Humanity and Spirituality in Social and Pedagogical Rehabilitation: on the Way to Human Integration and Education for Humanity

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Abstract

Rehabilitation in contemporary understanding encompasses a holistic approach to the individual, taking into account their psychological, social, and spiritual dimensions. Within this broader perspective, the values of humanity and spirituality come to the forefront. Respecting the client's spirituality and the values of humanity emerging from it leads to a truly effective rehabilitation care. Focusing on social and pedagogical rehabilitation, this article presents selected social work theories that reflect the themes of humanity and spirituality and are applicable within the field of social rehabilitation – namely, existential analysis and logotherapy, client-centred therapy, and the social ecological model. Furthermore, it offers practical strategies that support spiritual development and education for humanity in the context of pedagogical rehabilitation for clients with disabilities, including, among others, bibliotherapy and service-learning method. Methodologically, the article is based on a content analysis of relevant academic literature. Based on this analysis, we can state that both social and pedagogical rehabilitation provide an appropriate context in which the aspiration of a holistic approach can be fulfilled and, as demonstrated and substantiated in the text, they are also equipped with suitable methods and strategies that can be effectively applied in practice.

Keywords: social rehabilitation, pedagogical rehabilitation, humanity, spirituality, logotherapy, client-centred therapy, social ecological model, bibliotherapy

Introduction

Social and pedagogical rehabilitation are essential domains within the framework of coordinated rehabilitation for individuals with disabilities. Social rehabilitation is defined as a set of specific activities aimed at promoting autonomy, independence, and self-sufficiency. These goals are pursued through the development of specific skills, the reinforcement of functional habits, and the training of essential daily activities using alternative methods that make use of the client's remaining abilities and capacities.[1] Main objective of social rehabilitation is to support the client's integration

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1   Petra Sládková, *Sociální a pracovní rehabilitace* (Praha: Karolinum, 2021), 35.

into society.[2] Closely related to social rehabilitation is pedagogical (or educational) rehabilitation, which consists of specific pedagogical interventions focused on personal development and educational support for children, adolescents, and adults with disabilities.[3]

Rehabilitation today no longer represents merely the physical restoration of bodily functions – in contemporary understanding, it encompasses a holistic approach to the individual, taking into account their psychological, social, and spiritual dimensions.[4] Within this broader perspective, the values of humanity and spirituality come to the forefront, significantly influencing both the quality of care and the rehabilitation process itself. Spirituality is probably the only mental and behavioural trait which is exclusively associated with human beings.[5] It is a process of human life and development that focuses on the search for meaning, purpose, and morality in relation to oneself, other people, other beings, and ultimate reality. This process is centred around core values and includes a sense of transcendence.[6] With a greater emphasis on a humanistic perspective, spirituality can also be understood as a way of viewing life through new and improved lenses, embracing certain ideas of transcendence or higher values, and defining oneself and one's relation to others in a way that goes beyond materialism to express authentic concerns about others.[7]

Spirituality thus offers inner resources of strength, hope, and meaning that can support the client not only in facing challenging physical difficulties but also in existential coping with illness, loss, or changes of identity.[8] At the same time, the spiritual dimension inherently facilitates the integration of the client as a human being within the rehabilitation process, enabling them to live a fulfilling and responsible life in relation to themselves and others, and reinforcing awareness of their own dignity.

It is, however, important to note that disability should not be understood solely as a 'problem' or a limitation to be overcome. While for some individuals disability may indeed be experienced as a handicap, for others it constitutes an integral aspect of their identity and lived experience, not necessarily associated with deficit or suffering. Contemporary disability studies emphasise the plurality of perspectives, where disability can be understood not only through medical or functional restrictions, but also as a form of human diversity, embedded within social and cultural contexts rather than reducible to individual pathology.[9] [10] In line with inclusive frameworks and the human rights paradigm, disability can therefore also be approached as a dimension of identity, self-determination, and belonging.[11] Such perspectives resonate with the values of dignity and spirituality highlighted in rehabilitation, encouraging professionals to recognise both the vulnerabilities and the strengths of persons with disabilities. Respecting the client's spirituality and the values of humanity emerging from it provides a deeper

2   Ladislav Novosad, *Poradenství pro osoby se zdravotním a sociálním znevýhodněním* (Praha: Portál, 2009), 20-26.

3   Sládková, *Sociální a pracovní rehabilitace*, 52.

4   Radana Poděbradská, *Komplexní kineziologický rozbor: funkční poruchy pohybového systému* (Praha: Grada, 2018), 23-24.

