

Ewa Wysocka *, Barbara Ostafińska-Molik **

* Silesian University of Technology [ewa.wysocka@hot.pl]

** Jagiellonian University [b.ostafinska-molik@uj.edu.pl]

Personality and creative thinking of socially maladjusted people in the context of creative social rehabilitation

There is a way to get to everyone, you just have to find it

Wysocka 2019, a motto.

Abstract: The article deals with the important issue of creative thinking and creative personality of people (boys) with behavioral disorders. The research was conducted in Youth Educational Centers located in one of the southern Polish voivodeships. The sample studied were boys aged 12–18 years (N=135). What is important is that the research takes into account the perspective of the perception of disturbed behavior by young people themselves in the context of creative thinking and creative personality. The procedure of self-report tools was applied: The Youth Self-Report (YSR) by Th. M. Achenbach and the Questionnaire of Personality and Creative Thinking (Kwestionariusz Osobowości i Myślenia Twórczego – KOMT) by E. Charzyńska and E. Wysocka. The statistical procedures applied are descriptive statistics, correlations and linear (multiple) regression. The results of regression analysis indicate the importance of the type of disorders (internalizing, externalizing) for the self-image of socially maladjusted youth (in terms of creative personality traits and creative thinking).

Keywords: Creative thinking; creative personality, behavioral disorders, perception of one's behavior, youth.

Introduction

Being a creative, transgressive person has in the last decades obtained in the social sciences the status of a goal necessary in terms of achieving the educational goals set for a fully developing person who is coping with the requirements and challenges of a world that undergoes a process of increasingly rapid and uncontrollable transformation. We see no obstacles, especially in the context of the dynamically developing concept of creative rehabilitation (Konopczyński, 1996, 2006a,b, 2007, 2013, 2014a,b), to transferring this way of thinking about the exploration of important factors of internal transformation to the field of social rehabilitation pedagogy. The negative – so far – dimension of these explorations, focused and directed mainly on the diagnosis and elimination of disorders, proved to be theoretically limiting and methodically ineffective in educational practice.

Creativity as a specific kind of activity, which releases an individual's potential to the greatest extent, serves directly the development of their personality, as well as internal transformation, which is in its essence the goal of social rehabilitation, which is achieved by engaging their own abilities, which are revealed in creative activity. The development of personality, which takes place thanks to the stimulation of creative activity of a person, and initially of creative motivation and attitudes, is connected with shaping their sensual sensitivity, imagination, ingenuity, smoothness, flexibility and originality of thinking, ability to discover and formulate problems, openness of thinking and independence of judgments. All of this triggers internal task motivation and the development of problem-solving skills (Dyrda, 2012) in a constructive way, thus opposite to functionally justified destructive behaviors chosen by the socially maladjusted, which serve to meet their inalienable needs (Ward, Stewart, 2003).

As we know, pedagogy aims at, and social rehabilitation pedagogy certainly should aim at, creating a concept of the “new man”, with an ideal set of personal traits and behaviors, exemplifying the model of a causative, creative man, focused on their pro-social actions (Kozielecki, 1995:158–162). It is not difficult to find a justification for this goal of education (and social rehabilitation), because only a creative person has the potential to develop the ability to cope with the complexity of the world and the complexity of their own existence within it. Transgressive psychology, creating a vision of a man capable of making personal transgressions – self-improving, and public transgressions – improving the world, constructs the goal of education and social rehabilitation, the implementation of which gives a chance to cope with the complexity of the world that generates adaptation problems for an individual.

Therefore, we assume that an inalienable element of effective social rehabilitation activity is a positive diagnosis made in terms of assessing the

creativity and creative potential of a socially maladjusted individual. This is because these resources can be used for example in post-diagnostic planning (direction and methods of action), while their use undoubtedly serves to awaken commitment and motivation to change one's own life, and thus initially life attitudes – from destructive (characteristic for the socially maladjusted) to developmentally constructive (characteristic for mature, properly developing people). The aim of making diagnoses in this area is to identify such potentials of an individual (or deficits in the possibilities of their realization) that can be used in the construction of a project of creative social rehabilitation, activating self-realization efforts, i.e. satisfying the needs of a socially maladjusted person, but in a socially accepted way. Then, as many authors claim (e.g. Opora, 2009, 2015), the hitherto dysfunctional strategies of realizing one's own needs will be redundant, because they will cease to be functional.

