

Fundamental assumptions of noetic (spiritual) therapy for parents bringing up children with intellectual disabilities

Abstract: The birth of a child with an intellectual disability appears to its parents to be a traumatic event in their lives, posing a real threat to their existence. The stress they experience due to the care and upbringing of their child is permanent and harmful to them. Therefore, there is no doubt that they need therapy. Its proposal is the described fundamental assumptions of noetic (spiritual) therapy. Its overriding objective, alongside stress reduction, is the need to “save” themselves as parents of children with intellectual disabilities.

Key words: parents, children with intellectual disabilities, stress, therapy

Introduction

We encounter the phenomenon of stress almost every day. Apart from its positive side in which it appears to be a motivating factor, activating the physical performance of the human body, it mobilises to act with the aim of overcoming the difficulty. Stress also has a second, negative face, affecting the state of their physical, mental, social or spiritual (noetic) functioning.

It is also well known that the more a person is exposed to a stressful event directly or over a long period of time, the more harmful the effects will be to them. After all, a man who lives under their influence struggles with constant fright, painful depression, loss of control over their lives, which often leads them to a state in which they question the meaning of their own life. Among the many events stressful for people is the birth of a child with a disability.

Birth of a child with an intellectual disability

It is well known that every disability of a child, even the smallest one, is the cause of many stresses for parents. Therefore, it would seem that it does not matter what kind of disability is involved. All children with sensory impairments, with physical or mental disabilities, chronically ill or with a complex or conjugated combination of these, become a cause of special concern for parents generating stress (Waisbren, 1980, Majewski, 1998).

However, there is a widespread belief in society that it is the child's intellectual disability, his or her mental retardation, especially in its deeper forms, that is one of the causes of particularly strong—stress-inducing experiences for parents (Twardowski, 1999).

The intellectual disability resulting from underdevelopment or damage to brain tissue in early childhood (Sękowska, 2001, Baczała, 2002) is characterised by significant limitations in intellectual and adaptive functioning, as well as difficulties in the perception and cognitive sphere of affected children. It significantly influences their level of communication, independence, learning pace and mastering of various cognitive and social skills. It also translates into the general state of their health as the essence of their intellectual disability (Patterson, 1971, Patterson, Weiss, Hops, 1976, Dykcik, 2005).

The stress of parents of children with intellectual disabilities is also generated by attitudes of the social environment rejecting them because of their lack of acceptance with respect to these children. Sometimes manifesting even a clear aversion and prejudice towards both them and their parents (Baczała, 2002).

It is not uncommon for parents of children with intellectual disabilities to encounter stigmatisation and humiliation, often caused by the deformed or unaesthetic appearance of their children and the shame they feel about it (Twardowski, 1999). Their “strange”, “abnormal” behaviour, by which they clearly distinguish themselves from their “normal peers”. Lack of control over one's own physiology, often causing fear and sometimes even disgust in the “healthy” part of society (Patrzykąt-Owczarek, 2008), which is the result of a mental confrontation of the ideal of man – his or her fullness of humanity – with the “deficient” image of a “quasi-man”, further strengthened by the fact that you are dealing with a physically mature person who remains at the level of development of a small child regardless of his or her age (Białas, 2018).

It is precisely the aforementioned deficits of children with intellectual disabilities, understood as the lack of diversity in the various spheres of their functioning, combined with the Cartesian attribution of the main role to the rational human mind as the most important human value, that provide their parents with many reasons for stress. Their *in-validus*, which is a specific type of disability, generates stress, which is amplified by other stressors related to the care, upbringing, rehabilitation and education. These stressors are not just here and now. They are not closed by a distant time frame. Even if some of them lose their importance, new sources of stress are still being born, fuelling those already existing. Their spectrum, from tiny, everyday to eschatological, is a permanent source of stress for parents of children with intellectual disabilities (Białas, 2018).

Need for treatment of parents of children with intellectual disabilities

Given the above, there is no doubt that parents of children with intellectual disabilities need therapy. It is understood as the need to take appropriate action whose primary objective will be to provide the help and support needed to “save” themselves as parents of children with intellectual disabilities.

However, this is not self-evident. This is because everyday practice shows tangibly that parents devote all their life energy to their mentally disabled children, forgetting about themselves. Being ready to “sacrifice their health and life”. This natural, loving reflex puts the help offered to their children first – “*the well-being of our children with intellectual disabilities is paramount!*” By doing so, they place their welfare, their needs at the very end or often overlook them completely.

This leads to a situation where you are dealing with two “victims of stress”. The first is the parents destroyed by its effects. The second is their children with intellectual disabilities who need constant care and support, whom their parents, struggling with harmful stress effects, can no longer help.

It is precisely this premise that argues for the urgent need to offer therapy dedicated to parents of children with disabilities. Nevertheless, involving a reversal of the commonly accepted therapeutic route, which is illustrated by aerial procedures. Assuming that, in the event of danger, it is the adult who is required to put on the oxygen mask first and only give it to his or her child second. The justification for this is that it is the adult who saves his or her life in the first place that is able to give more effective help to his or her child, in this case, with an intellectual disability. This leitmotiv is precisely aimed at parents of children with intellectual disabilities.

The anthropological concept of man as a basis for therapeutic activities

Any therapy whose primary objective is to improve the quality of life of the person for whom it is addressed should be based on a specific theoretical foundation, taking a strictly defined view of the human being - as a specific subject of therapeutic influences. Such a procedure allows to avoid cognitive chaos, thus making it possible to create the basis for therapeutic effects, based on the accepted theory. It thus strengthens its legitimacy and appears to be a compact and coherent system (Bergman, 2010, Sobczak, 2000).