5   Richard M. Lerner et al., 'On Making Human: Spirituality and the Promotion of Positive Youth Development', in *The Handbook of Spiritual Development in Childhood and Adolescence*, eds. Eugene C. Roehlkepartain et al. (Thousand Oaks: Sage Publications, 2005), 60.

6   Edward R. Canda, Leola Dyrud Furman, and Hwi-Ja Canda, *Spiritual Diversity in Social Work Practice: The Heart of Helping* (New York: Oxford University Press, 2020), 96-98.

7   K. Helmut Reich, Fritz K. Oser, and W. George Scarlett, 'Spiritual and Religious Development: Transcendence and Transformations of the Self', in *Being Human: The Case of Religion, Vol. 2. Psychological Studies on Spiritual and Religious Development*, eds. K. Helmut Reich, Fritz K. Oser, and W. George Scarlett (Lengerich: Pabst Scientific Publishers, 1999), 12-14.

8   Cf. Kenneth I. Pargament et al., 'God Help Me: Religious Coping Efforts as Predictors of the Outcomes to Significant Negative Life Events', *American Journal of Community Psychology* 18, no. 6 (1990): 814, https://doi.org/10.1007/BF00938065

9   Tom Shakespeare, *Disability Rights and Wrongs Revisited, 2nd ed* (London: Routledge, 2014), 48-57.

10 Mary Wickenden, 'Disability and Other Identities? - How Do They Intersect?', *Frontiers in Rehabilitation Sciences* vol. 4:1200386 (2023): 2-3, https://doi.org/10.3389/fresc.2023.1200386

11 Theresia Degener, 'Disability in a Human Rights Context', *Laws* 5, no. 3 (2016): 19, https://doi.org/10.3390/laws5030035

understanding of the client's situation and forms the foundation of holistic and truly effective rehabilitation care. For this reason, this article presents selected social work theories applicable within the framework of social rehabilitation with this specific focus. The second part of this article further reflects the role of pedagogical rehabilitation in relation to spiritual development and the education for humanity.

Social Rehabilitation: Selected Theoretical Approaches in Social Work Promoting Humanity and Spirituality

Existential Analysis and Logotherapy

The existential analysis and logotherapy of the Viennese psychiatrist and neurologist Viktor Emil Frankl appears to be a suitable perspective for social work with clients of coordinated rehabilitation that reflects the spiritual dimension and humanistic values. According to Frankl, existential analysis is based on an anthropological focus on the image of the human being: What constitutes human existence? What is human in human existence? How can a person live a fulfilled life? Its fundamental premise is the freedom of the human being as a decision-making entity, while this freedom simultaneously entails responsibility for one's own life.[12] The foundation of the logotherapeutic perspective is the suffering man who seeks help and needs support in order to orient themselves and gain energy for further self-determination.[13] Logotherapy guides the client towards searching for and discovering the meaning that is hidden in their current situation and within themselves. The basic premise of the logotherapist is that every situation in which a person finds themselves, even an unpleasant one, has its meaning and helps the individual find that meaning.[14] Situations in which a person experiences a threat to the existing order of things and is confronted with something extraordinary and inexplicable act as a challenge to search for meaning, and it is especially in these moments when the importance of spirituality becomes evident. The spiritual need to ascribe meaning to this world is something fundamentally human.[15] 'Being human always points, and is directed, to something, or someone, other than oneself – be it meaning to fulfil or another human being to encounter. The more one forgets himself – by giving himself to a cause to serve or another person to love – the more human he is and the more he actualises himself.'[16] Meaning is primarily found through the realisation of values.[17] Frankl categorises values into three types: creative (i.e., related to work), experiential, and attitudinal. It is precisely attitudinal values that can be realised even in situations where, due to injury or illness, an individual loses the ability to pursue creative or experiential values.[18] The acceptance of one's suffering may itself be an expression of attitudinal value. According to Frankl, we mature and grow through suffering; as long as it persists, we remain mentally and spiritually alive.[19]

