JOURNAL OF MODERN SCIENCE

4/64/2025

www.jomswsge.com

DOI: 10.13166/jms/215640

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PERCEPTION OF ONE'S OWN AUTONOMY AND ACCEPTANCE OF DISABILITY IN STUDENTS WITH MOTOR DISABILITIES

Abstract

Objectives: *The research objective of the article is to determine the level of acceptance of disability among students with motor disabilities, as well as to determine the relationship between the perception of autonomy and acceptance of disability.*

Methodes: *The study was conducted on a group of 128 students with motor disabilities from all over the country, including 77 women (60.15%) and 51 men (39.85%). The age of the respondents ranged from 19 to 52 years. The quantitative research was conducted using research tools that met the criteria of accuracy, reliability and objectivity.*

Results: *The study did not capture statistically significant differences between students with congenital and acquired motor disabilities in terms of acceptance of disability. The dimension of acceptance of disability that is most conducive to a higher assessment of autonomy is the broadening of values. It correlates positively, in particular, with the dimensions of autonomy related to the social participation of the respondents.*

Conclusion: *The obtained research results indicate the necessity to expand support systems for students with disabilities to include activities that develop their internal resources. These not only contribute to the student's educational success, but also equalize their chances in the area of full social participation.*

Keywords: *autonomy, acceptance of disability, university student, motor disability, congenital disability, acquired disability*

University access for individuals with disabilities is a key mechanism of equal opportunity, a development resulting from evolving educational practices, particularly the processes of integration and inclusion. The development of university adaptation in Poland to the needs of students with different types of disabilities is associated not only with new challenges in practice but also in research. The autonomy of students with disabilities is crucial because it directly supports self-determination and decision-making, enabling students to undertake activities driven by their own personality traits and situational needs rather than external pressures, which fosters independence and personal growth (Byra, 2012: 43; Dykcik, 2003: 360). It is also the basis for participation, which is related not only to a sense of belonging but also to emotional well-being. It is also a chance to be part of a peer group in which a person's value is defined in a positive way, not based on their deficits (Fernández-Batanero et al., 2022: 2).

The autonomy of students with motor disabilities is achievable in the academic environment. Functioning in this environment brings numerous requirements and also involves the need to face many different kinds of challenges (Brewer et al., 2023: 112). However, for people with disabilities, the aim of higher education, apart from self-fulfillment, is to achieve independence in various areas of life. Self-fulfillment is one of the most critical outcomes of autonomy. It means that the person with a disability lives a meaningful life in which they express their individuality (Cardol, de Jong, Ward, 2002: 970). Simultaneously, researchers emphasize that student autonomy also relates to values of citizenship and the broader societal progress it can support, as well as to the struggle for ideals of accessibility grounded in one's own choices. Autonomy is one of those dispositions that enables the achievement of full humanity, not only for people with physical disabilities but also for other members of society (Mazera et al., 2024: 10).

The autonomy of people with motor disabilities relates to functioning across various dimensions of life. According to the biopsychosocial model, it depends on environmental conditions, including access to public and private spaces, as well as subjective conditions. The individual's internal regulatory system, along with their character traits, is one of the contextual factors that influence the participation of people with disabilities in social life. The internal regulatory system is also responsible for the individual's ability to adapt to existing conditions and environmental requirements (Ćwirlej-Sozońska, Wilmowska-Pietruszyńska, 2015: 13).

One of the factors determining the autonomy of a person with a disability is the subjective meaning given to the disability. The biomedical conditions, as well as the resulting way of functioning of a person with a disability, are not as important as the subjective meaning given to the limitations resulting from the disability (Bręczewski, 2018: 28). Acceptance of disability is part of the subjective image of disability. It has a cognitive-emotional dimension, which assumes that disability is treated as one of the elements of self-image, expressed in the affective internalization of self-image as a person with disability. This also affects cognitive functioning related to the reorganization of the current and future consequences of disability. There is also the behavioral dimension of disability acceptance. The behavioral dimension associated

with the use of the possibilities preserved by the person to perform tasks that allow for adaptation and social reintegration (Byra, 2017: 32). Researchers Kaur and Leong (2018: 2) indicate that acceptance of disability can be categorized into self-acceptance of disability as well as public acceptance of disability. The first is expressed in adapting to disability and integrating it into one's lifestyle. At the same time, the second is related to developing friendships, social inclusion, breaking down stereotypes, and creating relationships of equal status. It is related not only to better functioning in the professional sphere, but also to involvement in personal life (Martis et al., 2024: 824). This study adopts B. A. Wright's theory of loss (after Byra, 2017: 34). According to this author, acceptance of disability is closely related to the process of change in the value system of a person with acquired disability. The person with acquired disability chooses to focus on those values that can be pursued despite the loss of ability (Wright, 1983: 134). The research objective of the article is to examine the acceptance of disability among the students who participated in this survey. More precisely, the goal is to determine the relationship between acceptance of disability and perceived autonomy among students with motor disabilities.

