficiency and independent life¹³.

¹² D. Podgórska-Jachnik (2014), *Praca socjalna z osobami z niepełnosprawnością i ich rodzinami*, Centrum Rozwoju Zasobów Ludzkich MPiPS, Warszawa.

¹³ Ibidem.

Some of the interesting diagnoses conducted for the purpose of social policies on the national and domestic levels, taking into account the needs and unmet needs of persons with disabilities are:

- the 2017 country report commissioned by the Polish Disabled Persons' Rehabilitation Fund (PFRON); surveys were conducted in a group of N=966 persons, selected according to a detailed algorithm described in methodology¹⁴.
- the survey report on needs and satisfaction with selected social services designated to satisfy them, in children diagnosed with disability and their parents in Łódź region, commissioned in 2016 by the Regional Centre for Social Policies (RCPS) in Łódź; the survey was carried out in a representative random group of N=322 parents and N=359 children in 24 special junior high schools and 24 special primary schools in the region¹⁵.

All the three reports – WHO, PFRON and RCPS in Łódź – are available online and serve as an example of a tool that actually influences policies on various levels, enabling disability management in view of the diagnosed needs. It should be noted that the modern approach to the problem, in line with the policy of social empowerment, is expressed in the postulate to plan medical and social services based on actual needs (need-based) rather than adjusting a person with disability to available services – being service-led¹⁶. This also shows that social diagnosis is always limited to a certain background for personalised measures for persons with disabilities,

¹⁴ M. Sochańska-Kawiecka i wsp. (2017), *Badanie potrzeb osób niepełnosprawnych – RAPORT KOŃCOWY*; *Badania Społeczne MSK, PFRON*, [online] https://www.pfron.org.pl/fileadmin/Badania_i_analizy/Badanie_potrzeb_ON/Raport_koncowy_badanie_potrzeb_ON.pdf [access: 5.01.2018].

¹⁵ J. Pyżalski, D. Podgórska-Jachnik (ed.) (2016), *Badanie potrzeb i satysfakcji z wybranych usług skierowanych do rodzin z dziećmi z orzeczoną niepełnosprawnością w wieku 8–16 lat. Raport z badań IMP na zlecenie RCPS w Łodzi*, [online] <http://www.imp.lodz.pl/upload/aktualnosci/2016/raport.pdf> [access: 5.01.2018].

¹⁶ J. Harris, H. Morgan, C. Glendinning et al. (2006), *Personalised social care for adults with disabilities: a problematic concept for frontline practice*. *Health & Social Care in the Community*, 2006, 14, pp. 125–135.

and that the effects of support should also – or even in the first place – be considered taking into account the psychological mechanisms triggered by the vectors of needs and measures aimed at meeting those needs. After all, one can be either the object or the subject of support. A subject-based approach to the needs of persons with disabilities involves not only protecting them against inequality but also their compensatory potential of development. This, however, requires a more in-depth analysis of the specific structure of individual needs in a situation of disability, focusing on the psychological meaning of the concept of a need, as well as its interdisciplinary implications. The subsequent part of the article discusses possible practical applications of two theoretical concepts coinciding with the analysed area: Dorothea Orem's concept and the Polish concept developed by Kazimierz Obuchowski, with references to Abraham Maslow's hierarchy of needs, which is not discussed here in detail due to its popularity.

Specificity of the needs of persons with disabilities from the perspective of deficiency and growth

Psychology defines two basic categories of needs: deficiency needs and growth needs. They are fundamental for more elaborate theoretical models of the classification of needs as well as empirical verification of their interrelations¹⁷. Another question is what specific content – including what values – is associated with deficiency and growth, respectively. In the case of disability, where limitations and deficiencies constitute specific conditions for the development of human experience, the category of deficiency needs seems particularly important. Deficiency also seems to be the basic factor determining the special nature / specificity of the needs of persons

¹⁷ E.g. A. Noltemeyer, et al. (2012), *The relationship among deficiency needs and growth needs: An empirical investigation of Maslow's theory*, Children and Youth Services Review, Vol. 34, Issue 9, September 2012, pp. 1862–1867.

with disabilities. This does not mean that persons with disabilities need more of something but that they may need something more, i.e. the effects of not having their needs satisfied may pose a major threat to their development, health or life. The specificity of deficiency needs is not due to the specificity of the deficiency, but rather the specificity of the possibilities for leveling them - in particular independently. Accordingly, it may be assumed that independence deficiency also contributes to defining the needs of persons with disabilities as special.

