

# **Cross-Cultural Perspectives on Quality of Life**

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# Quality of Life of People With Mental Retardation Living in Two Environments in Poland

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The years since 1989 have brought to Poland, a country undergoing a vivid political, social, and economic transformation, significant changes in all aspects of social life as well as sharpening of social awareness concerning problems of people with and without disabilities. During that time the following important legal acts have been laid down: the Rehabilitation and Employment of People With Disability Bill (1991), the Protection of Mental Health Bill (1994), and the Governmental Plan of the Support of Individuals With Disability (1993). In addition, amendments were added to the Social Support Bill and to the Antiunemployment Bill—all of them reflecting clear tendencies toward changes in the social welfare policy of the Polish government that have constituted totally new legal circumstances for action to be taken by and on behalf of people with disabilities in Poland.

Changes in the functioning of the social welfare system vary, however, in respect to different groups of people with disabilities depending on the type of disability. The scope of this chapter allows only a limited analysis of the phenomenon; therefore I will concentrate on that group of people with mental retardation.

Comparing the range of social support services available for the individual with mental retardation before and after 1989, it must be stated that indeed revolutionary changes have occurred in at least some areas of life. The revolutionary character of those changes flows not only from the great efforts made to increase and improve the social welfare system in general, but also from the exposing of all sorts of negligence of the previous social policy with regard to people with mental retardation. Currently improvements are not equally strong in all life domains of individuals with mental retardation and their families, one reason being, among others, the lack of radical actions on the part of decision-making bodies. An example is in the area of housing.

At present the problem is being solved in a twofold manner: Where possible individuals with mental retardation stay with parents or relatives; otherwise in most cases they live in institutions. It should be stressed, though, that especially in larger Polish cities, group homes or supported apartments for people with mental retardation have recently appeared. Yet these cannot be perceived as a clear tendency toward deinstitutionalization, considering the fact that, alongside these, new institutions have been created. Still, however, efforts are being made to approximate the quality of living of people with mental retardation to standard characteristics of

the whole society. Are the range of social services adequate to the social needs of the individual with mental retardation? The issue is being addressed.

The previously mentioned legal acts, together with the amendments to the already existing ones, give equal access for various governmental and local administrative authorities as well as nongovernmental organizations to social funds. More important, they also clearly describe standards of particular services for which the funds are to be used. The procedure is an effective means of promoting initiative, guaranteeing protection against squandering of public money, and ensuring proper standards of services.

Standardization of social services remains a vital condition of any successful social policy. However, in itself, it is an insufficient solution to particular problems of people with mental retardation and their families (Butterworth, Steere, & Whitney-Thomas, 1997). Standardization depicts and refers solely to objective life conditions. Were we to consider these only, we would overlook the important factors of subjective well-being and personal satisfaction (Borthwick-Duffy, 1996; Felce, 1997). It becomes necessary, therefore, to collect and compare subjective opinions of the person with mental retardation alongside the consolidation of standardization of social services.

The idea of measuring quality of life of the person with mental retardation, so widely discussed in scientific literature, seems to be a suitable solution that can be easily applied also in Polish conditions.

From among many important publications that appeared in English and to which I have had access, I would like to distinguish works published by the American Association on Mental Retardation and edited by Robert Schalock (1990, 1996a, 1997), which comprehensively deal with the question of quality of life and comprise full documentation of the applied methods. Similarly, Polish publications also reveal numerous theoretical findings and some research on the quality-of-life issue. I shall return to the above point later in this chapter.

To analyze the question of quality of life and its practical implications as understood and applied in Polish circumstances, I will first summarize the scientific output of Polish researchers on the subject and then define the concept of quality of life. Finally, I will present the results of the research I have done on differences in quality of life among individuals with disability living in the open community and attending day activity centers, compared to those who live in institutions without any occupational activity or therapy.

### **Some Examples of Research in Poland**

Summarizing the Polish research on quality of life, I will concentrate only on works that directly use the term. I intend to exclude the scientific literature that thematically refers to the subject in question but does not apply the term. The criterion used entails a limited focus, work from the last 3 to 5 years. The theoretical research will be presented in chronological order and precede a short discussion on empirical work, the latter being far less abundant than the former.