Therefore, the first step in creating the theoretical basis of therapy should be to reach for anthropological considerations (anthropos - man and logos - word, science), aimed at detecting the essence of man which condition and explain all human phenomena. Explaining all the richness of human qualities and functions that make a person so exceptional and unique, often directly surprising, and reconciling many opposing elements (Dogiel, 1992). However, this is not an easy task, as there are many types of anthropology, e.g.: physical anthropology, psychological anthropology, cultural anthropology, social anthropology, which explore the partial and empirical aspects of man (biological, psychological, ethno-cultural, social, etc.) (Valverde, 1998). There is also philosophical anthropology in this broad spectrum of types which, in contrast to the aforementioned, deals with the study of man - as a certain whole - as a person in a holistic sense.

The subject of philosophical anthropology is not only the detailed aspects, but (as far as possible) the person as a real, factual whole, with its deepest hidden foundation and structure, cognised by natural reason both synchronously and diachronically, proposing a specific human theory and a specific way of looking at this “whole”. This provides an adequate opportunity to justify the therapeutic effects adopted (Valverde, 1998).

However, even at this stage of creating the theoretical foundations for a particular therapy, significant obstacles can be encountered. This is due to the fact that philosophical anthropology is also different and thus promote different philosophical concepts of man. Gerard Dogiel proves that almost every major philosophical direction has its own concept of man, as the history of philosophy, for example, tangibly demonstrates.

They oscillate between extreme spiritualism according to which man is only a spirit, his essence is only the spirit. Whereas the body is treated as an unnecessary element - ballast making man's life difficult (Dogiel, 1992). It would appear that with the end of the Middle Ages, the concepts of man, which only emphasised his spiritual nature, became so outdated that they did not affect modern therapeutic practice. Nothing could be more wrong. For it is still recommended that patients, in this case parents of children with intellectual disabilities, treat what has happened to them in their lives in terms of *experimentumcrucis* – a kind of test of endurance, the experience of carrying one's own cross, mortification and sacrifice, combining their suffering with intention and offering it for something, for someone. This de facto sublimational view, which has strong religious inclinations, derived from Christian philosophy, is nevertheless based on a misinterpretation of the faith. This view draws more attention to the need for spiritual development of parents who are exposed to permanent stress due to the in-validus of their children with intellectual disabilities. Parents who, after all, are constantly struggling to care for, bring up, rehabilitate or educate their children with intellectual disabilities. In doing so, it points to the need for their sublime vocation, opening up to the God, treated as a remedy for permanently felt stress. At the same time, they underestimate the physical dimension of their existence and thus the urgent need for “body therapy” (Warren, Brady, 2007).

The other concepts placed at the opposite pole proclaim that a human being is composed exclusively of the body (matter in one form or another), while the spirit is completely negated or treated as a derivative of matter. According to these assumptions, man is only a natural phenomenon and that natural sciences alone are competent to describe him properly (Dogiel, 1992). Therefore, by making use of the paradigms derived from these sciences, and exhausting the reality of man, they identify him only with what is material, thus promoting the importance of practical knowledge that serves "social needs", which is also reflected in therapeutic activities (Valverde, 1998).

The therapeutic practice of such activities looks for its sources in medical science, deriving from them premises, conceptual tools, terminology, clinical research methods and styles of description and interpretation of obtained results. It is on these that he builds his system of values, which crystallises in terms of health and disease as well as in terms of norms and deviations from them. Patients seen through the prism of these categories, in this case, parents of children with intellectual disabilities who experience permanent stress, and thus complain about physical and mental illness and disturbed social relationships, are treated as sick people. According to the assumptions of these theories, as a result of the reduction made, they are reduced to the material reality, considered as a product of physiological, psychological or sociological phenomena requiring treatment, respectively. In line with these assumptions, assistance dedicated to such parents is therefore mainly focused on pharmacological therapy (e.g. pharmacological treatment of depression), less frequently (due to numerous limitations: time, financial, or lack of availability, etc.) supplemented with rehabilitation treatments (e.g. physiotherapy), or taking into account the psychotherapeutic approach to the treatment of this disease entity, focusing on the application of strategies and techniques for treating affective disorders, with the aim of "repairing" as soon as possible the body that is malfunctioning.

Taking the above into account, it is possible to point out the danger of cultivating a deformed image of man reduced to a purely spiritual or material dimension. It creates the need for indirect, moderate concepts that incorporate objective data. This includes the concept of a human being based on the peripatetic and Thomistic philosophy. According to this concept, man is a sensual intelligent being – *animal rationale*. Its essence is both body and spirit, material and spiritual elements. The body and the spirit, as matter and form, by joining together form one independent entity as the ultimate subject and cause of everything human. According to this philosophy, the combined body and spirit create one principle of operation. Thanks to the body animated by the spirit, which is the habitat of vegetative and sensible powers, man is a particle of the world, subject to its action and to the physical and biological laws but, on the other hand, he can act in it and transform it. Thanks to the spirit, however, he is endowed with reason and will, which makes him intellectually know, create, freely pursue his chosen goal, have a rich world of truths and values - he grows above the material world, becomes the only, exceptional, unique among other beings. He becomes one person (Dogiel, 1992).

According to the above assumptions, man appears here as a place of a complicated synthesis of matter and spirit, a symbiosis of two different co-principles connected in such a way that they form one nature. And although the two dimensions - material and spiritual - differ in essence from each other, in reality they are inextricably linked, defining fully the human existence (Popielski, Wolicki, 1987).