The essence of logotherapy does not lie in providing information about what the meaning of life 'is', but rather in guiding the client to open up to a formative experience through which they

12   Martina Kosová, 'Logoterapie a existenciální analýza', in *Logoterapie: Existenciální analýza jako hledání cest*, ed. Martina Kosová (Praha: Grada Publishing, 2014), 14-15.
13   Pavel Navrátil, *Teorie a metody sociální práce* (Brno: Marek Zeman, 2001), 62.
14   Hana Jedličková, Eva Floriánová and Jiří Kolář, *Humanistické a existenciální teorie v sociální práci* (Brno: Masarykova univerzita, 2005), 4.
15   Zdeněk Vojtíšek, Pavel Dušek and Jan Motl, *Spiritualita v pomáhajících profesích* (Praha: Portál, 2012), 14.
16   Viktor E. Frankl, *Man's Search for Meaning* (Boston: Beacon Press, 2017), 109.
17   Viktor E. Frankl, *Psychoterapie pro laiky*, translation Vladimír Smékal (Brno: Cesta, 1998), 47.
18   Viktor E. Frankl, *Lékařská péče o duši*, translation Vladimír Jochmann (Brno: Cesta, 1996), 61-63.
19   Pavel Navrátil, 'Humanistické a existenciální teorie', in *Základy sociální práce*, ed. Oldřich Matoušek (Praha: Portál, 2001), 213.

can discover the individual meaning of their own life.[20] In relation to religion, it is important to acknowledge that existential analysis does not define the 'meaning of life' as an a priori 'higher meaning of the world'. Frankl refers such questions to the realm of religious faith, as Navrátil[21] points out. Nevertheless, religion is, according to Frankl, one of the possible ways through which a person may discover personal meaning in their life.[22] The search for meaning is, in itself, an integral component of spirituality. For instance, Dudley defines spirituality as 'a search for meaning in life, a sense of connection to oneself, others, and the world, and the ability to transcend our immediate experience toward something greater, which many refer to as a "higher power" beyond the human'.[23]

According to existentialism, human beings are characterised by their unrepeatability (the aspect of time) and uniqueness (the social aspect), with the meaning of personal uniqueness lying in their significance for the community.[24] Within the framework of social rehabilitation, this aspect may be particularly crucial for the inclusion of clients with disabilities (limited participation, i.e., restricted functional abilities of the individual at the societal level) in everyday life, and thus for reinforcing their sense of personal worth and dignity.

In relation to coordinated rehabilitation, Frankl's concept of fate is also of particular interest. Frankl understands fate as encompassing all that a person cannot influence – such as biological and psychological predispositions or social conditions. It is precisely this fate that should be perceived as a challenge to responsible action. 'The spiritual attitude of a person has a free scope not only in relation to their physical domain, but also in relation to their psychological sphere – towards their "psychological fate" – as well as to their social sphere – towards their 'sociological fate'. A person can freely choose their stance toward their sociological, psychological, and biological fate.'[25] An example can be found in a client with a disability resulting from a developmental disorder, injury, or illness, whose situation (i.e., 'fate') is inherently disadvantageous. However, the client retains the freedom to choose how to respond to this situation – whether to engage in rehabilitation and strive for the highest possible level of functional ability and social integration, or to resign themselves and yield to the adversity of their 'fate'. For clients who lack sufficient determination or psychological strength to opt for the first path, logotherapy may offer valuable support.

