

# CULTURAL ABLEISM IN POLAND DURING THE *IRON CURTAIN* PERIOD: LEARNED HELPLESSNESS AND THE NEED FOR REEDUCATION

**Abstract:** The following article is written from the perspective of disability studies (Głodkowska, Pagowska 2017) and concentrates on cultural ableism as a dominant pattern present in Poland during the Iron Curtain (1945-1989). The authors are of the opinion that the conditions of forced functioning of the Polish society behind the Iron Curtain generated current and long-term effects formulating cultural ableism patterns. It should be pointed out that Polish academics (especially special pedagogues) mention the existence of transformation phenomena after the hardships of the past system, or sometimes are silent about the ideologisation, censorship and indoctrination of Polish society for 44 years, with Soviet concepts relating to disability. It happens also that the scholars cut off more or less strongly from the idea that in fact Soviet defectological thought was present or developed in special education. On the other hand, among the various long-term effects of being dependent on Soviet ideology and political supremacy, related to the construction of learned helplessness in many aspects of attitudes towards disability. The authors believe also that for some reason even in current Poland, speaking and thinking about disability corresponds with the cultural ableism effects and supreme slogan of Soviet defectology to "fit a man into the system" (Kalinnikova and Trygged 2014). The article was divided into sections in which the authors analyse the defectological concept of disability, normalization of cultural ableism towards the disabled people in times of the Iron Curtain. Then, there is discussion the issues of learned helplessness and the analysis of this phenomenon within the system and legal acts, and in the context of the segregation in the education system. The article ends with conclusions and implications for reeducation of normalized cultural ableism patterns.

**Keywords:** social sciences, education, defectology, learned helplessness, communism in Poland, Iron Curtain, normalization, and reeducation

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## INTRODUCTION

Poland has a complicated post-war history, because after the Second World War it was forced under the influence of the Soviet Union, in the so-called the eastern block and found itself behind the Iron Curtain, sealing it off from the Western culture. Governed by the communist authorities of the Soviet Union and Poland, country experienced social and cultural isolation lasting 44 years. The Iron Curtain it resulted with complexed effects as forced implementation of communist ideology in Poland and the creation of a new, privileged working class member - *homo sovieticus* (Tischner 1992). On the plans of socio-cultural life and issues related to disability, basically was implemented a dual policy of the Polish People's Republic (PRL) - forced involuntary *productivization* of war veterans - invalids (Brenk 2015) or social exclusion (Witkowski 1993) and isolationism and quasi amputation of disability issues from public discourse (Borowska-Beszta 2019). Although there is general silence in scientific literature written by special educators, or a statement about "attempts to instill defectology on Polish soil" (Lewowicki 1998) - according to the authors of the article a strong factor creating: laws, social policy towards disabled people, segregation in special education, rehabilitation, and paradigms of disability research was the concept of defectology which implemented resulted in cultural ableism.

Defectology as the dominant theoretical concept of disability and practice extremely developed in the Soviet Union, was also forced in Poland. In fact, defectology developed by Soviet specialists in social and medical sciences has also become a long-standing paradigm of Polish special education and other sub-disciplines, undertaking research on human disability. These problems are however underrepresented in Polish educational studies. It must be pointed out that much more often Polish disability researchers, special pedagogues emphasize all the constructive moments of development of the sub-discipline special education, care or support during the Iron Curtain, despite the "limiting conditions" of Poland's functioning under the totalitarian state with present indoctrination and censorship as rules. It should be added, that Polish academics are often silent about times of ideologization and de facto defectological indoctrination (including Parys

2011; Marcinkowska 2015; etc.). Sometimes they undertake cautious analysis (Kulbaka 2012; Marcinkowska 2015) of the special education system during 1945-1989 avoiding however clear statements on the politicization of special pedagogy, social pedagogy, education system, care or support for the disabled people. Critical but veiled words about delays in the development of the inclusive education system are expressed by Krause (2010) while writing "in Polish special education, the investigation into the normalization pattern of social integration has been delayed because of system" (Krause 2010, 10).

## DEFINING DEFECTOLOGY

Defectology means both, science and practice focused on defect and according to Byford (2017) the concept that was developed by L. Vygotski came originally from Germany, from 1912 (Byford 2017). Author continues that „concept and practice, in what came to be known in Russia as defectology (*defektologia*) – the discipline and occupation concerned with the study and care of children with developmental pathologies, disabilities and special needs. Defectology formed an impure, occupationally ambiguous, therapeutic field, which emerged between different types of expertise in the niche populated by children considered ‘difficult to cure’, ‘difficult to teach’, and ‘difficult to discipline’ (Byford 2017, 67). Kalinnikova and Trygged (2014) after McCagg (1989) write that “defectology then came to play a key role for the social care of mentally retarded children and resulted in the regulatory and legal institutionalization of this practice in the Soviet Union” (McCagg 1989 in: Kalinnikova and Trygged 2014, 241).

Defectology, as the dominant concept in the Soviet Union, has been described, among others by Grigorenko (1998). The author writes that “whereas the West became ashamed and embarrassed by the use of the word defective to describe individuals with disabilities, and replaced it with the word handicapped during the 1930’s, there was no going back for Soviet defectology. The term had become too well established, too widely discussed, too politically loaded, and too “Soviet”, as a result of the significant research and writing of Soviet psychologists and defectologists

(e.g., Vygotsky), to be discarded” (Grigorienko 1998 in: Kalinnikova and Trygged 2014, 194).