This reality, which is the result of this synthesis, has its justification in an attempt to isolate and categorise the fundamental assumptions necessary to define the basis of the therapy, in this case, dedicated to parents who, in the face of the difficulties of caring for and bringing up their children with intellectual disabilities, are exposed to the feeling of permanent stress. Thus, therapy against the temptation to reduce their lives to just one dimension. Therefore, this proposal assumes the need to take into account both dimensions of human being: material - (in their levels of functioning: physical, mental, social) together with the noetic dimension - (in their spiritual level of functioning). This avoids a kind of determinism that deforms the real image of man, which has far-reaching consequences not only in theory but also in therapeutic practice. It should be borne in mind that neglecting or omitting one of these would make the proposed therapy appear to be incomplete and thus of little value – ineffective.

However, the therapeutic practice dedicated to parents, who are exposed to permanent stress as a result of the impact of the *in-validus* of their children with intellectual disabilities, demands an artificial, heuristic separation of the two dimensions mentioned above. This treatment is necessary in order to indicate their hierarchical arrangement, however, indicating the primacy of the noetic - the spiritual dimension of man (patient). The spiritual dimension is dominant in its essence, and thus also resonating with the material dimension of man, appearing, on the one hand, as a centre which has both dimensions, uniting them together. On the other hand, being a kind of cognitive framework through which a person perceives himself or herself, others and the surrounding reality, having a significant impact on his or her physical, mental and social functioning (Frankl, 1971, Marchwicki, 2002).

It is clear that where there is an immediate threat to the life or health of parents of children with intellectual disabilities, an emergency, therapeutic or pharmacological treatment must be applied. However, if

such a threat does not exist, then therapy for parents of children with intellectual disabilities should first focus on the spiritual - noetic - dimension of their existence, and only then concentrate on its material aspects. Otherwise, as Viktor Emil Frankl argues, many of the symptoms, such as chronic anxiety, can often be mistakenly diagnosed as typical neurotic disorders, resulting in the temptation to treat these neurotic symptoms with psychotherapy. When in reality, under the guise of mental disorders, there is a proper so-called “spiritual anguish”, resulting from the metaphysical needs of the patient, in this case parents of children with intellectual disabilities, manifesting itself in, for example, loss of meaning in life, lack of vision for the future, fear for the future, or lack of possibility of developing one's own existence. This type of “spiritual anguish” may manifest itself under the clinical picture of a neurotic disorder with all the symptoms characteristic of such a disorder, leading in consequence to the fact that, as a result of poorly chosen therapy, this “spiritual anguish” will be displaced by the patient, causing therapeutic inefficiencies (Frankl 1971, Marchwicki 2002).

Therefore, in the process of therapy for parents of children with intellectual disabilities, who are exposed to permanent stress, it is immeasurably important to focus on the noetic (spiritual) dimension of their existence without simultaneously neglecting or omitting the material dimension of their humanity in the areas of their functioning: physical, mental or social.

In this case, however, noetic therapy for parents is not about reconstructing the network of values torn up by the traumatic event in their lives, namely the birth of their children with intellectual disabilities, but should focus on acquiring the capacity to, on the one hand, evaluate and verify the existing value system, by which they will be able to eliminate those values which have proven to be of little or no significance to them, while preserving those which are important to them. On the other hand, to absorb new values and acquire the ability to construct a new network out of them, thus giving them the possibility of self-fulfilment and further development of their existence.

In this sense, the proposed therapy for parents of children with intellectual disabilities means that they need to be supported in the process of reaching their own maturity, so that they can develop ideas, attitudes and behaviours which will bring more order into their lives. They will make it possible to maintain greater coherence in their views, feelings and behaviour (de Unamuno, 1984), giving them the opportunity to reorganise their previous lives and reorder them, which, on the one hand, strips them of their illusions, teaches them to control their weakness, fills them with courage, toughens them up, and, on the other hand, becomes an impulse for them to act, allowing them to reach an even higher level of their awareness (Marchwicki, 2002). Thus, they will regain a sense of meaning in their lives, not only by upgrading themselves, in their strictly individual abilities, but as a result of an individual upgrade of their humanity as such (Tarnowski, 2007). The main aim of therapy dedicated to these parents is to help them discover the objective truth about themselves (Frankl, 1971) in a situation of constant confrontation with the *in-validus* of their children with intellectual disabilities, which will allow for a more effective reduction of permanent stress.

A change in the optics of looking at the *in-validus* of your child with an intellectual disability as a foundation for reducing permanently perceived stress

Undoubtedly a prerequisite for the success of therapy for parents who are exposed to permanent stress is, however, a change of perspective on the *in-validus* of their mentally disabled child. Often its previous overview has built a conviction (never *experssisverbis*) that it is someone worse (often even “something” worse) than their healthy peers. Resulting in the same, meaning worse than in others, image of themselves as parents of children with intellectual disabilities. This situation generated an additional source of stress accumulating, overlapping with others, affecting parents permanently and thus threatening their existence.

In this respect, this change of perspective on the *in-validus* of one's intellectually disabled child is proposed by the philosophy of a disabled person (Chudy, 1988a, 1988b), which has a broad context of different scientific fields (both philosophical and non-philosophical), supporting and supplementing them, and which is in essence rooted in broader anthropological and ethical issues. And it is in this very compilatory way that it tries to explain the problems of disabled people in the deepest aspects.