The functionality of applying logotherapy in real-life practice of comprehensive care for disabled clients is supported, for instance, by the study of Julom and Guzmán, which examined the effectiveness of logotherapy in reducing the sense of meaninglessness among patients with paraplegia and tetraplegia.[26] After completing a logotherapy programme, all members of the experimental group reported a reduction in meaninglessness (measured by using the Purpose in Life [PIL] and the Life Regard Index [LRI] tests) in contrast to the members of the control group. As the authors emphasise, this sense of meaninglessness, which Victor Frankl termed the existential vacuum, has been interfering with the rehabilitation process.[27] Thus, mitigating the sense of meaninglessness through logotherapy may facilitate better cooperation and lead to improved outcomes within

20 Pavel Říčan, *Psychologie náboženství a spirituality* (Praha: Portál, 2007), 61.
21 Navrátil, *Teorie a metody sociální práce*, 68.
22 Říčan, *Psychologie náboženství a spirituality*, 91.
23 James R. Dudley, *Spirituality Matters in Social Work: Connecting Spirituality, Religion, and Practice* (New York: Routledge, 2016), 4.
24 Adéla Mojžíšová, *Teorie a metody sociální práce* (České Budějovice: Jihočeská univerzita, 2005), 21.
25 Navrátil, *Teorie a metody sociální práce*, 67.
26 Angelina M. Julom and Rosalito de Guzmán, 'The Effectiveness of Logotherapy Program in Alleviating the Sense of Meaninglessness of Paralyzed In-Patients', *International Journal of Psychology & Psychological Therapy* 13, no. 3 (2013): 357–71. https://research.ebsco.com/linkprocessor/plink?id=9eed2508-a743-37a6-99b5-499f45c802ae.
27 Julom, Guzmán, 'The Effectiveness of Logotherapy Program', 357.

coordinated rehabilitation.

The effectiveness of logotherapy within coordinated care for disabled or chronically ill clients has furthermore been evidenced in patients with diabetes, where logotherapeutic training led to reductions in death anxiety and depression, as well as increases in hope and adherence to glucose-control medication.[28] The latter outcome – proper use of glucose-control medication - provides a clear illustration of logotherapy's emphasis on the principle of 'responsible action' discussed above.

Client-centred Therapy

While considering humanistic values within social rehabilitation, the theoretical framework of the humanistic tradition in social work must not be overlooked. According to Carkhuff and Berenson,[29] one of the common features of humanistic therapeutic schools of the 1960s and 1970s is that therapy promotes the client's acceptance of personal freedom and responsibility. Autonomy and independence – understood as the ability to function freely in everyday life – are among the major goals of social rehabilitation. Achieving these goals, however, always requires the active participation and co-responsibility of the client.

The client-centred therapy developed by Carl R. Rogers belongs to the stream of humanistic psychology. In his psychotherapeutic method, Rogers emphasises the uniqueness and freedom of the individual. According to Rogers, human beings are not predetermined in their decision-making; rather, they are free and bear responsibility for their actions.[30] With its focus on the client as an individual human-being and its emphasis on human worth, Rogers's approach is distinctly humanistic. His understanding of the human personality is based on the assumption that every person has the right to dignity and personal development and is capable of recognising and adhering to his personal values, of being responsible to oneself and others, and of cultivating and shaping one's positive qualities while 'releasing undreamed-of potentialities'.[31] [32] In order to fulfil these assumptions, a therapeutic relationship must be grounded in several essential conditions on the part of the helping professional: 'empathic understanding', 'unconditional positive regard', and 'genuineness'.[33] These principles of the helping relationship should be applied across all areas of coordinated rehabilitation to the benefit of the client. Another important condition for the effective implementation of client-centred therapy with persons with disabilities is the attainment of 'psychological contact' between two individuals—a prerequisite which, according to Rogers, constitutes the very foundation of meaningful dialogue between therapist and client.[34] Establishing such contact can be particularly challenging for certain groups of patients with disabilities, for example, individuals with learning disabilities and Autism Spectrum Disorder (ASD), who are generally at risk of social isolation. As highlighted by Brooks and Peterson, the work on psychological contact within client-centred therapy is therefore especially significant for these

28   Adele Bahar, Mobina Shahriary, and Mohsen Fazlali, 'Effectiveness of Logotherapy on Death Anxiety, Hope, Depression, and Proper Use of Glucose Control Drugs in Diabetic Patients with Depression', *International Journal of Preventive Medicine* 12, no. 1 (2021): 3-5. https://doi.org/10.4103/ijpvm.IJPVM_553_18

29   Robert R. Carkhuff and Bernard G. Berenson, *Beyond Counseling and Therapy* (New York: Rinehart and Winston, 1977), 54.