The scale of absurdities of implementing the thinking about disability during times of Soviet Union times was perfectly portrayed by Phillips (2009) and Borowska-Beszta (2012). Phillips (2009) writes: “this heritage might help to explain, on the one hand, the increasing number of children placed in institutional care, including children with disabilities. On the other hand, in spite of this development, there was a strong denial of the existence of citizens with disabilities until very recently. ‘There are no invalids in the USSR’ is a quote from the mid-1980s.” (Phillips 2009 in: Kalinnikova and Trygged 2014, 243). Interesting enough, Dunn and Dunn (1989) express the conclusion regarding the general specifics of social attitudes and isolation trends towards persons with disabilities in the countries behind the Iron Curtain. The authors write “historically throughout the former Soviet bloc, persons with physical and mental disabilities have been stigmatized, hidden from the public, and thus made seemingly invisible” (Dunn and Dunn 1989 in: Phillips 2009, 1).

Meanwhile, the scale of marginalization and isolationism of disabled people from public spaces in Poland is also indirectly indicated by Krause (2009). In the publication written 20 years after the change of the political system, the author notes that Polish special pedagogues and sociologists are more likely to write about the *presence* of people with disabilities in public spaces. Krause (2009) writes "in the publications of special pedagogy in recent years, attention has been paid to positive changes in Polish society related to the public existence of disabled people's problems, adoption of Western standards of co-existence with these people, increased tolerance in the disappearance of vulgar marginalization and exclusion"(Krause 2009, 11). The author continues, that "the effects of activities that approximate the problem of disability of the working population are therefore going well beyond ‘non-marking’. Particularly noteworthy is the widespread increase in natural empathy towards this group of people, manifested not only by the reaction to institutional initiatives and organized activities, but also by the civic reaction to phenomena that were previously not tolerated in society "(Krause 2009, 11). Krause (2009) notes an increase of public empathy

towards the disabled people in Poland 20 years after Poland in 1989 got the political independence from Soviet Union. In addition, Kilar (2017) writes after Krause (2010) "at present there is also an emancipation paradigm, e.g. subjectivity and autonomy, which abolished the instrumental treatment of disabled people. Although Maria Grzegorzewska said that "there is no cripple, there is a human being", then the *political actions of that time* did not allow to reflect this statement in practice. It was only after the political changes that people with disabilities were treated with dignity"(Krause 2010 in: Kilar 2017, 37).

It can be assumed that the phrase "political changes of that time" refer to the period 1945-1989, and the mentioned "changes" concerned independence from the Soviet Union. The above fragment, however, illustrates both: the scale of isolation and the scale of the slow pace of social and cultural changes in Poland after the past system and ableism in activities towards disabled people behind the Iron Curtain.

Continuing the threads of development, the concept of defectology forced in Poland for 44 years, the authors of this article think that this phenomenon inevitably penetrated and infected the language of the press, the scientific language of researchers in various disciplines (from the humanities to the social sciences through medical sciences) giving them ableist shape and dimension.

It should be added, that during 1945-1989 in Poland were established scientific defectological institutes and names of university structures, having the word defectology in their names. The ableist word "defective children" was implemented in the language of communist authorities (e.g. Kawalec 1973). The Minister of Labor and Social Affairs in the years 1972-1974 - Wincenty Kawalec (1973) uses the official terminology underlining the defect in disabled population. The author writes "while some social activists, encountering every day the repercussions of the growing phenomenon of defective children, with great difficulties in bringing up these children, preparing them for protection of motherhood and work family and adaptation to social life - they saw the need to develop research and ventures more determined and coordinated and referring to the crippled population in different age groups "(Kawalec 1973, 48-49). It is worth noting that in the language of pedagogues (including Kawula,

Wyrembek 1986, Sierankiewicz 1999) the ableist term "defective children" was also normalized, while the special educator Doroszewska (1989) used another term with ableist thread - "oligophrenic children." Despite official positions, including pedagogues, special educators (as M. Grzegorzewska) about the objection of the defectology concept in general - the scale of implementing defectology on Polish special education, care, support grounds, according to the authors of this article, was in fact profound. Defectology not only has been implemented effectively in Poland behind the Iron Curtain, but also its negative effects including cultural ableism are felt and noticeable to this day in Poland.

There are more examples illustrating this regularity, but the linguistic background and image is visible even in the content statement in the article by Parys (2011), which refers to literature of special educators and academics written in the 80's and 90's until 2005 in Poland. The author indicates the assumptions of special education, especially strongly accented, according to the author. Parys (2011) writes "on the basis of the analyzed sources it should be stated that special education is: one of the basic branches of general pedagogy; theoretical and practical science; science referring to people who *deviate from the psychophysical norm*, and thus separate from the general population, being the subject of special pedagogy interactions; science, the subject of which are specific interactions taken against people with deviations from the psychophysical norm; science building theory, which is the basis for sub-disciplines dealing with particular types of disability; form of shaping social awareness" (Parys 2011, 22).

It is not difficult to notice in the above phrases emphasizing defectological interpretation of the definition of the subject of special education in the 80's in Poland as people *deviating from the norm*. Defectological language relics, however, one can also find in contemporary works quoting literature of the 80s regarding the problem of disability in a direct or indirect way referring to it. Tytko (2016) quotes in the chapter extensive and slightly astounding pronunciation fragments from Chlewinski (1989), in which the author writes, among others: "a healthy, well-built child with no physical or mental defects has a better chance of acquiring good character traits than a sick, weak and defective child (e.g. deaf, defective)"

(Chlewinski 1989, in: Tytko 2016, 302). The above selected examples of penetration of defectology and its normalization in the scientific language, theoretical content of general education or special education in Poland are the starting point for considerations of helplessness phenomena. The authors of this article think, that 44 years of forced learning by Polish society that a *defect* is something that should be prioritized and highlighted in pedagogical procedures shaped the culture and developed cultural ableism in Poland.