Therefore, while taking account of the fragments of knowledge that have been accumulated by individual human sciences, it is also important to ensure that they are presented together, so that they do not become completely separate, not least because of the increasing specialisation of many scientific fields, which makes this type of synthesis increasingly difficult. Furthermore, it translates into the treatment of people with disabilities without an ideological foundation or, worse still, into a multiplicity and diversity of possibilities for dealing with them which is dependent on the current situational context, social attitudes or changing policies, etc. They are thus, in essence, a worthless collection of elements, a cluster of combinations of different theories or a patchwork of loose beliefs that fail to describe them. In this respect, the philosophy of a disabled person ensures that a synthetic and concise theory is developed, which appears to be an aid (a prerequisite for therapy) dedicated to mothers of children with intellectual disabilities (Białas, 2011, 2016, 2017).

Taking this into account, the achievements of the philosophy of a disabled person using the findings of metaphysics, which significantly affect the structure of human existence, prove that in every kind of being (including human being – including a disabled person), apart from integrative and perfecting parts, there are also entity-related parts. It includes an element of existence, entity, form and matter which together make up human existence. It appears that any lack of the entity-related part to which the above mentioned components belong causes annihilation of the being. Therefore, a being cannot exist without any entity-related part. Therefore, on the basis of a realistic theory of existence, it is not possible to talk about a human being's existential impairment (disability). Each person's life (whether healthy or disabled) consists of the same entity-related parts. Therefore, it stems from the above deliberations that both in the case of an intellectually disabled person (as well as any other disabled person: deaf, blind, wheelchair-bound, sick, etc., regardless of the degree of his or her disability and condition) no difference can be demonstrated in comparison with a healthy person.

There is no difference between a healthy person and a person with disabilities (in this case with intellectual disabilities). For all people (disabled and healthy) have essential elements that make up their personal existence. Therefore, in terms of metaphysical assumptions, given the presence of important elements in the personal existence structure, we cannot point out differences between them (Chudy, 1988a). These metaphysical findings seem to be extremely important for parents of children with intellectual disabilities, because the category <<worse>> in the sense of "I have a worse child" and thus I consider myself as a worse parent etc. has no justification whatsoever. The arguments that metaphysics unambiguously advises do not categorise people by dividing them into those healthy and disabled, because they treat everyone (healthy and disabled, and thus parents of healthy children and parents of children with disabilities) as <<the same>> people.

Analysing the achievements of the philosophy of a disabled person (Chudy, 1988a, 1988b, 2007), it seems, however, that on a phenomenological basis, differences in the perception of healthy and disabled people can be seen. By drawing attention to the attributes of the latter, such as a wheelchair, a white walking stick, a deformed appearance, or, as in the case of people with intellectual disabilities, a significant lack of their intellect, etc., allows us to point out the differences between a healthy person and a person with some degree of disability. Nothing could be further from the truth, however, because these deficiencies, such as the ability to move freely, the lack of vision, the lack of hearing and the lack of intellectual capacity, as in the case of people with intellectual disabilities, affect all people who are both disabled and healthy. This shortage, as W. Chudy states, is in fact an inherent feature of every human being (like all unnecessary beings), which is the basis of the variability of human existence and, consequently, of death. Hence, to sum up, it can be concluded that all people (healthy and disabled) have these deficiencies, which concern their sight, hearing, physical or intellectual abilities. Even if they do not appear at the moment, they may appear over the years or worsen as a result of illness or injury.

These findings also constitute an argument proving that, on phenomenological grounds, the category <<worse>>, in the case of people with disabilities (also intellectually), is not valid. For the sake of accuracy, it can be replaced by the statement <<more disabled>> as opposed to so-called "healthy" people – that is <<less disabled>>. The only aspect which allows for the categorisation of both (healthy and disabled) is the quantitative nature of their disability. What follows is that every person as an unnecessary being is more or less disabled. In this sense, it may be analogous to say that every parent (like every person) is more or less disabled. Just as each of them is raising a more or less disabled child. All people are <<the same>> - that is, disabled ("handicapped") to some extent. It appears that <<all people are disabled>>.

In the light of these philosophical (metaphysical and phenomenological) findings, it can be seen that no type of disability (including intellectual disabilities) reaches the essence of human personal existence, i.e. the human dimension which determines personal dignity. So whether a person has a hearing, vision, locomotor system impairment, neurosis or a mental handicap, the ontological structure of the human spirit is not affected. His disability is capable of disrupting intellectual or volitional functioning, but it does not reach the depths of his or her personal existence. For a person's disability does not affect his or her humanity.

Therefore, it is to be hoped that the adoption of this truth, its internalisation, will allow parents to change their view of the *in-validus* of their child with intellectual disabilities. For the awareness of perceiving one's child not in the category of <<worse>>, but <<the same>> as other children, in the light of their needs, rights and duties, will allow them to confirm socially their dignity as an ontical and irretrievable value, due to every human being without any insight into their physical or mental (intellectual) limitations. In the light of both metaphysical and phenomenological assumptions, it appears to be a person worthy of affirmation and care, regardless of the type of disability or degree of handicap. These philosophical considerations about the perception of the *in-validus* of their children with intellectual disabilities should also strengthen their dignity as parents. Contributing to pulling them out of the 'cage' of helplessness in the situation they find themselves in, of internal conflicts, feelings of loss, sadness, resentment, bitterness, disappointment, hidden grief and suffering they experience (Levinas, 1989, 2000). In this way, reducing the stress that they constantly experience.

Taking control of one's own thoughts by parents of children with intellectual disabilities as a premise for reducing permanent stress

The impact of *in-validus* on mentally disabled children is so strong that it often closes (hibernates) their parents, leaving them alone with problems that blow their minds away. The permanent stress they experience triggers a nebula of thoughts that destroys, devastates and overwhelms them. The overwhelming multitude of thoughts usually comes to mind at times when they potentially need to relax, calm down, rest. They appear to be an illusion, a memory or an intrusive impression, the leitmotif of which is the *in-validus* of their mentally disabled children, opening the door to many sources of stress, which consequently threaten their existence.