30   Jedličková, Floriánová and Kolář, *Humanistické a existenciální teorie v sociální práci*, 3.

31   Navrátil, *Teorie a metody sociální práce, 51.*

32   Carl R. Rogers, *A Way of Being* (Boston: Houghton Mifflin Company, 1980), 59, 174-175, 182-183, 201.

33   Rogers, *A Way of Being,* 115-117.

34   Sharon Brooks and Gail Paterson, 'Using Contact Work in Interactions with Adults with Learning Disabilities and Autistic Spectrum Disorders', *British Journal of Learning Disabilities* 39, no. 2 (2011): 161-162. https://doi.org/10.1111/j.1468-3156.2010.00643.x

clients.[35]According to the authors, the client-centred approach should not be restricted to the therapeutic encounter alone but should be cultivated as a broader 'way of being', shaping the interpersonal competencies and care practices of support staff.[36]

Another particularly pertinent idea, especially within the context of coordinated rehabilitation, is Rogers's conviction that all individuals have an inherent tendency toward self-actualisation. Self-actualisation is fundamentally the striving to preserve and enhance one's own existence, and this tendency constitutes the core of human motivation.[37] Motivation plays a key role in rehabilitation as a process of restoring functional capabilities and facilitating social integration. In the absence of adequate motivation, the rehabilitation process is likely to be unsuccessful. Therefore, it is essential to actively engage with clients to foster and develop their motivation, alongside their positive attributes, interests, and talents.[38] The client-centred therapy framework may offer a theoretical basis for supporting this motivational work. For instance, according to Richard Bryant-Jefferies, the client-centred therapist can play a vital role in supporting and enabling individuals affected by disability to gradually develop a new way of being.[39] Persons with progressive disabilities - who might be confronted with pain and loss of mobility, fear of the future, anger, or grief for unfulfilled aspirations - can particularly benefit from the person-centred theoretical approach, which 'has the power of the therapeutic relationship, offering the client an experience through which greater potential for authentic living may emerge'.[40] The person-centred counsellor seeks to understand the client as they experience themselves, with all the fears and uncertainties that progressive disability may entail. The primary focus is on the personhood of the individual with whom the therapeutic relationship is being established, while the disabling condition is regarded as only one among several factors influencing and shaping the client's sense of self.[41]

Social Ecological Model

Given human integration as the ultimate goal of social rehabilitation, the social–ecological model of social work, developed by American psychologist Urie Bronfenbrenner, appears to be an inspiring and relevant approach. This model highlights the importance of the relationship between the client and their environment, emphasising that individuals develop within a network of relationships, such as family, friends, and broader societal influences.[42] It is understood that the client is influenced by the environment in which they function and by the community in which they live, and this ongoing process is mutual and reciprocal.[43] The ecological perspective points to the interconnectedness between the individual and the environment, and to the fact that many life stresses and problems arise at their shared interface.[44] The perspective of the 'person-in-environment' framework[45] is closely related to the issue of barriers in rehabilitation. Barriers can