Analyzing the relationship between disability acceptance among individuals with congenital and acquired disabilities is essential, not only because it is understudied among Polish students with disabilities, but also because it influences critical areas such as support methods and disability pride, emphasizing the importance of society's engagement (Bogart, 2014: 112). The literature describes some differences in the psychosocial functioning of people with congenital and acquired motor disabilities (e.g. Kowalik, 2007: 56, 2018: 111; Szczupał, 2009: 167; Majewicz, 2012: 179; Schmidt et al.: 2015:16). The accentuated diversity is evident, among other things, in the acceptance of disability, adaptive reactions, and ways of responding to challenging situations (Kowalik, 2007: 72). People with acquired motor disabilities may experience a range of different emotions related to the process of adapting to the acquired disability related to damage to the musculoskeletal system (Livneh et al., 2019: 2). On the other hand, people with congenital motor disabilities may constantly expend their resources, which over time results in a depletion of potential that cannot be used to achieve valuable life goals (Kowalik, 2018: 109). Based on the analysis of the literature on the subject, it can be hypothesized *that*

the type of disability (congenital or acquired) in students with motor disabilities may be crucial for the acceptance of the disability.

A. Mikrut (2013: 47) emphasizes that there is a relationship between the acceptance of disability and the autonomy of people with disabilities. The subjective assessment of disability determines to what extent a person with a disability will assess their own situation as one that allows for autonomous activity or, on the contrary, as the result of random regularities (Bręczewski, 2018: 30). Therefore, a second hypothesis can be formulated: *there is a positive correlation between the perception of disability in the respondents and the acceptance of disability.*

Method

To achieve the research objective of the article, research tools were employed that meet the criteria of reliability, validity and objectivity: The Questionnaire of Influence on Participation and Autonomy (KWUA) in the study by S. Byra and M. Duda (2019). The Impact on Participation and Autonomy Questionnaire (KWUA) includes five subscales: Autonomy at home (AD – 7 items), Autonomy outside the home (APD – 5 items), Social relationships (AREL – 7 items), Role in the family (ARODZ – 7 items), and Work and education (APE – 6 items). The respondent answers on a 5-point scale (0 – very large limitations; 4 – very small limitations). Cronbach's alpha reliability indicators calculated for individual subscales range from 0.87 to 0.96 (Byra, Duda, 2019: 115).

The Multidimensional Scale of Acceptance of Loss of Fitness (WSAUS) by J. M. Ferrin, F. Chan, J. Chronister, C. Y. Chiu (2011), in the Polish adaptation by S. Byra (2017). The questionnaire is used to diagnose the complex structure of disability acceptance. It consists of the following subscales: reducing the importance of physical features relative to other values; widening the range of values; reformulating relative values into constant values; limiting the effects of disability (Byra, 2017: 47). The tool is mainly used in scientific research, but it can also be used in therapeutic and rehabilitation practice (Byra, 2017: 48). The theoretical background for the tool is the theory of loss acceptance

by B. A. Wright (1983). The questionnaire is used to diagnose the complex structure of disability acceptance. Cronbach's alpha coefficient was examined for individual test subscales, and its range was from 0.89 to 0.79 (Byra, 2017: 44).

Description of the research group

A total of 128 students with motor disabilities from across the country participated in the study, including 77 women (60.15%) and 51 men (39.85%). The respondents' ages ranged from 19 to 52 years. The average age of the respondents was 24.7 years. The study also included surveys completed by students with motor disabilities who were no longer in their early adulthood. This decision was made based on two premises: age differences among students and the fact that disability can prolong the educational process, resulting from both subjective and social limitations. 91 (72%) respondents were from the city, while 35 (28%) were from rural areas. The largest group of respondents is bachelor's degree students (77%), while master's degree students (18%) are represented in a much smaller group. The smallest group is students at the third level of education (PhD) (5%). The surveyed students with disabilities are studying in approved humanities and technical fields, as well as one medical field. The majority of students with physical disabilities in the surveyed group were studying Administration and Pedagogy.