### Theoretical Research

Initially, theoretical research on quality of life was conducted by two Polish university sites: in Poznań by Stanisław Kowalik and Augustyn Bańka, and in Częstochowa by Romuald Derbis. The joint interest of the two centers resulted in the 1993 conference Possibilities of Psychology and Pedagogy in Examining and Shaping the Feeling of Quality of Life. The conference not only gathered Polish scientists in the field, but it also delineated main tendencies for future research. Details can be found in Psychological and Pedagogical Dimensions of Quality of Life (Bańka & Derbis, 1994).

As far as further theoretical research is concerned, attention should be drawn to works by Stanisław Kowalik analyzing psychological dimensions of quality of life (1993) and temporal conditions of quality of life as well as theoretical controversies on the subject (1995). Equally important is the research of Jerzy Brzeziński (1994) on methodological and ethical aspects of quality of life and Augustyn Bańka's (1994) treatment of quality of life in terms of concepts of man and work. Emerging theoretical research also makes possible the examination of quality of life in the light of responsible freedom (Derbis, 1994) and of creative activity (Pufal-Struzik, 1994).

Another branch of theoretical thought concentrates on the analysis of quality of life as seen through the prism of human suffering (Maciuszek, 1994) and the spiritual life of the dying (Stelcer, 1997), focusing on differences in quality of life among people terminally ill (Jackowska, 1997; Stelcer, 1994; Surdyka, 1997).

### Empirical Findings

Some of the above-mentioned works merge theoretical thought with empirical findings (the latter being still insufficient), to which I now turn. Zbigniew Zabor (1997) initiated empirical research examining residents of institutions of Poznań province using Campbell's Scale of Quality of Life. The only criterion applied in his work was that of being a resident of an institution, disregarding the age of the people under examination and type of disability (whether physical, sensory, or developmental). The evaluation of the institutional living conditions and personal satisfaction showed quality of life to be unexpectedly high.

Juros (1997) researched quality of life among people with disability from one local community. Juros investigated a group of 152 people with disability chosen randomly from the Leczna area applying the *Quality of Life Questionnaire* by Schalock and Keith (1993) (translated and adjusted to Polish conditions by Juros). Juros examined the following subgroups: people with mental retardation ( $n = 35$ ), with physical disability ( $n = 38$ ), with heart disease ( $n = 27$ ), with psychiatric disorder ( $n = 23$ ), and with multiple sclerosis ( $n = 16$ ).

Juros compared the results for people with mental retardation on the subscales of the *Quality of Life Questionnaire* (Schalock & Keith, 1993) to research done by Keith (1996). Juros concluded that Polish results are much below average as compared with Keith's equivalents. Additionally, Juros pointed out a number of interesting interdependencies among results achieved within separate subgroups of the examined sample.

As a complement to the above, I would like to present my own research concerning differences in quality of life among people with mental retardation living in the community and attending day activity centers, and among those living in institutions without any occupational activity or therapy.

### **Different Living Environments and Quality of Life**

According to statistics in the middle of the 90s, about 70,000 people in Poland are estimated to be residents of institutions. Within that group, 18% at most are over 74 years of age. Reasons for residing in institutions include: illness, disability (of various kinds, including mental retardation), social maladjustment, drug or alcohol addiction, and mental disease. In addition to the above, note the prolonged residence in institutions of 9,000 people, and the 17,000 awaiting vacancies owing to social factors (Wiśniewska, 1997).

