## Making Disability Into a Resource

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In order to promote individual autonomy and social integration, intervention programmes should focus on the opportunities for challenge, enjoyment and personal satisfaction disabled people report in their daily lives.

The European Community declared 2003 the Year of Disabled Citizens, emphasising the need for policies focused on people's subjective perspective. Information on how disabled people experience their daily life, social relations and environmental opportunities for action is essential to centre intervention programmes on individual resources rather than on social expectations. The quality of life not only depends on health conditions, but also on personality and style of interaction with the environment. Sick people frequently report positive consequences of illness, such as improved interpersonal relationships, positive personality changes, and even a better quality of life (Albrecht & Devlieger, 1999; Sodergren & Hyland, 2000). In this article, we investigate the positive experiences disabled people report in their daily life and their potential in fostering personal growth and social integration.

The revised International Classification of Functioning, Disability and Health (WHO, 2001) conceptualises disablement as an interaction between individual and environmental features, comprising three dimensions: impairment of biological or psychological structures or functions, activity limitations, and participation restrictions (consequences of impairment that limit or prevent the fulfilment of expected social roles).

Environmental factors, such as cultural norms and economical conditions, can hinder or facilitate the social integration of disabled people (Tanaka-Matsumi & Draguns, 1997). However individuals, in their turn, actively interact with their environment. Through a lifelong process, defined *psychological selection* (Csikszentmihalyi & Massimini, 1985), they translate into daily behaviour a subset of activities, relationships, values available in the cultural context. Psychological

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selection is based on the quality of experience (Massimini & Delle Fave, 2000). In particular, people preferentially carry out and cultivate activities associated with optimal experience (Csikszentmihalyi, 1975/2000). This state of consciousness is characterised by the perception of high environmental challenges, high personal skills, concentration, involvement, enjoyment, control of the situation, and intrinsic motivation. Optimal experience shows a dynamic structure that is crucial for personal growth and skill development: Through the constant practice of a given activity, the individual will master increasing difficulties, and consequently search for new and higher challenges.

We analysed the role of optimal experience in the life of disabled people through Flow Questionnaire (Csikszentmihalyi & Csikszentmihalyi, 1988), designed to investigate the occurrence of this experience, its psychological features, and the associated activities. We administered the questionnaire to 56 people with congenital disabilities (blindness and motor impairments). All but one recognised optimal experience in their lives, and mostly associated it with work, study and the use of media. These results highlight the potential of optimal experience in fostering both wellbeing and social integration: Job and learning were occasions for enjoyment, intrinsic reward and skill development, as well as opportunities for active participation in the productive life.

We administered the same questionnaire to 45 people who became blind, paraplegic or tetraplegic during adolescence or adulthood. They had to face dramatic changes in the available opportunities for action, often being deprived of activities previously associated with optimal experiences. Nevertheless, 41 participants recognised optimal experience in their present life. Blind people mostly associated it with media and work, paraplegic and tetraplegic people with sport practice, work, and physiotherapy. Participants had managed to preserve optimal experience after the onset of disability, discovering new activities, or adapting previous ones to the changed physical conditions. Blind people developed new skills in the use of media, learning to read in Braille. People with motor impairments acquired new capabilities in sports such as basketball and table tennis, and through rehabilitation practice, whose role is vital for reintegration in the active life after spinal injuries (Delle Fave & Massimini, 2001).

Our findings suggest that physical impairments, rather than preventing individual development, can help individuals discover new opportunities for optimal experience and foster personal growth. For this reason, rehabilitation programmes and integration projects should pursue two goals. At the environmental level, they should provide meaningful opportunities for social integration. At the individual level, they should focus on the activities subjectively associated with optimal experiences in order to exploit the behavioural flexibility and resource potential of disabled people, promoting their personal growth and their active contribution to society and culture.

## References

Albrecht, G.L., & Devlieger, P.J. (1999). The disability paradox: high quality of life against all odds. *Social Science and Medicine*, *48*, 977-988.

Csikszentmihalyi, M. (1975/2000). *Beyond Boredom and Anxiety*. San Francisco: Jossey-Bass.

Csikszentmihalyi, M., & Csikszentmihalyi, I. (1988) (Eds.). Optimal Experience.

Psychological studies of Flow in Consciousness. New York: Cambridge University Press.

Csikszentmihalyi, M., & Massimini, F. (1985). On the psychological selection of bio-cultural information. *New Ideas in Psychology*, *3*, 115-138.

Delle Fave, A., & Maletto, C. (1992). Processi di attenzione e qualità dell'esperienza soggettiva [Attention and the quality of subjective experience]. In D. Galati (Ed.) *Vedere con la mente* (pp.321-353). Milano: Franco Angeli.

Delle Fave, A., & Massimini, F. (2001). Promozione della salute e riabilitazione: alcune problematiche transculturali [Health promotion and rehabilitation: cross-cultural issues]. In A. L. Comunian, A. Meneghini (Eds.) *Ri-abilitazione. Approccio multidisciplinare alla disabilità fisica* (pp.74-86). Padova: Edizioni Progetto.

Massimini, F., & Delle Fave, A. (2000). Individual development in a bio-cultural perspective. *American Psychologist*, *55*, 24-33.

Sodergren, S.C., & Hyland, M.E. (2000). What are the positive consequences of illness? *Psychology and Health*, *15*, 85-97.

Tanaka-Matsumi, J., & Draguns, J. (1997). Culture and psychopathology. In J.W. Berry, M.H. Segall, & C. Kagitçibasi (Eds.), *Handbook of Cross-cultural Psychology. Vol.3: Social behavior and applications* (pp.449-492). Needam Heights, MA: Allyn and Bacon.

WHO (2001). *International Classification of Functioning, Disability and Health*. Endorsed by the Fifty-Fourth World Health Assembly for International use on May 22, 2001. Retrieved March 8, 2002 from http://www.who.int/icidh.