Procedure for conducting research among students with physical disabilities

Begin by clarifying that participation in the survey was voluntary, highlighting respondents' positive motivation and emphasizing their agency in the process. The organizational units at universities that were selected for contact regarding the survey were the Offices for Persons with Disabilities. These units are responsible for providing support at the university for people with disabilities, and students with disabilities often have constant contact with these units. After sending the surveys to the units, office employees could contact us

with additional questions or doubts. All questions and doubts were explained in detail so that employees could gain a clear understanding of the research's purpose and its importance for improving the study's quality for this group of students.

Results

Acceptance of disability is associated with changes in the value system of a person with a disability, and also has a protective function against devaluation of oneself due to disability (Wright, 1983: 134). The scale consists of the following subscales: (AKC-I) reduction of the importance of physical characteristics in relation to other values; (AKC-II) broadening of the range of values; (AKC-III) reformulation of relative values into fixed values; (AKC-IV) limitation of the effects of disability. The results achieved by the students surveyed in the individual subscales can be found in Table 1.

Table 1. *Acceptance of disability in the subjects – comparison of results of students with congenital and acquired disabilities*

Subscales	Students with a congenital motor disability		Students with an acquired motor disability		Test of significance of differences	
	M	SD	M	SD	T	p
AKC-I	30,03	5,99	28,59	5,00	1,43	0,154
AKC-II	28,84	7,38	27,33	6,25	1,21	0,227
AKC-III	31,99	6,22	31,59	5,65	0,37	0,714
AKC-IV	33,93	6,22	33,63	5,44	0,29	0,775

Arithmetic mean (M), standard deviation (SD), t-test result (t), significance level (p)

AKC-I *Reducing the importance of physical characteristics in relation to other values*
AKC-II *Broadening the range of values*
AKC-III *Reformulating relative values into fixed values*
AKC-IV *Limiting the effects of disability*

Based on the statistical analysis carried out to compare the acceptance of disability among the students surveyed, it can be concluded that no statistically significant differences were found between the groups.

Respondents with congenital disabilities achieved slightly higher scores than respondents with acquired disabilities. Both respondents with congenital and acquired disabilities achieved the highest scores in the subscale of limiting the effects of disability, and the lowest in the subscale of expanding the range of values. It can also be seen that the scores on the individual subscales are similar, indicating that the respondents, as a group, have a fairly high level of acceptance of disability. However, the high standard deviations indicate that there may be significant differences in the level of acceptance of disability among the respondents.

The subjective assessment of one's own disability is related to the personal evaluation of one's own abilities by a person with a disability, and thus contributes to their mobilization to be active. In this sense, a person with a disability can become the subject of their own actions, in which the loss of ability is not the only and dominant value, meaning the loss of other important values (Bręczewski, 2018: 30). The decision-making autonomy of a person with limited capacity is related to their ability to make choices, without outside interference, based on their internal motivation (Cardol, de Jong, Ward, 2002: 971).

The interrelationship between the perception of autonomy and the acceptance of disability was analyzed using the r-Pearson correlation analysis. The results of the statistical analysis for students with congenital disabilities are shown in Table 2.

Table 2. *Acceptance of disability and perceived autonomy in subjects with congenital disability – r-Pearson correlation coefficients*

Subscales of autonomy / Acceptance of disability	A-M	A-P	A-R	A-F	A-WCz	A-SP	A-PN	A-OC
AKC-I	0,17	0,12	0,08	0,10	0,13	0,16	0,20	0,08
AKC-II	0,27*	0,23	0,34*	0,26*	0,21	0,40**	0,44**	0,41**
AKC-III	0,21	0,23	0,25*	0,20	0,10	0,27*	0,31*	0,20
AKC-IV	0,19	0,19	0,21	0,13	0,16	0,21	0,26*	0,15

*p<0,05; **p<0,01

Autonomy in mobility (A-M), Autonomy in self-care (A-P), Role in the family (A-R), Financial autonomy (A-F), Autonomy in spending free time (A-WCz), Social life and interpersonal contacts (A-SP), Professional work and learning (A-PN), Autonomy – assessment of the chances of achieving it (A-OC)
AKC – *I Reducing the importance of physical characteristics in relation to other values*
AKC-II Broadening *the range of values*
AKC-III Reformulating *relative values into fixed values*
AKC-IV Limiting *the effects of disability*