It seems, in this regard, that the condition for the success of noetic therapy dedicated to parents of children with intellectual disabilities is to have control over one's thoughts. This control is most evident when the thoughts of the parents take on their verbal disguise. For words, on the one hand, order and make their thoughts clearer. On the other hand, they offer the opportunity to send their own stories, experiences, concerns, worries and pain into the space, thus constituting a therapeutic value, reducing the permanent stress they experience. For the very possibility of expressing one's overwhelming thoughts, wrapping them in words and talking about them gives parents of children with intellectual disabilities some kind of relief. It reduces the intensity of the permanent stress they feel, discharges it.

In addition, defining their problems, naming them directly disillusion parents, and thus hardens and even heals them, as it gives them the opportunity to discover themselves as parents of children with intellectual disabilities, to distance themselves from the problems that plague them, and thus to gain the confidence that comes with mastering their own weakness (Piecuch 2007).

In this regard, dialogue with another person (a therapist) is a contribution to enabling parents of children with intellectual disabilities to take control of their thoughts. Their primary intention is to get parents to confess. However, this is not an easy task. It is not uncommon for parents to want to share their own thoughts with a therapist, but they themselves do not know exactly what they want to say, where to start the conversation. They are open to communication, they feel these thoughts within themselves, but have not yet crystallised them (or are unable to do so). This presence of uncrystallised thoughts and the content of that something is sometimes compared to a constantly wavy ocean, and sometimes even, with a greater influx of uncrystallised thoughts, to its stormy surface. In this case, this something that afflicts parents cannot be expressed in any other way than in fragments of which they will only say one (Krapiec, 1995). They provide a basis for further conversation, opening up the space created between the speaking parents and the other person, a therapist, who listens to them (who controls the dialogue). However, this is not only about physical space, but also about human space. This is because it has a bodily and spiritual character which consists of the measurable remoteness of the partners in the conversation, as well as their close, personal relationship between "me" and "you". The first element of this space is always provided. The second is born out of the contact between two people, parents and therapist. It is true that the therapist is responsible for its conception, but the quality of this therapeutic conversation depends on their personal relationship, the emotional bond that binds them together, the attention they pay to each other, their desire to know the truth, their respect, their affirmation (Strzemieczny, 1988, Tryjarska, 2000). It is only in a climate of warmth, openness, sincerity and authenticity on both sides that the thoughts of parents have a chance to become increasingly vivid, to mature and to be expressed. After all, they talk about difficult, painful and also intimate matters. In this interpersonal exchange of words between the parents and the therapist, the question and the answer are intertwined, which is also true for the agreement and the opposition. Statements, theses and reflections are formed (Guardini, 1991), giving mothers not only the opportunity to crystallise their thoughts, to put them in order, but also to wrap them in words. And denouncing them which, with reference to the ocean metaphor used earlier, acts as a liferaft to ensure safety and reduce the permanent stress they experience (Krapiec, 1995).

At a later stage, this dialogue between the parents of children with intellectual disabilities and the therapist is also aimed at discovering their own self-esteem. Gaining "critical awareness". Exploiting their potential, their preferences, and thus discovering the meaning of life, not only in terms of its ultimate purpose, but also its many everyday dimensions. "[For] Man does not want to exist at any price, but what he really wants is to live with meaning. For existence, the authoritative and decisive factor is not the survival, but the fullness of meaning" (Frankl, 1971, p. 83).

In therapeutic practice, the intention of this conversation with the parents of children with intellectual disabilities, based on the questions asked by the therapist, is that by raising their self-awareness, becoming aware of their decisions which they have often made unconsciously, their repressed hopes and their unacceptable self-knowledge, they should discover the meaning of their life in its ultimate and universal dimensions (V. E. Frankl 1985, 2010, 2011). It should be pointed out that for this to happen, however, it must be a critical (Socratic) dialogue, because it is the only one that gives rise to critical thinking, thus contributing to making good life choices (Wiśniewska, 2013). The intention of this specific way of talking is for parents of

children with intellectual disabilities to discover the truth about themselves, expressing their own experiences from the past and fantasies of the future, bringing to life the (meaningful) peak experiences that have been overlooked so far. This situation encourages a reassessment of situations that previously seemed meaningless to them, while at the same time drawing attention to the achievements they have not seen so far. On the one hand, the dialogue between the parents and the therapist allows them to distance themselves from their problems, the “hopeless situation” in which they find themselves. On the other hand, it leads them towards new attitudes, while at the same time directing their attention to the successes of overcoming the difficulties and problems encountered in the past and, as a result, gradually enabling them to discover the objective truth about themselves, which also helps them to seek the meaning of their lives. The more parents of children with intellectual disabilities discover their authentic self in dialogue, apart from all the masks of self-defence, the more chance they have of finding the meaning of their lives (Wolnicki 2007). This is of considerable importance for the therapy provided, as it allows parents to more effectively reduce the permanent stress experienced, despite the constant confrontation with the *in-validus* of their mentally disabled children.

The domination of anxiety by parents of children with intellectual disabilities as a condition for reducing their permanent stress

Fear is inextricably linked to a person's life from birth to death, and is, in its essence, associated with a completely natural feeling, which is experienced just as much as anger, rage, joy or sadness. It most often appears in situations which he considers uncertain, dangerous or unknown, appearing to be an unpleasant feeling caused by an object or event which is usually identifiable (Wittchen, et al., 1995).