These statistics may sound alarming, especially if viewed through the prism of earlier and recent investigations on the differences between quality of life of people with mental retardation living in institutions and those living in the community (Bachrach, 1981; Bradley, Ashbaugh, & Blaney, 1994; Bruininks, 1981; Butterworth et al., 1997; Kościelska, 1987; Kowalik, 1981, 1997; Minnen, Hoelsgens, & Hoogduin, 1994; Minnen, Hoogduin, Peeters, & Smedts, 1993; Mrugalska, 1987; Olechnowicz, 1987; Otrębski, 1992, 1993a, 1993b; Scheerenberger, 1981; Witkowski, 1987). Unquestionably, the institution emerges as a necessary evil rather than a positive social phenomenon for both the people institutionalized and the whole society that sustains the institutional system. Were we to consider the financial aspect solely, the institutional system still proves a much too expensive form of rehabilitation. The social and individual expenses that the institutional system entails are comprehensively dealt with in the previously cited literature.

It is widely agreed that the most beneficial form of care and rehabilitation for individuals as well as the entire society is one that relies on the resources of a local community, in which case people with mental retardation may remain in a familiar environment and avail themselves of opportunities in due measure to their needs and requirements.

The concept of quality of life in regard to people with developmental disabilities appears to be a thoroughly studied scientific domain in terms of theory, methodology, and research practices, and is supported with broad practical application (Felce, 1997; Hughes, Hwang, Kim, Eisenman, & Killian, 1995; Schalock, 1996b). Considering the immense advantages that application of the quality-of-life approach provides in terms of remodeling the rehabilitation and care services for people with developmental disabilities, I have joined the efforts to adapt the *Quality of Life Questionnaire* (Schalock & Keith, 1993), and participate in research with people with mental retardation.

Having analyzed earlier investigations in the field, and having considered my own experience, I have posed the following question: Is there a vital difference in the perception of quality of life between Polish individuals with mental retardation living in institutions and those living in the community? To examine the problem thus formulated, I have conducted research on two groups of people with mental

retardation living in two different environments. The outcome of the investigation and its analysis follows.

### Individuals Studied

The study was carried out on a group of 57 individuals with mental retardation (including 25 considered "educable" and 22 "trainable"). Two subgroups were identified: subgroup A comprising 37 people (21 men; 16 women) staying either with families or in group homes and actively participating in occupational therapy led by day activity centers; subgroup B of 20 people (10 men; 10 women), residents of institutions for people with mental retardation in which no occupational therapy was offered. The average age of individuals in subgroup A was 27.8 and for subgroup B, 41.6 (see Table 9.1).

Table 9.1

	Gender		M Age	
	Female	Male	Female	Male
<b>Group A</b> (living in the community) (N = 37)	16	21	27.9	27.8
<b>Group B</b> (living in institutions) (N = 20)	10	10	41.5	41.7

### Instrument

To measure and evaluate the quality of life of people with mental retardation, the *Quality of Life Questionnaire* (Schalock & Keith, 1993) was used, translated and adjusted to Polish conditions, with the authors' consent, by Juros. In adjusting the *Quality of Life Questionnaire* to Polish conditions, particular attention was paid to linguistic and cultural differences treated as important factors influencing research on people with mental retardation (Keith, 1996).

The *Quality of Life Questionnaire* allows one to establish a general level of quality of life as assessed by a person with mental retardation; it provides a description in terms of factor scores related to satisfaction; competence/productivity; empowerment/independence; and social belonging. Each of the four subscales contains 10 items that can be evaluated according to a 3-point Likert scale. The minimal score is 10 for each of the subscales, and the maximal 30. The total score can vary from a minimum of 40 to a maximum of 120.

### Procedure

The investigation was carried out by a team of specialists employed in institutions and day activity centers and possessing a thorough knowledge of the applied method. The participants were examined individually and asked to choose the answer themselves or to point to it. All the examined individuals were verbal.

## Results

To establish potential statistical differences in quality of life between the two groups under examination, means and standard deviations were calculated and a test of significance of differences applied (see Table 9.2).

The analysis indicated that individuals with mental retardation living in the community possess a higher level of quality of life than those living in institutions ( $p < .005$ ). Statistically significant differences were found between the investigated groups in two subscales of the questionnaire: competence/productivity ( $p < .008$ ) and social belonging ( $p < .008$ ). This suggests that people with mental retardation living in the community and having access to various daily activities enjoy a higher degree of competence, as well as a stronger feeling of belonging to their community.