The results of the correlation analysis are the basis for assumptions about the relationship between acceptance of disability and the perception of different dimensions of autonomy in the respondents. The strength of the correlation relationships in the group of respondents with congenital disabilities is low to moderate. Respondents who expand the range of values to a greater extent rate their own autonomy higher in the areas of mobility, family, financial (weak correlations), as well as social and interpersonal autonomy, professional work and learning, and the general assessment of autonomy (moderate correlations). A higher willingness of the respondents to reformulate relative values into fixed values favors higher autonomy on the family and sociable-interpersonal level (weak correlations). An increased desire to limit the effects of disability is associated with a higher rating of the respondents in the dimension of autonomy of work and learning. The statistically significant relationships revealed indicate that a more intense acceptance of disability favors a higher rating of autonomy in its various dimensions, especially in the dimension of work and learning.

The obtained results concerning the correlation between the perception of autonomy and the acceptance of disability in respondents with acquired disability are shown in Table 3.

Table 3. *Acceptance of disability and perceived autonomy in subjects with acquired disability – r-Pearson correlation coefficients*

Subscales of autonomy / Acceptance of disability	A-M	A-P	A-R	A-F	A-WCz	A-SP	A-PN	A-OC
AKC-I	0,08	-0,08	0,05	-0,04	-0,01	0,16	0,03	0,22
AKC-II	0,27*	0,08	0,21	0,08	-0,01	0,29**	0,29**	0,45**
AKC-III	0,13	0,06	-0,00	-0,04	-0,04	0,25	0,03	0,12
AKC-IV	0,00	0,08	0,07	-0,09	0,09	0,12	-0,04	0,09

*p<0,05; **p<0,01
Autonomy in mobility (A-M), Autonomy in self-care (A-P), Role in the family (A-R), Financial autonomy (A-F), Autonomy in spending free time (A-WCz), Social life and interpersonal contacts (A-SP), Professional work and learning (A-PN), Autonomy – assessment of the chances of achieving it (A-OC)
AKC – *I Reducing the importance of physical characteristics in relation to other values*
AKC-II Broadening *the range of values*
AKC-III Reformulating *relative values into fixed values*
AKC-IV Limiting *the effects of disability*

The correlations between the variables indicate that an increase in the range of values among respondents with acquired disabilities is particularly conducive to a higher overall assessment of autonomy, and is also associated with a higher assessment of autonomy in the following dimensions: mobility autonomy, social life and interpersonal contacts, as well as professional work and learning.

In terms of the relationship between acceptance of disability and the perception of autonomy, statistically significant correlations were only found in one subscale of acceptance of disability, namely in the subscale of broadening the scope of values among respondents with acquired disability.

Among the respondents with acquired disability, fewer correlations were found between the acceptance of disability and the individual dimensions of perceived autonomy than among the respondents with congenital disability. The dimension of disability acceptance that is most conducive to a higher assessment of autonomy, both among respondents with congenital and acquired disabilities, is the broadening of values. It correlates positively

especially with the dimensions of autonomy related to the social participation of the respondents, i.e. with such dimensions of autonomy as social life and social contacts, professional work and education, as well as the assessment of the chances of leading a life in line with one's own expectations. In both groups of respondents, a higher acceptance of disability also translates into a higher rating of mobility autonomy. The correlations captured indicate that acceptance of disability favors an increase in the rating of autonomy, both in respondents with acquired and congenital disabilities.

Discussion

The students surveyed, both with congenital and acquired disabilities, achieved similar results in all subscales that make up acceptance of disability. However, standard deviations indicate a large internal variation within the groups, which probably means that the group may include students who have high scores in individual subscales as well as relatively low ones. It should also be emphasized that there are no statistically significant differences between the respondents with congenital and acquired disabilities in terms of acceptance of disability, which indicates that the social role of a student allows them to use the preserved capabilities of the body and to undertake tasks related to social integration regardless of the time of acquisition of the disability (Byra, 2017: 32). The first hypothesis, which assumes that the type of disability (congenital or acquired) in the respondents may have a significant impact on the level of acceptance of disability, was partially confirmed, as the differences between respondents with congenital and acquired disabilities were captured, but they were not statistically significant.