As a decisive emotion, anxiety can be associated with situations which, in their essence, are appropriate to age, level of development and which a healthy person can endure and control. It is not uncommon then that fear can even have an alarming and mobilising function in a person's life, providing them with the right amount of energy to perform the action they need. There is also a whole range of individual fears which are not typical in the above sense and which are difficult to control and overcome. They act on people in a harmful and tormenting way, preventing them from developing further, especially when they need to move forward with their lives (Riemann, 2005).

This group of fears includes those felt by parents of children with intellectual disabilities. They are associated with both anxiety about their children, about their everyday life (functioning) and their uncertain future. They may also concern fears of the need to carry out tasks resulting from being parents of children with intellectual disabilities and, as a result, from restricting their own freedom. These fears may also be related to the inevitability and finality of their lives, aroused by the lack of prospects for further development or a positive vision of the future. This type of anxiety experienced immanently by parents of children with intellectual disabilities undoubtedly exacerbates their symptoms of permanent stress. Its level depends on the intensity of the burden on them and the individual assessment of the risk, i.e. their thoughts and feelings about the situation. It is well known that in difficult life situations, which are significantly stressful for the psyche, strong stress reactions usually occur. And although usually when the aggravating stimulus disappears or its causes are removed, the anxiety spur begins to slowly disappear (Wittchen et al., 1995), for parents of children with intellectual disabilities, the anxiety remains high. The aggravating factors here are those associated with their *in-validus*, which are the peculiar genesis of their fears that prevents them from reducing the level of permanent stress.

With this in mind, noetic therapy for parents of children with intellectual disabilities in this aspect will focus on their dominance of fear. This will be possible, among other things, through the use of so-called paradoxical intention (Frankl, 1985, 2010, 2011), which uses the ability of a person to self-distance. Its idea works in the simplest way, namely it is based on paradoxical actions, for example, if parents are affected by a strong and long-lasting fear of their mentally disabled children, the therapist should encourage them to wish for what they fear. The essence of the therapeutic action lies in the fact that through this type of practice, parents can, in a way, enable themselves to gain a distance from their fears. In this active and conscious process of deliberate self-distance, there is a kind of acceptance of fear, but in which elements of alienation and hostility and the desire to fight it do not disappear completely. This acceptance includes the certainty of what fear alone cannot destroy anymore. This certainty is becoming a source of strength for parents of children with intellectual disabilities which is no longer threatened by anything, because it is a strength resulting from the control over fear. Hence, contrary to appearances, the use of paradoxical intentions is not superficial. It literally presents a truly therapeutic procedure (Wolnicki 2007), appearing to be an action that allows parents of children with intellectual disabilities to understand the essence of their fears in a fruitful and profound way, and thus lead them to internal maturity (Riemann, 2005), while at the same time mobilising their specifically human ability to self-distance.

Dominating fear will also be possible through laughter therapies. An area that scientifically explores the use of that emotion for health is called gelotology (Greek *gelos* – *laughter*). The achievements of the pioneers studying laughter (S. Tomkins, 1962, W. F. Fry, 1964, P. Ekman, 1972, et al.) were undoubtedly the foundations for the separation of gelotherapy, also referred to as laughter therapy (Szarota, 2006, Grzybowski, 2012). It uses laughter to e.g. improve the functioning of the respiratory system (where deepening of the breath significantly more oxygenates the body, including the brain, which makes it function better), the circulatory system (where faster work of the heart and chest muscles, including the abdomen, supports the blood circulation), the immune system (causing an increase in the number and activity of the T lymphocyte, interferon level and the number of immunoglobulins G and M, which combat, among other things, cancer cells, viruses, infections). Moreover, laughter increases the secretion of endorphins (happiness hormone), positively influencing also the human mind, so that it can at least for a moment forget about the troubles of everyday life, release a positive mood, relax or unwind. Laughter therapy is in essence a therapeutic tool used to treat many psychosomatic disorders, depression, anxiety and stress (Łamek, 2008).

Laughter is therefore also of great importance in the treatment of parents of children with intellectual disabilities who must learn to laugh at their problems, gripes, concerns, to free themselves from the fears associated with them and thus take control of their lives (Wiśniewska 2013). However, this is not an easy task. After all, it is not just about their temporary mental relaxation, aroused by the superficial (elementary) form of comedy (a joke, a farce), which makes them laugh, but about its profound form which will be able to transform their previous mental constructions into topics that cause them fear. In this sense, the therapy for parents of children with intellectual disabilities appears to be an intellectual effort whose intention is to look at the anxiety-inducing stimuli that entails transforming their concepts, deforming them, showing surprising contradictions, ridiculing, exaggerating, distorting, overstating, exposing their caricature, grotesque and parodic character.

At this point, it should be made clear that comedy in these therapeutic activities is, in its essence, negative, which can be an obstacle, a blockade, often causing parents to be reluctant or indignant about the advisability of such practices. The therapist's task here is to encourage them to laugh at the stimuli that burden them, or, more specifically, those concerning the *in-validus* of their mentally disabled children. However, the rationale behind this type of practice is the need to dominate the fears that parents of children with intellectual disabilities face. It seems, therefore, that when they allow for the possibility of transforming the existing and considered important thought patterns, thereby opening up space for ruthless, sincere and unregulated comedy, treating it as a force to overcome, demolish what has already been experienced, what is old and hinders development (Żygulski, 1985). They can gain a chance to dominate their fears in a situation of constant confrontation with the *in-validus* of their mentally disabled children. For them, laughter becomes a kind of weapon with which they can fight their fundamental enemy, which is permanent stress.

Conclusion

The use of therapy, dedicated to parents of children with intellectual disabilities, based on the noetic dimension of their existence, is intended to minimise the sources of stress which permanently and adversely affect them.