An inspiring concept from the perspective of the needs of persons with disabilities seen through the prism of independence deficiency, which means the need to use social support to satisfy the needs, is the Self-Care Deficit Theory developed by Dorothea Orem¹⁸. This concept is one of the classical theories of nursing and the basis for its practical model¹⁹, but it may also be an interesting inspiration for separating the medical and non-medical aspects of a disease or disability. This is an important contribution to a discussion on the plausibility of complete departure from the medical approach in the currently promoted social model of disability. Moreover, this is a view from the perspective of "socialised" medicine. This is manifested in Orem's model through the principle of self-limiting the nursing intervention to a necessary minimum determined by the current needs of the assisted person towards gradual inclusion of educational and activating elements to stimulate self-care resources that the person has, even though they are limited by a disease or disability. This is, in a way, analogous to the self-limiting of special needs education in order to release the independence and autonomy resources of a person with disability.

Self-care is a form of independence. According to Orem, it is the ability to take care of oneself and one's family resulting from the innate self-nurturing tendency. Self-care is thus necessary for health and life, being the condition of (independent) satisfaction of one's

¹⁸ D. Orem (2001), *Nursing: Concepts of practice*. St. Louis, MO, Mosby.

¹⁹ A. Bigs (2008), *Orem's Self-Care Deficit Nursing Theory: Update on the State of the Art and Science*, *Nursing Science Quarterly*, Vol. 21, Issue: 3, pp. 200-206.

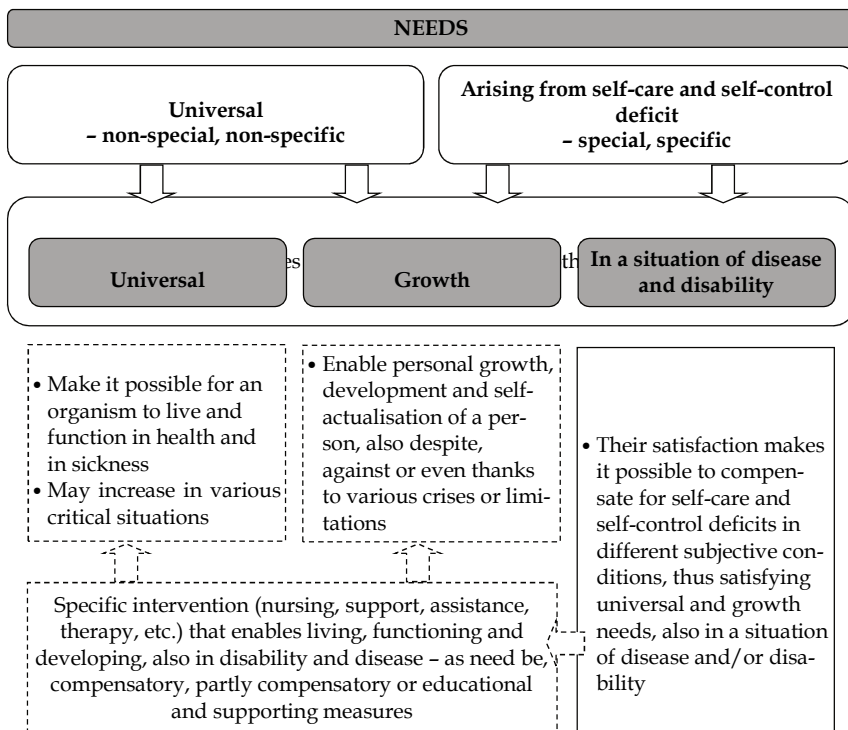


Fig. 1. Categories of specific and non-specific (special) needs of an individual in a situation of disease or disability in an attempt to generalise the Self-Care Deficit Theory of Dorothea Orem

Source: own elaboration of Orem's modified model

needs, which an individual learns in the course of life, expanding one's knowledge and skills. According to Orem, it is *a conscious and trained activity aimed at satisfying specific needs that purposefully integrates the functioning and development of an individual*²⁰. However, certain events in the life of an individual may cause self-care deficits; these include various changes in personal situation, which

²⁰ G. Kowalik (2012), *Praktyczne zastosowanie modelu pielęgnowania Dorothy Orem*, *Studia Medyczne* 26(2), p. 108.

could be called crisis situations – in psychological, social, economic or health-related terms (Fig. 1).