35   Brooks, Paterson, 'Using Contact Work', 163.
36   Brooks, Paterson, 'Using Contact Work', 166.
37   Carl C. Rogers, *Client-Centered Therapy* (London: Constable, 2003), 404-406.
38   Sládková, *Sociální a pracovní rehabilitace*, 54.
39   Richard Bryant-Jefferies, *Counselling for Progressive Disability: Person-centred Dialogues* (Abingdon: Radcliffe Medical Press, 2004), vii.
40   Bryant-Jefferies, *Counselling for Progressive Disability: Person-centred Dialogues*, 2.
41   Bryant-Jefferies, *Counselling for Progressive Disability: Person-centred Dialogues*, 7.
42   Campbell, Josephine, 'Social Ecological Model', *Salem Press Encyclopedia* (2025), https://research.ebsco.com/c/bk3kn7/viewer/html/erfdk5kj2f
43   Alex Gitterman, Carolyn Knight, and Carel B. Germain, *The Life Model of Social Work Practice: Advances in Theory and Practice, 4th edition* (New York: Columbia University Press, 2020), 56-57. Jan Kovařík, 'Sociálněekologický model a fenomenologická tradice', in *Základy sociální práce*, ed. Oldřich Matoušek (Praha: Portál, 2001), 249.
44   Navrátil, *Teorie a metody sociální práce, 152.*
45   Beulah Roberts Compton, and Burt Galaway, *Social Work Processes* (Pacific Grove: Brooks/Cole Publishing, 1999), 45-46.

be defined as a complex of architectural, communicational, technical, as well as social and psychological obstacles that delineate the territory of people with disabilities both horizontally and vertically. These barriers hinder communication with the world, limit the ability to perform basic activities of self-care and independent functioning, and ultimately restrict the possibilities for human integration. According to the International Classification of Functioning, Disability and Health, disability is defined as a limitation of functional capacity at the level of the organism, arising in the interaction between a health condition and environmental barriers.[46] [47] Thus, a person with a disability is not understood as an isolated individual with a specific diagnosis, but rather as someone whose difficulties are shaped by the interaction between the individual and their living environment.[48] This corresponds with the principles of the social-ecological model.

Just as barriers are not understood merely as physical obstacles but also as (often even more harmful) mental, social, and communicational ones, the concept of the environment in the social-ecological framework likewise encompasses a broad range of social, interpersonal, cultural, political, and other contextual dimensions. The ecological perspective also works with the concept of relatedness, which refers to the capacity to form and maintain relationships (friendship, partnership, kinship) and to experience a sense of belonging to a supportive social network.[49] Such a human environment is, among many other factors, co-shaped by the client's spiritual dimension – especially when that spirituality is shared within the environment – since spirituality fosters the development of richer social connections and a higher-quality support network, whether through family or through broader religious community.[50]

Building on this emphasis on relatedness and supportive social networks, the social–ecological model also directs attention to the role of caregiving networks, which further illustrates how the environment shapes the everyday lives of persons with disabilities. As evidenced in the study by Goldner and Drentea, care is rarely limited to the direct interaction between caregiver and recipient; rather, it encompasses both personal and social caregiving. Personal caregiving acknowledges that family members often share responsibility and that informal care may be supplemented by formal services, while social caregiving stresses that the caregiving role has consequences for other social relationships, such as marriage or extended kinship ties.[51] These insights complement the ecological perspective outlined above, showing that barriers and resources are embedded not only in the physical and communicational environment but also in the social and cultural contexts in which rehabilitation takes place.

Findings by Yun, Sur, and Shapiro (2021) further reinforce the functionality of the social–ecological model for individuals with disabilities by demonstrating how the interplay of individual, micro-, and macro-level environmental factors shapes the participation of school-age children with disabilities in physical activity.[52] Their study shows that barriers are not limited to physical

46 World Health Organization, *International Classification of Functioning, Disability and Health: ICF* (Geneva: World Health Organization, 2001), 8.

47 World Health Organization, *Mezinárodní klasifikace funkčních schopností, disability a zdraví: MKF*, translation Jan Pfeiffer and Olga Švestková (Praha: Grada Publishing, 2008), 9.

48 Olga Švestková, Yvona Angerová, and Petra Sládková, 'Mezinárodní klasifikace funkčních schopností, disability a zdraví (ICF): kvantitativní měření kapacity a výkonu', *Česká a slovenská neurologie a neurochirurgie* 72, no. 6 (2009): 581–582.

49 Gitterman, Knight and Germain, *The Life Model of Social Work Practice: Advances in Theory and Practice*, 311-316.

50 Harold G. Koenig, Tyler J. VanderWeele and John R. Peteet, *Handbook of Religion and Health, 3rd ed.* (New York: Oxford University Press, 2024), 309-310.