#### IRON CURTAIN AND NORMALIZATION OF CULTURAL ABLEISM

Below, the author analyze the relationship between culture, social life in the imposed conditions of Marxist ideology including developed defectology and cultural ableism. This section discusses the actions taken by the then authorities as well as short-term and long-term effects of cultural ableism, covering the times after 1989 in Poland. The authors intend to emphasize on the one hand the actions of Polish People's Republic (PRL) communist government implementing defectology concept and the causes of related to particular features and dimensions of cultural ableism on political, economic, social, cultural and educational levels.

It should be noticed that in the complexed situation of Poland, the state since the end of Second World War in 1945 was colonized and economically and ideologically dependent from the Soviet Union. Those times human disability was officially connected to the concept of defectology and at the same time much incompatible with the Marxist doctrine and the of working-class man ideals, measured by utility. One of the clear mechanisms of cultural and political control of disability by the communist authorities was, on the one hand, *isolationism* from public spaces, and on the other hand, *productivization* with accompanying simultaneous indoctrination. Poland is a country located in Eastern Europe and until June 4, 1989 was behind the Iron Curtain, which meant in practice a significant limitation of access to world trends concerning positive, humanistic disability attitudes. Moreover, the authors want to highlight also the censorship as a regular instrument of authorities in communist Poland, which was present in press, public media

and scientific publications. These features everyday practice also regulated and delayed any worthy trends concerning disabilities from Western countries.

The problem of the situation of Poland and Poles and the creation of a model of a *new working man* describes in details Michalewska-Pawlak (2010). Speaking of disability issues behind Iron Curtain, the systemic situation of ableism and, in principle, the exclusion of disability matters from open public discourse in Poland, is demonstrated also by the difficulties as blocking of official activities of Parents' of Disabled Children Circles (Borowska 2014) for children and youth with intellectual disabilities. Acceptable, in the Polish public discourse, despite the hypocrisy and contempt for disability from the communist authorities, was to present in press, media people with physical disabilities (war invalids and veterans) who achieved a supernatural norm working in factories. Those men were subjected to so-called *productivization* and, at the same time, indoctrination with Marxist ideology, what explains Brenk (2015). For groups of Poles with intellectual disability, profound and multiple disability, and mentally ill, what means, people who could not be indoctrinated, was assumed a different type of social oppression and silent hatred as: exclusion, institutionalization and symbolic amputation of disability problems from discourses and public spaces (Borowska-Beszta 2019).

The ableist approach of communist authorities to disability in Poland was properly characterized by Witkowski (1993). The author emphasized that for decades Polish society was not accustomed to everyday contact with people with disabilities in places such as shops, offices and other (Witkowski 1993). This situation developed the problem of learned helplessness and delayed possibility of learning by able-bodied citizens about the communication, cooperation, and approach to disability.

The authors of the article believe that, despite specialist literature in social sciences (special education, social pedagogy, and pedagogy of care)

gives a rich overview of successes, and officially undertaken steps for citizens with disabilities and their families in PRL (e.g. opening and developing segregation schools, stationary institutions) care, support, registration of some associations having as members people with disabilities) - the 44-year time of the Iron Curtain normalized the cultural ableism. This pattern which included attitudes: unacceptability, distance or supremacy towards disabled citizens in Poland have been unfortunately normalized for years designing ableist culture. Among the key elements of the infamous heritage and axis of action of both Marxist ideologization, defectology concepts, the authors of the article indicate details and features of normalization of cultural ableism:

- normalization of the defectological concept of disability focusing social attention on defects not potential or rights (lack of social model of disability);
- normalization of exclusion and the position on social peripheries for people with disabilities;
- normalization of social supremacy attitudes and lack of acceptance of disability members of the society's dimension real and virtual (hate speech, hate crimes);
- normalization of lack of developed proper skills of communication with people with disabilities and their families, especially the most excluded and isolated groups in stationary institutions in the times of the PRL (learned helplessness);
- normalization of low expenditures on institutional support with simultaneous lack or low expenditures on the independent life of adults with disabilities, normalizing the taboo of sexual life and entering into marriages by adults with disabilities, especially intellectual disabilities.