This concept seems to be particularly convergent with the problem of disability defined as limited independence and ability to satisfy one's needs. It can also serve as a bridge between the aforementioned social diagnosis of the needs of persons with disabilities for the purposes of health and educational policies (the WHO report) and a personalised, individual strategy for satisfying those needs that not only promotes equalising of differences but also releases the growth potential of an individual. Orem, by focusing on the health-related aspects and the problem of a disease, uses her concept to justify the need for and the nature of nursing, but it seems that the model may be extended also to other types of necessary support. For us, however, the most important are the three groups of needs identified by Orem that may be observed in a situation of a disease and/or disability causing a self care-deficit. These are universal needs, developmental needs and needs manifested in health deviations (fig. 1). This corresponds to the approach initiated in the 1990s by Denis C. Harper, which combines the medical aspects of a disease with the psychological and social ones. This division is also relevant to the situation of a person with disability, and it is similar to the concept, acknowledged by Polish special needs education, of common and specific features of development in a situation of a chronic disease by Władysława Pilecka²¹.

Figure 1 shows that non-specific needs associated with disability include both universal needs that determine the survival of every individual, and growth needs that are crucial for self-actualisation. Specific needs result directly from the conditions affected by a disease/disability and are of compensatory nature. However, they are not limited to doing things "for" the patient, which is defined as a fully compensatory nursing system, although this might also be required in some cases (e.g. breathing "for" a patient with a respira-

²¹ W. Pilecka (2002), *Przewlekła choroba somatyczna w rozwoju dziecka*, Kraków, pp. 17–18.

tor or parenteral nutrition). The compensatory system is used with patients that have no or limited ability to express judgements or opinions, or to make conscious self-care decisions, which includes providing care to patients with limited or no mobility, communicative abilities or ability to recognise environmental threats²².

Although the situation seems specific for nursing, it has its equivalent in pedagogy. One of the analogies for such type of compensatory nursing is taking care of a child with deep and multiple disabilities, where the life of the child depends on his or her caregivers and there is little hope of future improvement. Sometimes, the only perspective is further deterioration or death, such as in the case of lethal genetic defects or terminal diseases. The educational significance of such measures is best expressed by the concept of educative nursing or death education as a specific sub-discipline of education²³. Even a situation of wholly compensatory nursing may have an educational dimension, arising from a personalistic approach to an individual, also terminally ill or heavily disabled. This is characterised by treating a person as the subject of care, i.e. not only nursing, but also developing an interpersonal relationship and satisfying the implicit as well as explicit needs that (any) person has. According to the principle: *you are the subject if others treat you like one*, it is recommended to be with a patient even if he does not feel it, talk to him even if he cannot hear it; surround him with certain objects (books, pictures, toys) even if he does not use them. It should be noted that death education is not about nursing a dying person, but rather about everything that takes place in the interpersonal, social and spiritual dimensions, even if nursing and struggling to maintain life seem to be the dominant activities targeted at the patient.

In practice, it is difficult to tell where exactly compensatory nursing ends and educative nursing starts, however, in Orem's

²² I. Płaszewska-Żywko, E. Wilczek-Rużyczka (2000), *Teoria pielęgnowania Dorothea' Orem*, *Studia Medyczne* 26(2), pp. 107-111.