51 Melinda Goldner and Patricia Drentea, 'Caring for the Disabled: Applying Different Theoretical Perspectives to Understand Racial and Ethnic Variations Among Families', *Marriage & Family Review* 45, no. 5 (2009): 504-507. doi:10.1080/01494920903050805.

52 Joonkoo Yun, Myung Ha Sur, and Deborah R. Shapiro, 'Physical Activity Promotion for School-Age Children With Disabilities', *Teaching Exceptional Children* 54, no. 1 (2021): 45. doi:10.1177/00400599211041687.

conditions but also involve the social climate of classrooms, the quality of peer interactions, and the availability of culturally relevant activities. At the same time, the research highlights the potential of inclusive practices – such as small-group cooperation, peer support, and disability sport integration – to strengthen children's sense of autonomy, competence, and relatedness.[53] These insights illustrate how the environment, when structured with sensitivity to both individual and social dimensions, can become a decisive factor not only in overcoming barriers but also in fostering adaptation, resilience, and meaningful integration into everyday social life.

This example further supports the view that from the transactions between the individual and their environment – central to the social ecological model – not only challenges emerge, but also strengths, virtues, personal qualities, and resilience.[54] According to Kirst-Ashman and Hull,[55] communication and interaction, as inherently active and dynamic processes, give rise to mechanisms such as adaptation and interdependence. These elements reflect the positive potential embedded in human–environment exchanges. Adaptation – that is, the ability to adjust to surrounding conditions – represents one of the fundamental mechanisms of rehabilitation. The process of adaptation inherently implies change and therefore requires a certain degree of effort. A social worker can assist the client in channelling their energy in a way that makes the adaptation process in a specific life situation more effective. The second phenomenon, interdependence, refers to the mutual support that one person provides to another, to their reciprocal reliance on each other.[56] This concept points to the fundamental humanistic values that may arise through the individual's interaction with their environment and which are particularly valuable and beneficial within the process of social rehabilitation.

Pedagogical Rehabilitation: Practical Strategies Supporting Spiritual Development and Education for Humanity

Education extends beyond the mere accumulation of information or the acquisition of knowledge and skills; it is fundamentally concerned with the personal development in its broadest sense. According to Zhang,[57] the spiritual dimension has the power to support the holistic development of individuals with disabilities and to provide them with a sense of personal identity, as its core aspects include beliefs that facilitate the search for meaning in life and promote the acceptance of persons with disabilities as whole human beings. Therefore, it is essential that individuals with disabilities are given the opportunity to develop their spirituality within the framework of pedagogical rehabilitation. This goal can be pursued, for example, through group discussions about what truly matters to the students in life, their personal values, the meaning of life, or important people in their lives. Another appropriate approach may involve the use of creative arts (such as art therapy, music therapy, or dance-movement therapy), which enable children to express their inner world, their reverence for creation, and are essential for the development of their spirituality. [58] [59]

Spiritual development entails fostering deeper connections between the self, other people, and the surrounding world, primarily through meaningful relationships and a sense of belonging within

53   Yun, Sur, Shapiro, 'Physical Activity Promotion', 46-47.

54   Kovařík, 'Sociálněekologický model a fenomenologická tradice', 249.

55   Karen Kay Kirst-Ashman and Grafton H. Hull Jr., *Understanding Generalist Practice* (Chicago: Nelson-Hall Publishers, 1999), 12-14.