Table 1. Normalization of cultural ableism behind the Iron Curtain in Poland

Activities of communist authorities in the People's Republic of Poland (PRL)			
Cultural levels of ableism	Aspects of impact	Forms of ableism present during PRL	Forms of ableism as long-term effects of normalization of negative cultural patterns in Poland after 1989 until today
political	<ul style="list-style-type: none"> <li>defectology as the only conceptualization of disability</li> <li>censorship</li> <li>productivisation</li> <li>isolationism</li> <li>indoctrination</li> </ul>	ableism: <ul style="list-style-type: none"> <li>instrumentalism</li> <li>marginalization</li> <li>utilitarianism</li> </ul>	ableism: <ul style="list-style-type: none"> <li>normalization of the defectological approach to disability</li> <li>normalization of complexed effects of exclusion</li> <li>normalization</li> <li>non-acceptance of people with disabilities and/or their needs for independence</li> <li>normalization of utilitarianism towards people with disabilities</li> </ul>
economic	<ul style="list-style-type: none"> <li>low expenditures to support families with disability members</li> <li>funds for institutional support;</li> <li>lack of expenditures to promote the model of independent living</li> </ul>	ableism: <ul style="list-style-type: none"> <li>dominant institutionalization and segregation</li> </ul>	ableism: <ul style="list-style-type: none"> <li>strong-established normalization of the belief that low financial outlays are the norm</li> <li>normalization of the belief that outlays on disability were and will be problematic for the state</li> </ul>
social	<ul style="list-style-type: none"> <li>defect as a source of shame and social stigma</li> <li>preferred access to mainstream public spaces for non-disabled people</li> <li>construction of groups of people socially, submissive and excluded</li> <li>construction of legal and systemic barriers for families</li> </ul>	ableism: <ul style="list-style-type: none"> <li>defectological and medical model of disability</li> <li>disability is not exposed in public spaces</li> <li>taking children away from generational families for placement in stationary institutions</li> <li>reduction of social knowledge about the daily needs of families and people with disabilities for a dignified life</li> <li>social stigmatization, exclusion</li> </ul>	ableism <ul style="list-style-type: none"> <li>well-grounded defectological image of disability</li> <li>well-established normalization of the belief that public real space (or symbolic) is intended for non-disabled people</li> <li>normalization of the belief that segregation facilities are the best solutions for families</li> <li>normalization of life barriers for families and people with disabilities</li> <li>normalization of lack of social competences to communicate to non-disabled members of society with people with disabilities and their families</li> </ul>
cultural	<ul style="list-style-type: none"> <li>pressure towards the institutionalization of children,</li> </ul>	ableism: <ul style="list-style-type: none"> <li>isolation and exclusion</li> </ul>	ableism: <ul style="list-style-type: none"> <li>normalization of the segregation trend</li> </ul>

	<ul style="list-style-type: none"> <li>adolescents and adults with disabilities</li> <li>▪ lack of positive and realistic images of people with disabilities in the dominant culture</li> <li>▪ lack of positive patterns of participation of people with disabilities in the dominant culture</li> <li>▪ transmission of distorted cultural knowledge about disabled people and their families</li> <li>▪ linguistic stigmatization (defectology transmitted in language)</li> </ul>	<ul style="list-style-type: none"> <li>▪ degradation of the personal dignity of disabled people and members of their families</li> <li>▪ cultural tabooing of the disability issue</li> <li>▪ treating disability as a "margin" or "pathology" with which there is a need to fight</li> <li>▪ silence about the needs of people with disabilities regarding: (a) intimate relationships (b) sexual needs, (c) the fulfillment of maternal and paternal roles, especially for people with intellectual disabilities (d) life styles</li> <li>▪ instrumental or offensive language for people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ normalization of concealments on the problems of everyday life of people with disabilities and their families.</li> <li>▪ normalization of fear of a person with a disability</li> <li>▪ normalization of stereotypes and dislike</li> <li>▪ normalization of cultural taboos: sexuality and procreation of people with disabilities (especially intellectual)</li> <li>▪ normalization of the trend of dependence of disabled people in environments</li> <li>▪ normalization of disability as a personal tragedy, unhappiness and shame</li> <li>▪ normalization of the language emphasizing the defect, instrumental and labeling people with disabilities</li> </ul>
educational	<ul style="list-style-type: none"> <li>▪ defectology and biological determinism</li> <li>▪ instrumentalism</li> <li>▪ dominant segregation in education (exclusion)</li> <li>▪ social education informational, censored or on supernatural, heroic work achievements of Polish WW2 invalids and veterans</li> </ul>	<p>ableism:</p> <ul style="list-style-type: none"> <li>▪ defectological model of disability</li> <li>▪ lack of social knowledge about disability and the needs of people with disabilities and families</li> <li>▪ 44 years gap in shaping attitudes of acceptance towards disabled people and their families</li> <li>▪ delay by approx. 44 years of implementing inclusive education at every stage of education</li> </ul>	<p>ableism:</p> <ul style="list-style-type: none"> <li>▪ defectological model of disability in education</li> <li>▪ normalization of lack of social knowledge regarding attitudes of dignity and respect, and towards disabled people and their families</li> <li>▪ normalization of social attitudes of unacceptability, aversion, supremacy and distance towards people with disabilities</li> <li>▪ normalization of the attitude of the supremacy of subject teachers and the reluctance of teachers in public schools</li> <li>▪ standardization of the treatment of students with disabilities in mainstream schools as a "problem"</li> </ul>

Source: own study

## DEFINING HELPLESSNESS

Helplessness is a phenomenon that remains in the field of interest of many scientific disciplines, such as: psychology, sociology, pedagogy, philosophy or medicine. Most often it is defined as an

objective or subjective state that happens in a given situation and can affect every person at every stage of his or her life. It is characterized by "the inability of the subject to find a way out of a difficult situation, which manifests itself in the interruption of the current action or undertaking an action that

does not lead to the result expected by him. This feeling may appear regardless of the actual or apparent inability to achieve the goal and is related to the inability to deal with this situation" (Polak 2012, 9). Helplessness occurs in the process of gaining life experience and is a lack of ability to cope with a difficulty accompanied by feelings of helplessness and passivity (Gajdzica 2008, 86). It can be considered as an individual feature, a reaction to a difficult situation or the effect of attitudes of a group/society towards an individual (Kudlińska, Kacprzak 2011). Reveals the moment the individual receives conflicting messages, the environment does not provide feedback or lacks proper reinforcements, both positive and negative (Kaja 1997).