This is precisely what makes it possible to change the way they look at the *in-validus* of their children with intellectual disabilities. Thanks to this, parents looking at their children will not see them as “inferior children” - “deficient cripples” - “quasi people” - devoid of intellect. But they will see in them people whose insufficiency (resulting from the unnecessary nature of a human being) is an inherent feature of every human being without exception. They will see people whose dignity, and not any other feature or objective, is sufficient motive for their concern for their proper living conditions and further development

A change in the way in which children with intellectual disabilities look at their children's *in-validus* will also change the way they look at themselves - as parents of those children. It is thanks to the therapy used that they have the chance to look at themselves not in the category of “I am a worse parent”, but I am a parent who, like everyone else, is struggling with greater or lesser problems of their child. This qualitative change in self-perception involves the need to put your thoughts in order. It is possible by defining and thus neutralising the most intriguing ones, the leitmotif of which is the *in-validus* of their children with intellectual disabilities. With the simultaneous active reminiscence of their achievements and successes in the past, discovered as if anew. This allows them to acquire the capacity for self-evaluation. By releasing the life potential of parents of children with intellectual disabilities, which effectively contributes to the reduction of permanent stress (Chodkowska, 2002).

The noetic therapy dedicated to parents of children with intellectual disabilities also allows them to manage their own fears. In this case, parents confronting the *in-validus* of their children with intellectual disabilities on a daily basis are aware that these fears will not disappear completely. The elements of their alienation and hostility and the desire to fight them will not disappear completely. In this case, the application of the noetic therapy will ensure that the fears they feel are not enough severe to take control of their lives. For parents of children with

intellectual disabilities who are aware of their medication gain a certainty which is no longer threatened by anything. The certainty of being able to control their own weakness, which appears here as an element reducing the permanent stress they feel (Olubinski, 1999, Landy, 2009).

Taking these assumptions into account, it seems that the use of the noetic therapy dedicated to parents of children with intellectual disabilities may be part of a wider spectrum of assistance and support offered to them.

Reducing the sources of stress, which permanently affect them, contributes to improving their quality of life. It causes parents of children with intellectual disabilities to treat both themselves and their lives, the quality of their lives as a value in itself. They gain the potential to achieve internal growth by accepting their fate seen in a new perspective and finding a sense in the existing situation. Their physical, mental, social, spiritual resources become active, representing their life potential which can and should be further developed (Frankl, 1985, 2010, 2011).

References

- [1]. **Baczała, D.** (2002). *Niepelnosprawność intelektualna a kompetencje społeczne*. Toruń: Wyd. UMK.
- [2]. **Białaś, M.** (2011). *Niepelnosprawność osób w perspektywie metafizycznej*. W: M. Białaś (red.), *Specjalne potrzeby niepełnosprawnych. Special Needs of the disabled people* (s. 65-72). Kraków: Wyd. Arson.
- [3]. **Bergman, M.M.** (2010). Hermeneutic Content Analysis. Textual and Audiovisual Analysis within a mixed methods framework, in A. Tashakkori and C. Teddlie (Ed.). „Handbook of mixed methods in social & Behavioral research”. London: Sage Publications, p.379 – 396.
- [4]. **Białaś, M.** (2016). *Prorozwojowa wizja rehabilitacji dziecka niepełnosprawnego i wsparcia jego rodziny*. W: M. Białaś (red.), *Prorozwojowy projekt edukacji* (s. 13-27). Poznań: Wydawnictwo Naukowe Collegium Da Vinci.
- [5]. **Białaś, M.** (2017): *Godność osób niepełnosprawnych intelektualnie w aspekcie seksualnym*. W: P. Dancák, P. Dancák, R. Šoltés (red.), *Disputationes Quodlibetales XX. Důstojnost' člověka a jeho buducnost'*. (s. 74-86). Prešov: Prešovská Univerzita v Prešove, Greckokatolícka Teologická Fakulta.
- [6]. **Białaś M.** (2018): *logoterapia matki zagrożonej in-validus dziecka*. „Człowiek – Niepełnosprawność - Społeczeństwo” (nr 1/39), s. 25-46.
- [7]. **Chudy, W.** (1988a). *Sens filozoficzny kondycji człowieka niepełnosprawnego*. W: D. Kornas-Biela (red.), *Osoba niepełnosprawna i jej miejsce w społeczeństwie* (s. 105-122). Lublin: RW KUL.
- [8]. **Chudy, W.** (1988b). *Powołanie osoby niepełnosprawnej w nauczaniu Papieża Jana Pawła II*. W: D. Kornas-Biela (red.), *Osoba niepełnosprawna i jej miejsce w społeczeństwie* (s. 123-149). Lublin: RW KUL.
- [9]. **Chudy, W.** (2007). *Wartości i świat ludzi niepełnosprawnych. Przyczynek do aksjologii osób niesłyszących*. W: K. Krakowiak, A. Dziurda-Multan (red.), „*Niegłos, ale słowo...*”. *Przekraczanie barier w wychowaniu osób z uszkodzonym słuchem* (s. 29-41). Lublin: RW KUL.
- [10]. **Dogiel, G.** (1992). *Antropologia filozoficzna*. Kraków: Wyd. Instytut Teologiczny Księży Misjonarzy.
- [11]. **Dykcik, W.** (2005). *Pedagogika specjalna*. Poznań: Wyd. UAM.
- [12]. **Frankl, E. V.** (1971). *Homo patiens*. Warszawa: Instytut Wydawniczy „Pax”.
- [13]. **Frankl, E. V.** (1978). *Nieuświadomiony Bóg*. Warszawa: Pax.
- [14]. **Frankl, E. V.** (1985). *Psychotherapy and Existentialism. Selected Papers on Logotherapy*. New York: Paperback.
- [15]. **Frankl, E. V.** (2010). *Wola sensu. Założenia i zastosowania logoterapii*. Warszawa: Wyd. Czarna Owca.
- [16]. **Frankl, E. V.** (2011). *Człowiek w poszukiwaniu sensu. Głos nadziei z otchłani Holocaustu*. Warszawa: Wyd. Czarna Owca.
- [17]. **Valverde, C.** (1998). *Antropologia filozoficzna*. Poznań: Wyd. Pallottinum.
- [18]. **Grzybowski, P. P.** (2012). *Doktor klaun! Terapia śmiechem, wolontariat, edukacja międzykulturowa*. Kraków: Impuls.
- [19]. **Guardini, R.** (1991). *Bóg daleki, Bóg bliski*. Poznań: Wyd. „W drodze”.
- [20]. **Krąpiec, M.A.** (1995): *Języki świat realny*. Lublin: Wyd. KUL.
- [21]. **Levinas, E.** (1998). *Całość i nieskończoność. Esej o zewnętrzności*. Warszawa: WN PWN.
- [22]. **Levinas, E.** (2000). *Inaczej niż być lub ponad istotą*. Warszawa: Aletheia.
- [23]. **Łamek, A.** (2008). *Terapia śmiechem, Jak rozwijać poczucie humoru*. Warszawa: PDF.
- [24]. **Majewski, T.** (1998). *Międzynarodowa Klasyfikacja Uszkodzeń, Niepełnosprawności i Upośledzeń problematyczne w propozycji „Problemy Rehabilitacji Społecznej i Zawodowej”*, (nr 1), s. 64-68.
- [25]. **Marchwicki, P.** (2002). *Koncepcja człowieka w logoterapii*. „*Seminare*”, (nr 18), s. 337-351.
- [26]. **Patterson, G.R.,** (1971): *Families: Application of social learning to family life*. „Research Press, Champaign IL.