Table 9.2

<b>Mean Quality of Life Questionnaire Scores for Two Groups</b>					
	Community		Institution		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>p</i>
Satisfaction	21.49	3.99	20.50	4.37	n.s.
Competence/Productivity	21.11	6.34	12.79	3.46	<.008
Empowerment/Independence	19.70	3.37	21.05	3.17	n.s.
Social Belonging	21.54	5.25	18.30	3.60	<.008
Total Score	82.70	15.91	72.85	9.65	<.005

## Discussion

The results of this pilot study call into question Zabor's (1997) view claiming a beneficial influence of the institution on its residents. Furthermore, they reveal the urgency of reorganizing the system of rehabilitation and care as well as the services rendered people with mental retardation.

Such reorganization should enable a greater number of people with mental retardation to live in their local communities, provide a broader range of daily routines, and fulfill their needs. Only then will the full development of the potential a person with mental retardation possesses be possible and the normalization of life conditions be ensured. This in turn is bound to raise the level of quality of life of this group (Otrębski, 1996, 1997).

Polish norms for quality-of-life measures have not yet been established. However, in the interest of pure comparison, I note that, according to the research by Juros (1997) and the work just described, people with mental retardation in Poland acquired lower scores on the *Quality of Life Questionnaire* (Schalock & Keith, 1993) than those reported by Keith (1996). These comparisons, in my view, provide an argument in favor of change in the Polish system of services for people with mental retardation.

### Summary

In conclusion, I note that scientists in Poland approach the question of quality of life multidimensionally. They thoroughly analyze the theoretical, methodological, and ethical aspects in question and also broadly apply this new category of description of reality in empirical research. This means it is very important to establish or adopt information-gathering methods and depict objective factors and subjective evaluation of quality of life of an individual person or a social group.

It is time to recognize and accept subjective assessment of quality of life as the main factor in measuring and evaluating the standard of care and rehabilitation services so as to introduce organizational changes.

### References

- Bachrach, L. L. (1981). A conceptual approach to deinstitutionalization of the mentally retarded: A perspective from the experience of the mentally ill. In R. H. Bruininks, C. E. Meyers, B. B. Sigford, & K. C. Lakin (Eds.), *Deinstitutionalization and community adjustment of mentally retarded people* (pp. 51-70). Washington, DC: American Association on Mental Deficiency.
- Bańka, A. (1994). The quality of life in the psychological conceptions of man and job. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of the quality of life in working people and the unemployed* (pp. 19-40). Poznań-Częstochowa: Ed. UAM & WSP.
- Bańka, A., & Derbis, R. (Eds.). (1994). *Psychological and pedagogical dimensions of quality of life*. Poznań-Częstochowa: Ed. UAM & WSP.
- Borthwick-Duffy, S. A. (1996). Evaluation and measurement of quality of life: Special considerations for people with mental retardation. In R. L. Schalock (Ed.), *Quality of life: Vol. 1. Conceptualization and measurement* (pp. 105-119). Washington, DC: American Association on Mental Retardation.
- Bradley, V. J., Ashbaugh, J. W., & Blaney, B. C. (1994). *Creating individual supports for people with developmental disabilities: A mandate for change at many levels*. Baltimore: Paul H. Brookes.
- Bruininks, R. H. (1981). Recent growth and status of community-based residential alternatives. In R. H. Bruininks, C. E. Meyers, B. B. Sigford, & K. C. Lakin (Eds.), *Deinstitutionalization and community adjustment of mentally retarded people* (pp. 14-27). Washington, DC: American Association on Mental Deficiency.
- Brzeziński, J. (1994). Methodological and ethical context of research on quality of life. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of quality of life in working people and the unemployed* (pp. 11-18). Poznań-Częstochowa: Ed. UAM & WSP.