²³ J. Binnebesel (2010), *Tanatopedagogika w doświadczeniu wielowymiarowości człowieka i śmierci*, Wydawnictwo Adam Marszałek, Toruń.

model, there is not only room for educational activities but also a trend to gradually expand that dimension insofar as a patient recovers his self-care ability. Thus, it is a dynamic model. Figure 1 also shows that meeting specific needs associated with a disease is in a way a specialist medical intervention of compensatory, partly compensatory or educative and supporting nature in a situation of crisis caused by the disease. Orem's modified model includes the health-care loop readdressing universal and growth needs, representing a homeostatic and self-triggering cycle of vital forces and self-actualisation efforts, measured by updating various categories of needs. It is a somewhat different approach than the one presented in the popular, traditional and hierarchic model of needs by Abraham Maslow – his famous pyramid, which I do not present here, as it is generally known. The hierarchy of needs means that higher-level needs are only triggered once the more fundamental needs have been satisfied. Despite the huge impact the theory had on contemporary science, its dependencies were not always empirically reflected, and it experienced some criticism as well as subsequent transformations²⁴. Orem's modified model presented in Fig. 1 combines the importance of both the defective needs and the growth needs – the latter ranking higher in Maslow's pyramid – for restoring the ability to live, function and achieve self-actualisation despite a disease or disability. Thus, this concept may be developed to show the role of personal resources in the phenomenon of resilience or post-traumatic growth, motivated by growth needs.

A need for the meaning of life and psychological distance in the (psychological) growth of persons with disabilities

An important publication in Polish psychological and educational literature was Kazimierz Obuchowski's monograph *Psychologia*

²⁴ D.T. Kenrick et al. (2010), *Renovating the Pyramid of Needs: Contemporary Extensions Built Upon Ancient Foundations*, *Perspect Psychol Sci.* 2010 May, 5(3). pp. 292–314.

dążeń ludzkich (The Psychology of Human Endeavours, 1983, 2000). The second edition of the book had a meaningful subtitle *Galaktyka potrzeb* (The Galaxy of Needs). The metaphor accurately reflects the volume and complexity of human needs and their role in the life of a person. The author, the same as A. Maslow, identifies a certain hierarchy of needs (in particular, the base and tip of Maslow's pyramid are similar), however, in terms of the categories of needs, he mainly uses the aspect of their content. K. Obuchowski identifies the following needs: physiological, sexual, cognitive, emotional, the need for the meaning of life and the need for psychological distance – defined as a mature need for the meaning of life²⁵.

Since in practice, developmental support provided to persons with disabilities focuses on their needs understood as deficiencies, Obuchowski's concept constitutes an inspiring counterweight that may serve as an educational or therapeutic base for problems associated with disability and (psychological, spiritual, personal) growth despite those problems²⁶. The meaning of life and existence as a determinant of self-actualisation is associated with the axiological and teleological aspects of education. Finding and defining it is a challenge that every person, both abled and disabled, must face. However, in the case of disability, it may become a superior aspect compensating for the existing limitations. Even more important for personal development of persons with disabilities seems to be the ability to move beyond that which is individual without negating one's own experiences: a psychological distance to individual experiences with their simultaneous integration seems a valuable direc-

²⁵ K. Obuchowski (2000), *Galaktyka potrzeb – psychologia dążeń ludzkich*, Wyd. Zysk i S-ka, Poznań.

²⁶ Fragments of this section were presented in the author's speech entitled *Niepełnosprawność w paradygmacie ludzkich potrzeb* at the Conference *Niepełnosprawni w Państwie i Kościele. Potrzeby duchowe i społeczne osób niepełnosprawnych* (The Disabled in the State and in the Church. Spiritual and Social Needs of Disabled Persons). Łódź 2010. The entire speech is included in post-conference materials edited by S. Skobel, A. Perzyński and W. Kamiński under the same title; Wyd. Archidiecezjalne Wydawnictwo Łódzkie, Łódź.

tion for the growth and education of disabled persons, a way for them to become autonomous and intentional, and to control their own lives.