Human can experience helplessness in many areas and moments of his life. Sędek (1991) listed two types of events that can cause this condition. The first are recurring problems that lower the motivation for further action (e.g. difficulty finding a job), the second is sudden events that have no impact, and which change the reality of a person (e.g. death of a loved one). The concept of Rotter (1966) seems to be important in terms of powerlessness, in which the author distinguishes the so-called internal and external placement of the sense of control. The first one appears when the individual sees that his action depends only on himself and he has control over it, and the second in a situation where a person has the conviction that everything that happens around him depends only on other people or from the case and he has no control over it. In the literature one can meet different types of helplessness:

- social - it arises as a result of impossibility of fulfilling roles and expectations connected with them, which determine not so much the individual as the society (Gajdzica 2008, 88);
- psychological - when a person does not believe that he has an influence on his life situation, because according to him everything depends on fate and a bit of happiness (in: Kudlińska, Kacprzak 2011);
- moral - resulting from loss of axioormative (Mariański 2005);
- systemic, in which the unit searches for the reasons for the lack of influence on its own life in external factors, especially those

related to state institutions, systemic and social changes (in: Kudlińska, Kacprzak 2011);

- intellectual - created when the student is not able to meet school expectations (Sędek 1995; Ciżkowicz 2009).

Gajdzica (2008) also introduces a distinction between universal helplessness (a permanent human trait) and a partial one (a condition that appears in some social situations).

Helplessness occurs in people for several reasons. It can be constructed as a result of social relationships and stereotypes that other people give to the individual or as a consequence of stigmatization, especially in socially excluded or threatened with exclusion. People who are marginalized perceive themselves as inferior, rejected, deprived of faith in achieving success. They explain the lack of skills and causative abilities. With time, they start to lose responsibility for their actions to other people, seeing in them the source of their failures. They manifest attitudes of dependence, passivity and indifference. They lose their motivation and cease to perform their duties, hoping that others will do it for them. Helplessness can also be an effect of institutional strengthening. Individuals showing their weakness can gain a lot for themselves, because they "enter" themselves thanks to their helplessness in many legal documents, thus meeting the statutory criteria and thus receive additional profits (Kudlińska, Kacprzak 2011, Urbanowicz 2012, Chrzęszcz 2016).

However, the repetition of helplessness is a danger. This may lead to so-called learned helplessness (Kaja 1997). It is "the state in which an individual fall, subjected to constant failure on the part of external circumstances, which he cannot influence in any way. Thus, he is learning in a certain way helplessness and passivity as a permanent element of behavior and thinking in difficult situations" (Jasiński 2014, 118). Learning helplessness reduces motivation, willingness to act, generates feelings of helplessness, fear, loss of control and hope, and sometimes it can even lead to depressive states (Kaja 1997). There are several theories explaining the phenomenon of learned helplessness. The first of these is the original Seligman model (1975, 1993). According to her assumptions, man does not see the connection



between his behavior and the consequences. Over time, he begins to think that he has lost the sense of control, which in turn generates anxiety (emotional deficit), reduced motivation to act (motivational deficit) and inability to understand his position (cognitive deficit). Another is the attributional concept of Abramson, Seligman and Teasdale (1978). Here, it is assumed that the key styles of attribution are key in creating a state of helplessness. It depends on them whether and to what extent man will experience learned helplessness after experiencing the situation of losing control. There is also an informational model of Kofta and Sędka (1993), in which the authors describe the formation of the learned helpless syndrome in a slightly different way. In their opinion, in a situation when a difficulty arises, a person usually looks for constructive solutions and implements them. However, when the problem seems to be unsolvable and the individual has a sense of lack of control, then he does not make any intellectual effort and is introduced into the so-called "cognitive exhaustion", which in turn gives rise to learned helplessness (Jarmakowski 2009).

#### IRON LEARNED HELPLESSNESS AS A CONSEQUENCE OF SYSTEM AND LAW 1945-1989

After the Second World War, the Universal Declaration of Human Rights was passed (December 10th, 1948). It contains a provision that every person, regardless of any differences, has the same rights (<http://www.un.org/en/universal-declaration-human-rights/>). This document drew the world's attention to the fact that socially excluded people also have their rights. This was even more clearly seen in the Declaration of Rights of Persons with Disabilities, which was signed on 9. Dec.1975. It was emphasized that disabled people cannot be excluded from social life, they deserve respect and the right to dignified life, care and help, as well as protection against discrimination(<https://www.ohchr.org/en/professionalinterest/pages/rightsofdisabledpersons.aspx>).

In subsequent international legal acts it was pointed out that disability is not only an individual problem that requires treatment, therapy or care, but a social issue that requires the involvement of the whole society in the process of changing the environment and integration of people with disabilities (International Classification of

Functioning, Disability and Health 2001). The social policy of European and American countries has begun to change the approach to the issue of disability. Activities aimed at including people with disabilities into the society were taken and encouraged to socialize them. The key point was special education, elimination of architectural barriers, employment, care and social assistance (see: Kolwicz, Radlińska 2015).