In subjects with congenital disabilities, a higher rating of autonomy in its various dimensions is favored by the expansion of values by the respondents (one of the dimensions of acceptance of disability). Likely, subjects who begin to see value in their abilities and goals rather than in the *lost area of development* (Kowalik, 2007: 147) discover their own autonomy in various areas of their functioning. Respondents with congenital and acquired disabilities who achieved higher scores in the subscale of expanding the range of values rate

their own autonomy higher, both in terms of mobility, social life, professional work and learning, as well as the assessment of their own chances of achieving a life in line with their aspirations. Autonomy in this form of accepting disability is associated with the experience of one's own independence, as well as the ability to undertake autonomous activities, especially in the sphere related to social participation, i.e. in the social and interpersonal dimension, as well as professional work and learning. The respondents in this group also rate their own chances of achieving a life in line with their expectations higher. Autonomy in this dimension of disability acceptance can be an essential aspect of strengthening the sense of acceptance of disability because it allows people to discover their own agency despite experiencing a disability.

Decision-making autonomy means that a person with a disability can choose their actions without external pressure, despite their limitations (Cardol, de Jong, Ward, 2002: 971). It is precisely this autonomous activity that allows the expansion of a person with a disability's range of values, also as a result of acquiring new experiences. The results of other studies on adults with disabilities confirm that accepting one's disability increases social participation grounded in autonomy (Kim, 2023: 5; Martis et al., 2024: 821). The obtained research results confirmed the research hypothesis that there is a positive correlation between the perception of disability in the subjects and their acceptance of disability. However, it should be noted that autonomy is also culturally conditioned; therefore, its level is influenced not only by subjective variables such as acceptance of disability but also by sociological and cultural factors (Saadah and Saadah, 2004: 89; Jung et al., 2022: 8).

Limitations of the study

The research was conducted based on the Impact on Participation and Autonomy Questionnaire (KWUA) developed by S. Byra and M. Duda. The questionnaire was developed to examine the results of rehabilitation of people with motor disabilities, especially in the area of medical care (Sibley et al., 2006: 800). The tool assesses the functioning of people with disabilities in various spheres of life, but it does not take into account their functioning

as students, and thus does not examine the specifics of functioning in the academic sphere. Therefore, the study did not take into account the specificity of this type of educational environment, i.e. both the requirements related to the process of studying and the support system that operates at universities. In this respect, the limitations of the tool used should be pointed out. The selection of the group of respondents is also one of the limitations of the study, because although all respondents identified themselves as persons with motor disabilities, their level of functioning may have varied in terms of independence, but also specific problems resulting from the way the respondents moved, or other inconveniences related to the efficiency of the body, or possible pain.

Theoretical and Practical Implications

Studies examining the level of disability acceptance among students with congenital and acquired disabilities did not reveal significant differences between the groups. This indicates a need to study students with motor disabilities further, to identify variables that positively correlate with disability acceptance and improve support strategies.

The academic community, as a strategic platform for social innovation, is tasked with supporting student empowerment to create a positive image of people with disabilities as capable of contributing to social change, not only in accessibility but also in diversity.

Conclusions

Based on research on the correlation between students with disabilities' perceptions of autonomy and disability acceptance, it is worth considering the model of disability that underlies the creation of support systems for students with disabilities at universities in Poland. The adaptation of universities in Poland took place in accordance with the social model of disability (Sztobryn-Giercuszkiewicz, 2018: 81). The social model helped create an academic environment accessible to students with disabilities. (Ochonczenko,

Czerwińska, Garbat, 2011: 6). In this approach, for students with motor disabilities, the process of adapting the university means focusing on removing environmental barriers. The consequence of this approach can be insufficient support that does not meet the real needs of individual students. J. W. Lucas, M. Greenberg, and K. Beavan (2018: 8) draw critical conclusions from the analysis of the medical and social models, pointing out that research and social activities have not sufficiently taken into account the importance of motor disability in shaping self-concept. Introducing the idea of equal opportunities for students with disabilities into the biopsychosocial model of support for these students highlights the need to find a balance between measures to remove barriers in the academic environment and the three levels of human functioning: physical fitness (the body's ability to perform certain functions), psychological wellness (the ability to subjectively organize one's own actions), social fitness (the ability to take part in teamwork) (Kijak, 2013: 11). Multidimensional support that focuses on student autonomy allows not only for the fulfillment of tasks resulting from strictly educational requirements, but also for the fulfillment of goals that satisfy the student and are related to his or her well-being (Audet et al., 2023: 19).

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