Fulfilling the need for distance (which is not isolation from the world or dissociation from unwanted, e.g. negative experiences!) gives a chance to distinguish between *me-objective* and *me-intentional*. Few young disabled people receive in the process of their education this simple mental recipe for positive assimilation of certain negative experiences that they cannot avoid. Meanwhile, Obuchowski seems to give a ready-made recipe for finding the subjective hard core of one's own subjectivity by "cooling" and generalising one's personal experiences and bringing them to the rank of objects. This could also serve as a therapeutic guidance to work with disabled persons. The author writes: *Fear, despair, being ill, being crippled, joy and success may come in two different forms A form identical with a person and a form of the features of a person. (...) If I identify myself with pain or failure, they become me, which is why I cannot control them. In fact, it is them that control me*²⁷. The author continues: *However, another possibility is that (e.g.) anger is not me but my anger, I feel it and it is in me, but it is not me. Thus, I make it an object, the same as my hand, a computer or a spoon. This I why I am able to control that anger*²⁸. *Moreover, a person with the right attitude may gradually gain control over other aspects of his Ego. By making them objects, he separates them from his Ego, from his subjectivity, making them "me-not-me" objects*²⁹. We can see then that subjective cognitive reconstruction of an objective situation, constituting fulfilment of the need for distance, makes it possible to control the reality – even difficult, hostile and painful – and, *de facto*, it clarifies the concept of a subject. The model of objectification of one's own negative experiences is also a theoretical justification for the significance – of seemingly irrelevant – semantic differences in the expressions: **disabled person** (denotes

²⁷ K. Obuchowski (2000), *Galaktyka potrzeb...*, op. cit., p. 326.

²⁸ Ibid.

²⁹ Ibid., p. 327.

subjective disability) vs. **person with disability** (denotes objectified disability, which does not reach the deeper dimensions of humanity and subjectivity).

The latter part of the analysis shows how to look, in the paradigm of human needs, for specific strategies that support growth and how to limit the negative consequences of disability. The higher-level needs generate personal growth, as they may constitute an area for the collection of experiences, which we will be associating with meanings in the process of education and self-education: individual meaning of individual life and, by developing a distance – its supra-individual metaphysical meaning.

Summary and conclusions

The concept of needs and special needs is currently dominant in the disability discourse, albeit it is often used unreflectively. Special (educational, developmental) needs are often used as synonyms of disability and, unfortunately, in an increasingly dysphemic way. In those names, the word “need” becomes transparent, i.e. it does not trigger a reflection on what the persons referred to as such actually need.

The purpose of this article was to restore the basic psychological and educational meaning of the concept of need with reference to persons with disabilities. In particular, several specific areas were presented, where the concept of the “needs of persons with disabilities” acquires special theoretical meaning and encourages practical actions: diagnostic, supporting, nursing, health-related and educational. Certain conceptual dilemmas and selected theoretical concepts of needs were presented: according to Orem, Maslow and Obuchowski, and related to the problems of special needs education. It seems that understanding the need as a factor of psychological growth may be useful in education, support and therapy of persons with disabilities, as is proven by the example of the need for the meaning of life and the need for psychological distance.

It seems that nowadays, not “special needs” (although it would be difficult to negate their existence), but rather “unmet needs” (both special and un-special) should determine the nature of supporting measures. The “speciality” of needs is contrary to the idea of inclusion – speciality does not fall within the paradigm of a society for all, and it has already been agreed to eliminate from the vocabulary of special needs education the term “special care”. On the other hand, if needs are not met – especially if it is permanent – then this is a strong excluding factor. Accordingly, the effort to effectively and rationally satisfy the needs is actual inclusion, provided it reflects the actual, personalised needs (need-based service), rather than being an automatic mechanism of adapting persons with disabilities to available services. Thus, an accurate social and individual diagnosis is of great importance, the same as knowledge of the structure and mechanisms of the motivating and compensating effect of the needs of persons with disabilities. An example of rational measures is the support in disease and disability due to self-care deficit and assistance in recovering that ability, presented in this article (the concept developed by Dorothea Orem) as well as educational and therapeutic work to meet the need of the meaning of life of persons with disabilities and the need for psychological distance, defined as a mature need for the meaning of life (the concept developed by Kazimierz Obuchowski).