Meanwhile, the legal and systemic situation in Poland after 1945 was slightly different. Until 1989, there was a socio-political system in Poland that incapacitated citizens, caused people to lose control over reality (in: Kwiecińska-Zdrenka 2004). The inability to satisfy their needs generated helplessness and addiction to social support. The model of social welfare proposed at that time was based mainly on human deficits (defects), not on its potential. These actions prevented the individual from developing his personality, regaining strength and maintaining control over his life (Kaczmarek et al. 2011). It must be added that the Second World War took many people from their relatives, thousands of them did not have shelter, there was poverty, diseases, many people were afraid, left out, lost and threatened. At this moment, the most important thing should be the action of a rescue character, because: "The social order is to provide the needed assistance in the most accelerated, most common way. The rescue usually comes from the outside, it does not count with anything other than necessity imposed by fate" (Radlińska 1961, 339-340). However, the then socialist power had different priorities. The problems of the excluded were hidden because the system assumed that the citizens of the country are coping with everything, are satisfied with life and can achieve all the planned goals. There was no room for man's weakness, his non-resourcefulness or passivity. This does not mean that these people have disappeared, just nobody cares about their fate. These people were marginalized and suffered in loneliness. In this group, socially isolated people were also disabled, because their needs and problems were not recognized. There were even ideas to close social welfare institutions, because according to the then authorities, too few people required support (Brenk 2017, Zielińska 2013).

In the post-war years, until 1990, the Act on Social Care of August 16, 1923 was in force in Poland (Journal of Laws 1923, No. 92, item 726).

It is worth noting that such an important document, which was valid for 67 years, had only 3 pages. It concerned the care that was defined as "satisfying the vital necessities of those people who have permanently or temporarily their own material means or their own work and cannot do so, as well as preventing the creation of a state above the defined one" (Journal of Laws of 1923 No. 92, item 726). This legal act is mainly about care and not help, and the etymology of these words is fundamentally different. Help is given to a person who temporarily remains in a difficult and important situation, shows willingness and self-activity to solve this problem, the helper is not responsible for the person he or she is helping, and the relations between the parties are relatively symmetrical (Dąbrowski 2006; Winiarski 2015). The care is long-term, the dependency is dependent and dependent on the carer who takes full responsibility for the person he or she looks after (Dąbrowski 2006). This means that the Act was addressed mainly to helpless people who were helpless, who had difficulty in independent existence and often became dependent on the care they provided.

The Act imposed the obligation to provide care especially for abandoned children (orphans) and endangered pathologies, homeless people, prisoners after serving their punishment, alcoholics, beggars, tramps, prostitutes, also provided protection of motherhood, support for care institutions and "care for the elderly, invalids, crippled, incurably ill, mentally handicapped and generally unable to work" (Journal of Laws 1923, No. 92, item 726). This last record shows how stigmatizing nomenclature has functioned for years in legal records. The concept of an invalid concerned a person who is "partially or completely unable to perform employment due to permanent or long-term impairment of the body's fitness" (Journal of Laws 1982 No. 40, item 267). Work in socialism was one of the highest values, obligatory for everyone, including for the excluded. The Act of 1923 clearly indicated that care consisted of, among others, on restoring lost or reduced work capacity (Journal of Laws 1923 No. 92, item 726).

During the first decade after the war, private and church institutions as well as charities were liquidated. Only state institutions remained (Brenk 2017). Changes in care did not take place until the beginning of the second half of the twentieth

century. At that time, in the 1960s, social organizations began to play a greater role, including Society for Counteracting Disability (Brenk 2017) or grassroots initiatives, like the circles of parents of children with mental disabilities (Borowska 2014). In 1959, a social guard was appointed by a resolution of the Council of Ministers. His tasks were focused on undertaking activities that would improve the living conditions of the children, support children deprived of their parents' care, take measures to eliminate the problem of alcoholism and prostitution, provide care to the elderly and support families in the event of illness, disability or death of a member who he kept it financially (MP 1959 No. 32, item 145). Unfortunately, this profession was not appreciated, people performing them worked socially and did not receive remuneration, but only reimbursement of costs incurred (e.g. for commuting). In 1960, the Ministry of Health and Social Welfare was established, thereby combining care activities of a medical and social character. It was justified by the fact that the recipients of both these forms of care are the same people, among whom the elderly and disabled were predominant (Brenk 2015).

After the political transformation, on November 29, 1990, a new Act was prepared, this time on social assistance (Journal of Laws No. 87, item 506). Help is defined here as an institution of the social policy of the state, whose aim is to "enable people and families to overcome difficult life situations, which they are unable to overcome, using their own means, abilities and rights" (Journal of Laws No. 87, item 506). Emphasis was placed on strengthening the individual and its environment, on mining and developing their resources. This act allowed for the development of the social assistance system and reaching out to people who for various reasons could not cope with life, that through appropriate support they could independently exist and cope with their own problems, which were often accompanied by helplessness.

#### IRON LEARNED HELPLESSNESS AND SEGREGATION IN EDUCATION SYSTEM 1945-1989

Below, the authors analyze the relationships of learned helplessness as a result of the implemented and developed segregation educational model. The

countries of Eastern Europe were economically and economically dependent on the Soviet Union and were in the years 1945-1989 behind the Iron Curtain, acting as an impediment to the progress and development of positive implementations and inclusion solutions for people with disabilities and their families. The Iron Curtain and its' consequences discussed above caused a forced situation of learned helplessness in parts of society with people abled-bodied and those with disabilities. The same learned helplessness concerned, in our opinion, the growing up numbers and educated in segregation people with disabilities as well as generations of teachers, educators who still today claim that segregation education conditions better meet the needs of children and youth with disabilities. Not infrequently, the teachers still mean protecting disabled children and youth from failures in social situations and harassment in public or integration schools in Poland.