- Butterworth, J., Steere, D. E., & Whitney-Thomas, J. (1997). Using person-centered planning to address personal quality of life. In R. L. Schalock (Ed.), *Quality of life: Vol. 2. Application to people with disabilities* (pp. 5-24). Washington, DC: American Association on Mental Retardation.
- Derbis, R. (1994). Responsible freedom in shaping quality of life. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of quality of life in working people and the unemployed* (pp. 53-62). Poznań-Częstochowa: Ed. UAM & WSP.
- Felce, D. (1997). Defining and applying the concept of quality of life. *Journal of Intellectual Disability*, 41, 126-143.
- Government Program of Action on Behalf of the Disabled and Their Integration With Society. (1993) Warsaw, MpiPS.
- Hughes, C., Hwang, B., Kim, J., Eisenman, L. T., & Killian, D. J. (1995). Quality of life in applied research: A review and analysis of empirical measures. *American Journal of Mental Retardation*, 6, 623-641.
- Jackowska, E. (1997). Sense of quality of life in women and men after stroke. In B. L. Block & W. Otrębski (Eds.), *The terminally ill* (pp. 333-342). Lublin: WNS KUL.
- Juros, A., & Otrębski, W. (Eds.). (1997). *Integration of the disabled in the local community*. Lublin: FSCEDS.
- Juros, A. L. (1997). Sense of quality of life of people with disability and image of community. In A. L. Juros & W. Otrębski (Eds.), *Integration of the disabled in the local community* (pp. 297-309). Lublin: FSCEDS.
- Keith, K. D. (1996). Measuring quality of life across cultures: Issues and challenges. In R. L. Schalock (Ed.), *Quality of life: Vol. 1. Conceptualization and measurement* (pp. 73-82). Washington, DC: American Association on Mental Retardation.
- Kościelska, M. (1987). Social conditions of how people with mental retardation function. In S. Kowalik, S. Nowak, & S. Waśkiewicz (Eds.), *Optimization of rehabilitative activities among the mentally retarded under PDPS* (pp. 78-86). Leszno: UW WZiOS.
- Kowalik, S. (1981). *Rehabilitation of the mentally retarded*. Warsaw: PWN.
- Kowalik, S. (1993). Psychological dimensions of quality of life. In A. Bańka & R. Derbis (Eds.), *Psychological thought in renewed Poland* (pp. 31-43). Poznań: Gemini.
- Kowalik, S. (1995). Measurement of quality of life: Theoretical controversies. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of quality of life in working people and the unemployed* (pp. 75-85). Poznań-Częstochowa: Ed. UAM & WSP.
- Kowalik, S. (1997). Rehabilitation in special care homes. In S. Kowalik (Ed.), *Optimization of rehabilitative activities in the mentally retarded under PDPS* (pp. 21-35). Leszno: UW WZiOS.

- Maciuszek, J. (1994). Quality of life and inevitability of human suffering. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of quality of life in working people and the unemployed* (pp. 63-70). Poznań-Częstochowa: Ed. UAM & WSP.
- Minnen, A. van, Hoelsgens, I., & Hoogduin, K. (1994). Specialized treatment of mildly mentally retarded adults with psychiatric and/or behavioural disorders: Inpatient or outreach treatment? *The British Journal of Developmental Disabilities*, 78, 24-31.
- Minnen, A. van, Hoogduin, C. A., Peeters, L. A. G., & Smedts, H. T. M. (1993). An outreach treatment approach of mildly mentally retarded adults with psychiatric disorders. *The British Journal of Developmental Disabilities*, 77, 126-133.
- Mrugalska, K. (1987). Familial ties among the mentally retarded and their stay in social care homes. In S. Kowalik, S. Nowak, & S. Waśkiewicz (Eds.), *Optimization of rehabilitative activities in the mentally retarded under PDPS* (pp. 87-95). Leszno: UW WZiOS.
- Olechnowicz, H. (1987). Strategies of preventing and overcoming autistic symptoms in social care homes for children. In S. Kowalik, S. Nowak, & S. Waśkiewicz (Eds.), *Optimization of rehabilitative activities in the mentally retarded under PDPS* (pp. 29-35). Leszno: UW WZiOS.
- Otrębski, W. (1992). Some solutions in rehabilitation of the mentally retarded in England. In A. Januszewski, P. Oleś, & T. Witkowski (Eds.), *Lectures on psychology at the Catholic University of Lublin. Vol. 6* (pp. 461-470). Lublin: Catholic University of Lublin.
- Otrębski, W. (1993a). A chance to gain subjectivity in the mentally retarded under institutionalized care. In T. Witkowski (Ed.), *Subjectivity of the mentally retarded under institutionalized care* (pp. 55-66). Lublin: WZPS.
- Otrębski, W. (1993b). Contemporary forms of institutionalized care and rehabilitation of the mentally retarded. In E. M. Lorek (Ed.), *Relief in Suffering* (pp. 103-114). Częstochowa: FRDM.
- Otrębski, W. (1996). An attempt to draw out theoretical context for the concept of environmental rehabilitation. *Problems of Social and Occupational Rehabilitation*, 2, 34-37.
- Otrębski, W. (1997). Conception of man as a point of departure in planning management towards mentally retarded people. *Problems of Social and Occupational Rehabilitation*, 3, 61-66.
- Pufal-Struzik, I. (1994). Creative activity of man and its relationship with self-assessment of quality of life. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of quality of life in working people and the unemployed* (pp. 97-104). Poznań-Częstochowa: Ed. UAM & WSP.