Bibliography

- Barnes C., Sheldon A. (2007), *'Emancipatory' disability research and special educational needs*, [in:] Florian L. ed., *The Sage handbook of special education*. London, Sage; pp. 233–246.
- Bigs A. (2008), *Orem's Self-Care Deficit Nursing Theory: Update on the State of the Art and Science*, *Nursing Science Quarterly*, Vol. 21, Issue: 3; pp. 200–206.
- Binnebesel J. (2010), *Tanatopedagogika w doświadczeniu wielowymiarowości człowieka i śmierci*, Wydawnictwo Adam Marszałek, Toruń.
- Gernsbacher M.A., Raimond A.R., Balinghasay M.Th., Boston J.S. (2016), *“Special needs” is an ineffective euphemism*, *Cognitive Research*, No 1(1), 29; <https://doi.org/10.1186/s41235-016-0025-4>, [ed. Online 2016 Dec 19], [access: 2018.01.15].

- Harris J., Morgan H., Glendinning C. et al. (2006), *Personalised social care for adults with disabilities: a problematic concept for frontline practice*. *Health & Social Care in the Community*, 2006, 14, pp. 125–135.
- Kenrick D.T., Griskevicius V., Neuberg S.L., Schaller M. (2010), *Renovating the Pyramid of Needs: Contemporary Extensions Built Upon Ancient Foundations*, *Perspect Psychol Sci*. 2010 May, 5(3), pp. 292–314.
- Kowalik G., *Praktyczne zastosowanie modelu pielęgnowania Dorothy Orem*, *Studia Medyczne* 2012, 26(2), pp. 107–111.
- Luckasson R., Coulter D.L., Polloway E.A., Reiss S., Schalock R.L., Snell M.E., et al. (1992), *Mental retardation: Definition, classification, and systems of supports* (9th ed.). Washington, DC, AAMR.
- Noltemeyer A., Bush K., Patton J., Bergen D. (2012), *The relationship among deficiency needs and growth needs: An empirical investigation of Maslow's theory*, *Children and Youth Services Review*, Vol. 34, Issue 9, September 2012, p. 1862–1867.
- Obuchowski K. (2000), *Galaktyka potrzeb – psychologia dążeń ludzkich*, Wyd. Zysk i S-ka, Poznań.
- Orem, D. (2001), *Nursing: Concepts of practice*. St. Louis, MO, Mosby.
- Pilecka W. (2002), *Przewlekła choroba somatyczna w rozwoju dziecka*, Kraków.
- Płaszewska-Żywko I., Wilczek-Rużyczka E. (2000), *Teoria pielęgnowania Dorothea' Orem*, *Studia Medyczne* 26(2), pp. 107–111.
- Podgórska-Jachnik D. (2014), *Praca socjalna z osobami z niepełnosprawnościami i ich rodzinami*, Centrum Rozwoju Zasobów Ludzkich MPiPS, Warszawa.
- Pyżalski J., Podgórska-Jachnik D. (ed.) (2016), *Badanie potrzeb i satysfakcji z wybranych usług skierowanych do rodzin z dziećmi z orzeczoną niepełnosprawnością w wieku 8–16 lat*. Raport z badań Instytutu Medycyny Pracy na zlecenie Regionalnego Centrum Polityki Społecznej w Łodzi, [online] <http://www.imp.lodz.pl/upload/aktualnosci/2016/raport.pdf> [access: 5.01.2018].
- Rathus S.C. (2005), *Psychologia współczesna*, Wyd. GWP, Gdańsk.
- Sochańska-Kawiecka M. i wsp. (2017), *Badanie potrzeb osób niepełnosprawnych – RAPORT KONCOWY*; *Badania Społeczne MSK, PFRON*, [online] https://www.pfron.org.pl/fileadmin/Badania_i_analizy/Badanie_potrzeb_ON/Raport_koncowy_badanie_potrzeb_ON.pdf [access: 5.01.2018].
- The Warnock Report (1978), *Special Educational Needs. Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. London: Her Majesty's Stationery Office.

Netography

- <http://portalwiedzy.onet.pl/tlumacz.html?qs=need&tr=ang-auto&x=35&y=8>
<http://www.slownik-online.pl/kopalinski/6912E60D67C51EA4412565BA002919B3.php>