- [27]. **Patterson, G.R., Weiss, R.L., Hops, H.**, (1976): Training of marital skills. W: H. Leitenberg (red.), Handbook of behaviour modification and behaviour therapy (45-71). New York: Prentice-Hall.
- [28]. **Patrzykał-Owczarek, B.** (2008): Problemy seksualności osób z głębszą niepełnosprawnością intelektualną. W: A. Jodko (red.), *Tabu seksuologii* (165-176). Warszawa: Wyd. SWPS „Academica”.
- [29]. **Piecuch, C.** (2007): *Doniosłość egzystencjalna i etyczna doświadczenia sytuacji granicznej w ujęciu Karla Jaspersa*. W: D. Probučka (red.), *Etyka wobec sytuacji granicznych* (165-183). Kraków: Wyd. „Impuls”.
- [30]. **Popielski, K., Wolnicki, M.** (1987). Antropologiczno-filozoficzne podstawy analizy egzystencjalnej i niektóre jej aplikacje do teorii osobowości. K. Popielski (red.), *Człowiek – pytanie otwarte: studia z logoterapii i logoterapii*. (101-106). Lublin: Wyd. KUL.
- [31]. **Riemann, F.** (2005). *Obliczalęku. Studium z psychologii i lęku*. Kraków: Wyd. WAM.
- [32]. **Sękowska, Z.** (2001). *Wprowadzenie do pedagogiki specjalnej*. Warszawa: Wyd. WSPS im. Marii Grzegorzewskiej.
- [33]. **Sobczak, S.** (2000). *Celowość wychowania. Tomistyczne podstawy teologii wychowania*. Warszawa: Wyd. Navo.
- [34]. **Strzemieczny, J.** (1988). Zajęcia socjoterapeutyczne dla dzieci w wieku szkolnym. W: J. Strzemieczny (red.), *Zajęcia socjoterapeutyczne* (s. 5-51). Warszawa: Wyd. Polskie Towarzystwo Psychologiczne. Ośrodek Rozwoju Umiejętności Wychowawczych.
- [35]. **Szarota, P.** 2006). *Psychologia śmiechu*. Gdańsk: GWP.
- [36]. **Tarnowski, K.** (2007). *Człowiek i transcendencja*. Kraków: Znak.
- [37]. **Tryjarska, B.** (2000). Psychoterapia grupowa. W: L. Grzesiuk (red.), *Psychoterapiaszkoty, zjawiska, techniki, specyficzne problemy* (s. 211-245). Warszawa: PWN.
- [38]. **Waisbren, S.F.** (1980). Parents' reactions after the birth of a developmentally disabled child. „*Am. J. Ment. Defic*” 84 (4), p. 345-351.
- [39]. **Wiśniewska, J.** (2013). Komplementarność logoterapeutycznego modelu wychowania Viktora Emila Frankla we współczesnej pedagogice. *Perspektywa. Legnickie Studia Teologiczno-Historyczne*. Rok XII 2013 nr 1 (22), s. 186-202.
- [40]. **Wittchen, H. U, Mullinger-Naber, M, Hand, I, Kasper, S, Katsching, H, Linden, M, Margraf, J, Möller H, J, Naber, D, Pödingner, W, van de Romer, A.** (1995). *Wszystko co chciałobyście wiedzieć o lęku*. Warszawa: PWN.
- [41]. **Wolicki, M.** (2007). *Logoterapeutyczne koncepcje wychowania*. Stalowa Wola-Sandomierz: Wydawnictwo Diecezjalne.
- [42]. **Żygulski, K.** (1985). *Wspólnota śmiechu, Studium socjologiczne komizmu*. Warszawa: PIW.