Interestingly, it is not often in the publications of Polish special educators to find critical remarks about in-depth analyzes of the ideological policy dimensions of the state towards the disabled people. The background of the real attitude of the communist authorities to the disabled citizens was clearly described by Brenk (2015), revealing the hypocrisy of the communist authorities of the PRL, concerning the masked contempt for the disabled people and, on this basis, building the state's social policy towards people with disabilities. The author linked the actions of the state with the then promotion of super heroes of war veterans - invalids working out 150% or over 200% of the norm while working in factories.

The scale of concealment and the taboo of disability in the time of the Iron Curtain can be seen in Zarębska's (2008) report, citing Lewowicki (1998) that "the communist authorities were unfavorably looking at the pedagogical activity associated with Western European patterns. It was argued that in socialist society there is no problem of care for people with disabilities, and therefore the activity on this land does not make sense. In this way, many specialists were dismissed from work, and special pedagogy and related areas of activity were subject to restrictions. In this place people tried to transplant defectology, discipline practiced in the Soviet Union "(Lewowicki 1998, for Zarębska 2008, 154). An interesting and

cautious formulation of Lewowicki (1998) indicates that only "attempts were made to transplant defectology" - which actually existed and was grounded in the Polish segregation system of education of students with disabilities.

Kulbaka (2012) analyzing the education system of the disabled students, illustrates the constant planned development of Polish segregation in special education, after Second World War 2, only cautiously mentions certain difficulties, but does not directly associate them with the disorder censored in Poland in public space, as Witkowski pointed out (1993). Kulbaka (2012) assumes own points of analyzing of government documents as "without going into geopolitical deliberations" (Kulbaka 2012, 209). According to the author, the reconstruction of the education system for thousands of children was a priority for the state after WW2. The author analyzes in detail and systematically the strategy of the 1940s, in relation to: appointing probation officers, reactivating or setting up new special education centers, surrounding education and care of neglected children, mentioning that "in 1948, under the influence of changes on the Polish political scene and progressive politicization of many areas life, regress began in special education" (Kulbaka 2012, 210). Then, Kulbaka (2012) writes that "many of the reorganizations carried out in the 1950s were not favorable for special education" (p. 210). The author also notices the progressive ideologization and politicization of Polish education and states that it has had negative consequences for its development. Subsequently, he analyzes all the constructive activities of the then government towards the development of special (segregation) education.

For one of the advantages of the educational system being built, Kulbaka (2012) mentions the restoration by the Ministry of Education to special schools in 1956 the method of work centers, forbidden by the communist authorities in 1955. The author does not give an answer as to why this method originating in France was officially banned in 1955 by the communist authorities of the PRL. Subsequently, the author analyzes in detail the steps of creating a special education system in the PRL in the 1960s, creating a detailed portrait of the organization of special education in segregation through the actions of the Ministry of Education, and gradual inclusion of a group of students with

various disabilities. The criticism of the author, is associated with difficult school premises, architectural barriers and access to education for people with various disabilities. Against this background, Kulbaka (2012) indicates quite an interesting relationship that "these inconveniences were tried to mitigate by creating special classes for children with disabilities at primary schools. These actions were permitted by the Act of 1961 and a separate order of September 1961" (Kulbaka, 2012, 210).

The success, according to Kulbaka (2012), was the coverage of 50% of children with disabilities in the 1960s. Summarizing data from the book by Kulbaka (2012), one can learn about systemic and planned implementations of building special education system in Poland after the Second World War, creating also academic centers and educating staff at university levels. Against this background, one can see a paradox of communist authorities thinking, concerning the initiation of the first common educational spaces of non-disabled and disabled children in mainstream schools. Well, it turns out that the initiation of common spaces was dictated by the housing difficulties of segregation schools and these "inconveniences" were solved at the level of the Ministry of Education regulations, creating special classes in public schools. The author analyzes, in turn, the construction of a special education system in Poland from the 1970s and 1980s, indicating success in introducing special pedagogy to university programs, creating research institutes.

In conclusion, Kulbaka (2012) writes that "scientific achievements of Polish scholars in the field of special education belonged to the most advanced in the bloc of socialist countries and were appreciated in Western Europe" - here, however, the author did not indicate what scholars and whose works were particularly appreciated " (Kulbaka 2012, 216). As a certain achievement of Polish special education Kulbaka (2012) pointed out that in the 80s 75% of children with disabilities were pursuing education in special schools.

Most interesting in the context of this article and worth attention is the critical remark the author made when describing the general state of the situation of people with disabilities in Poland in the 1980s. Kulbaka (2012) writes that "data from the mid-1980s of the twentieth century officially indicated 3.5 million disabled people who were

struggling with numerous problems of everyday life, including architectural and communication difficulties, as well as social problems caused by specific attitudes antipathy towards the disabled " (Kulbaka 2012, 219). The author concludes that significant changes in the system of special education in Poland resulted in political changes in Poland in 1989 (Kulbaka 2012, 219).