56   Kovařík, 'Sociálněekologický model a fenomenologická tradice', 249-250.

57   Kevin C. Zhang, 'Spirituality and Disabilities: Implications for Special Education', *Intellectual and Developmental Disabilities* 48, no. 4 (2010): 299, https://doi.org/10.1352/1934-9556-48.4.299

58   Aline D. Wolf, 'How to Nurture the Spirit in Nonsectarian Environments', *Young Children* 55, no. 1 (2000): 34–36.

59   Aline D. Wolf, *Nurturing the Spirit: in Non-Sectarian Classrooms* (Hollidaysburg: Parent Child Press, 2009), 143-149.

a community. Through these connections, the autonomy and humanity – both essential values of holistic development – can be further cultivated within the educational process. One possible way to strengthen the humanity and positive human qualities of students with disabilities within pedagogical rehabilitation is through the method of service-learning – an educational approach that combines academic learning with practical service to the community.[60] Individuals with disabilities are often positioned as recipients of other people's generosity and they are not typically perceived as those who can, in turn, provide service to others. However, people with disabilities also have strengths that they can share with others while developing social, communication, and academic competencies in real-world settings.[61] Service-learning programmes can foster a sense of empowerment rather than helplessness, promote feelings of self-worth instead of worthlessness, and offer meaningful opportunities to contribute rather than fostering dependency.[62] Beyond transferring learning into authentic experiences, service-learning plays a significant role in cultivating social responsibility, a sense of caring and connection with the community. Consequently, it transforms possible pessimistic attitudes regarding the societal worth and potential of children with disabilities, emphasising their value and ability to make meaningful contributions to society.[63]

Another sensitive way to cultivate values of humanity in clients of pedagogical rehabilitation – with respect to the character of the client's impairment – is bibliotherapy. Bibliotherapy is defined as the use of literature to address personal difficulties by encouraging identification with a character in the story.[64] The use of bibliotherapy can, on the one hand, help students understand and cope with their specific condition; on the other hand, it can encourage greater acceptance of individual differences and challenges. It may offer a constructive social problem-solving strategy for students with disabilities, particularly those who face challenges in multiple environments and who may benefit from learning to solve problems similar to those discussed in children's literature.[65] A well-chosen book, selected and recommended by the teacher, can enhance students' self-esteem, support their emotional and spiritual development, and foster the cultivation and acceptance of human values such as empathy, respect, and compassion – through positive literary characters who may serve as moral role models.[66] The therapeutic effects of bibliotherapy can be further enhanced through group sessions and shared discussions.[67]

In addition to various practical strategies through which education for humanity can be cultivated, it is essential not to overlook a key element of the entire pedagogical-rehabilitation process: the client's family. The family is an integral part of the rehabilitation team and plays a crucial role in the individual's development.[68] It serves as a primary model for behaviour and morality and is fundamental in instilling not only humanistic principles but also broader ethical and social values.

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60   Howard Muscott, 'An Introduction to Service-Learning for Students with Emotional and Behavioral Disorders: Answers to Frequently Asked Questions', *Beyond Behavior* 10, no. 3 (2001): 8.

61   Muscott, 'An Introduction to Service-Learning for Students with Emotional and Behavioral Disorders: Answers to Frequently Asked Questions', 10-11.

62   Marianne Ioele and Ann Dolan, 'Teaching Courage: Service Learning at Pathway School', *Journal of Emotional and Behavioral Problems* 1 (1993): 21–23.

63   Zhang, 'Spirituality and Disabilities: Implications for Special Education', 301.

64   John T. Pardeck and Jean A. Pardeck, *Bibliotherapy: A Clinical Approach for Helping Children* (Yverdon, Switzerland: Gordon and Breach Science Publishers, 1994), 14.

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Conclusion

The aim of this article was not to provide an exhaustive overview of theories and methods in social work, nor of all educational approaches applicable within the pedagogical rehabilitation of clients with disabilities. The intention was rather to offer inspiration—to recall or suggest selected relevant directions and practically applicable strategies that can help expand cooperation with clients in social and pedagogical rehabilitation to include the dimensions of humanity and spirituality, and to support these considerations through references to relevant academic literature. If we strive for comprehensive rehabilitation that addresses all aspects of human existence, it is necessary to adopt a holistic and non-reductive view of the Human Being – the ultimate focus of our efforts – encompassing not only the human essence but also the spiritual dimension. Social and pedagogical rehabilitation provide an appropriate context in which these aspirations may be fulfilled and, as demonstrated in the preceding text, they are also equipped with suitable methods and strategies that can be effectively applied in practice.

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