- Schalock, R. L. (Ed.). (1990). *Quality of life: Perspectives and issues*. Washington, DC: American Association on Mental Retardation.
- Schalock, R. L. (Ed.). (1996a). *Quality of life: Vol. 1. Conceptualization and measurement*. Washington, DC: American Association on Mental Retardation.
- Schalock, R. L. (1996b). Reconsidering the conceptualization and measurement of quality of life. In R. L. Schalock (Ed.), *Quality of life: Vol. 1. Conceptualization and measurement* (pp. 123-139). Washington, DC: American Association on Mental Retardation.
- Schalock, R. L. (Ed.). (1997). *Quality of life: Vol. 2. Application to people with disabilities*. Washington, DC: American Association on Mental Retardation.
- Schalock, R. L., & Keith, K. D. (1993). *Quality of life questionnaire*. Worthington, OH: IDS.
- Scheerenberger, R. C. (1981). Deinstitutionalization: Trends and difficulties. In R. H. Bruininks, C. E. Meyers, B. B. Sigford, & K. C. Lakin (Eds.), *Deinstitutionalization and community adjustment of mentally retarded people* (pp. 3-13). Washington, DC: American Association on Mental Deficiency.
- Stelcer, B. (1994). Quality of life in palliative care. In A. Bańka & R. Derbis (Eds.), *Measurement and sense of quality of life in working people and the unemployed* (pp. 105-112). Poznań-Częstochowa: Ed. UAM & WSP.
- Stelcer, B. (1997). Quality of life and spiritual sphere of the dying man. In B. L. Block & W. Otrębski (Eds.), *The terminally ill man* (pp. 322-327). Lublin: WNS KUL.
- Surdyka, D. (1997). Elements of assessment of quality of life in women with cervical carcinoma. In B. L. Block & W. Otrębski (Eds.), *The terminally ill man* (pp. 328-332). Lublin: WNS KUL.
- Wiśniewska, A. (1997). Social assistance in Poland: Public responsibility, regulations, and social infrastructure. In A. Pruszkowski (Ed.), *Managing care and welfare: Education and training for the governmental and nongovernmental social services* (pp. 109-131). Lublin: NICW, LOS, WZPS.
- Witkowski, T. (1987). Elements of revalidation in the institutions of the type *Home of Residence and Centre of Labour*. In S. Kowalik, S. Nowak, & S. Waśkiewicz (Eds.), *Optimization of rehabilitative management of mentally retarded people under PDPS* (pp. 14-23). Leszno: UW WZiOS.
- Zabor, Z. (1997). Assessment of sense of quality of life among residents of social care homes in the Poznań voivodship. In S. Kowalik (Ed.), *From sad reality to accepted necessity* (pp. 46-52). Jarogniewice: Ed. SPiSDPS.