The above data, but especially the reading of Kulbaka (2012), indicate the planned and systematic activities of the PRL authorities towards creating structures of the special education system, but what should be emphasized is the segregation system. Interestingly, but without deepening of the issue of the state of isolation and exclusion of children and youth from the mainstream education, in mainstream schools is characterized by Apanel (2016). The author notes that the integration trend has been propagated in Poland in the 1970s by Aleksander Hulek, while the author draws attention to the helplessness of parents of children with disabilities who did not agree to the isolation of own children in a stationary setting, suggested by the authorities, they themselves organized support in homes. A full picture of the attitude of the communist authorities to the students and their education is expressed by the author in words: "however, they still encountered large social barriers that were caused by the segregation approach of educational services to disabled children. The management staff and employees of educational institutions were convinced that only special institutions can ensure proper conditions for children with disabilities. Parents who did not want to give their consent to putting the child in the establishment were accused of bad will and misunderstanding of his good" (Apanel 2016, 108). The author is convinced that both then educators and decision-makers of educational services were characterized by biological determinism at the time, delaying the implementation of integration or inclusion in education system in Poland. Moreover, in this short picture one can see the hypocritical manipulation of parents of disabled children by communist authorities during Iron Curtain period.

#### CONCLUSION AND IMPLICATIONS: NEED FOR REEDUCATION

In the context of the above-mentioned content and formed cultural ableism patterns in Poland, the



authors note the need for social reeducation of able-bodied Poles about the disability issues. There would be a need for extended social campaigns aimed at re-educating the able-bodied part of society about disability. The years of forced dependence and colonization by Soviet Union and implemented defectology, resulted in cultural ableism. Unfortunately, it caused a lot of lack of opportunities for the Polish society to learn positive approaches to disability. The authors think, that Iron Curtain long-lasting effect strongly delayed many worthy solutions with improving the quality of life of disabled people and their families. Moreover, the Iron Curtain long-term effect as normalized cultural ableism delayed self-advocacy movements and actions of Polish people with disabilities and limited for years the autonomy and rights of families having members with disabilities.

According to the authors of this article, due to many complexed factors formulating the cultural ableism pattern as: social and systemic censorship in Polish society during communism, quality of accessible knowledge about disability, implementation of defectological model of disability, planned isolationism of the disabled people, normalization of various oppressions, have been rejecting for years from public understanding the real needs of independent life of the disabled citizens. The complexed factors preserved the attitudes of unacceptability in the Polish mainstream and distance towards people with disabilities.

Unfortunately, there is in Poland permanent preference for social niche for the disabled people, segregated and located on the periphery of social life. The long-term effects of Iron Curtain and cultural ableism, were related to general exclusion of the disabled Poles from equal opportunities access to: mainstream spaces, education areas, cultural facilities (Więckowski 2005, Borowska-Beszta 2019) and employment opportunities.

Although permanent activities have been undertaken since 1989 to reduce the huge gap between life and its quality for socially privileged and disadvantaged groups in Poland, there is still a lack of knowledge of the able-bodied Poles about the rights of people with disabilities. Moreover, today in 2019 despite the 30 years since the change of the political system in Poland to a democratic state in 1989, Poles still express the lack the

knowledge about proper, respectful attitudes towards people with various disabilities in everyday situations. Reeducation should therefore, cover all aspects of normalization of cultural ableism, indicated in table 1. The particular attention of pedagogues at all levels of education should be paid to the consolidation of negative patterns of thinking about disability in Poland as well as behavior towards it manifested also online in Internet. Particularly cumulative activities should include social reeducation of the unfortunately normalized following forms and aspects of cultural ableism as:

- defectological model of disability in Poland;
- effects of exclusion (normalization of harassment, hatred, bullying and low level of social knowledge about the respectful treatment of people with disabilities and behavior towards them in reality and online);
- non-acceptance of equal social opportunities for people with disabilities (low level of knowledge about the rights of people with disabilities);
- utilitarianism in attitudes towards people with disabilities and the effects of "productivisation" trends;
- social knowledge about the regularity of expenditure on institutionalized disability in the absence of financing for the independent living of adults with disabilities;
- tabooing the spheres of independent living of adults with disabilities, including: sexuality of adults with disabilities, especially with intellectual disabilities;
- privileged groups in the mainstream with simultaneous devaluation of groups and environments of people with disabilities, whose best place (the safest) is located, for example, in segregation facilities;
- silence about everyday hardships and lack of support for families with profoundly and multiple disabled members;
- the learned helplessness of able-bodied citizens towards the disabled, and on the other hand the normalization of learned



helplessness of disabled citizens who are limited in undertaking the self-advocacy activities;

- social fears, fears of people with a profound and multiple disability, the stigma of a citizen dependent on the system;
- *defective* and contemptuous language (hate speech) about disability (including the language of politicians, e.g. J. Korwin Mikke (2016) expressing fears of accessing "morons" to integrative education, believing that this will be "a drudgery for this moron";
- excluding students with disabilities from the public-school system and treating students with disabilities in mainstream schools (all levels in Poland) as a troublesome problem that must be solved, and not as students who should be given equal opportunities and education,
- negative attitudes of supremacy towards disabled Poles in real life and virtual media, social networks.

Among the important reeducation activities in Poland there would also be constant work on eliminating the effects of implementing the thinking about disability in terms of the Soviet, defectological model of disability implemented in Poland in various scientific disciplines. At this point, the authors of the article indicate constant presence of the cultural ableism in language as expressed by Polish professionals in social sciences. It is worth paying attention to the peculiar language of the perspective of disability in the andragogical publication from 2011, encouraging the creation of a *defectological professiology*, as the study of work and employment of people with disabilities. The authors write that "perhaps they will be created in the future (as departments): children's professiology, youth professiology, students' professiology, occupational professiology, professiology of retirees and pensioners, defectological professiology dealing with the professional development of people with physical and mental disabilities" (Czarnecki and Kowolik 2011, 14).

In view of the above, the authors of this article hope to stimulate further discussions on the needed

changes and reeducation issues concerning cultural ableism normalized for 44 years in Poland.

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