According to the assumptions of creative social rehabilitation (Konopczyński, 1996, 2006a, b, 2007, 2013, 2014a, b), in order to construct an individual social rehabilitation project (ISRP), according to the philosophy of the Good Lives Model (Ward, Maruna, 2007), it is necessary to identify the strengths of the socially maladjusted individual. According to them, it becomes possible to make a reflective choice of the direction and path of one's own development, i.e. planning one's own future. These processes require a prior insight into oneself, an assessment of one's own skills, abilities and competences that can be used in the process of internal change. The process of social rehabilitation is therefore understood as a transformation of destructive behaviors that were initially functional for the socially maladjusted individual into internally motivated, constructive and socially accepted behaviors that indirectly eliminate the previously established patterns of reaction to various stimuli, mainly frustrating (Wysocka, 2019). Identifying the resources of the individual serves also as a motivator for internal change, triggers belief in its possibility with the use of discovered potentials, and makes the effort to make a change credible (Wysocka, 2015, pp. 16–17).

Creative attitudes in the context of social maladjustment and creative social rehabilitation

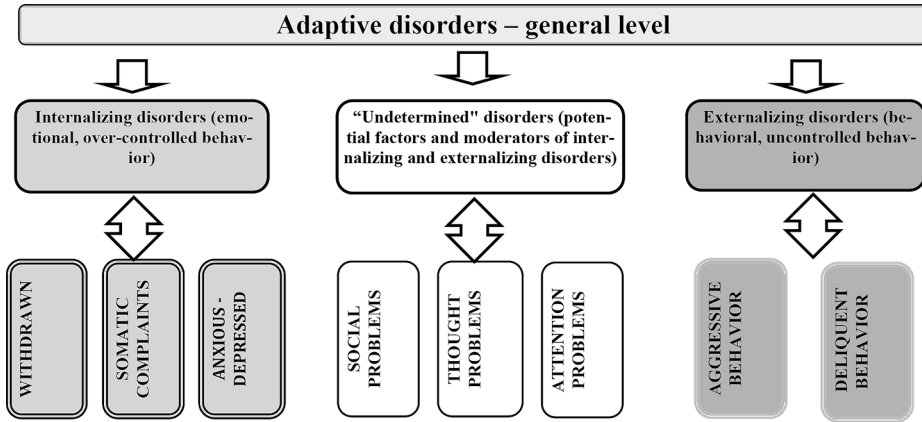
The formation of patterns of disturbed behaviors is a developmental process, which is the result of many pathogenic factors, occurring in different social systems. The concept of behavioral disorders by Thomas M. Achenbach (1982, 1985, 1990a, b, 1991a, b, c, d, 1993, cf. Achenbach, Edelbrock 1978), which was used in the research, refers to two types of behavioral disorders: internalizing and externalizing, which are the source and at the same time a manifestation of social maladjustment in a broad sense. These disorders consist of the following syndromes: (1) “withdrawal”, pathological avoidance

of social contacts in childhood and adolescence (social anxiety); difficulties in social exposure; (2) “somatic complaints”, which are a set of somatic symptoms occurring for no apparent organic reason; (3) “anxious-depressed”, referring to the so-called „negative affect”, defined by interlinked conditions of anxiety and depression, suicidal tendencies, excessive sensitivity to rejection and criticism; (4) “social problems”, related to inefficient functioning in a peer group, lack of respect for group norms and the lack of skills of peaceful problem-solving; (5) “thought problems”, that is a set of behaviors that are potentially symptoms of mental disorders, e.g. psychoses, obsessive-compulsive disorders and anxiety disorders, similar to a schizotypal personality disorder; obsessive-compulsive and psychotic disorders; (6) “attention problems”, which include a set of symptoms that manifest themselves in different situations independently of general (externalizing and internalizing) syndromes; (7) “delinquent behavior”, i.e. behaviours which are subject to legal assessment and unadjusted behaviors (truancy, belonging to informal groups); (8) “aggressive behavior” associated with various forms of aggression directed at people and/or objects.

Internalizing disorders (withdrawal, somatic symptoms, anxiety and depression) and externalizing disorders (unsuitable behavior – criminal and aggressive) constitute a typological diversity of mental disorders in children and adolescents. The first type of disorder, internalizing, is associated with personality problems, hampering or maintaining overly controlled anxiety behavior. As we know, an excessive sense of control can lead to too deep, neurotic internalization of social norms, which is the basis for exaggerated caution in new and difficult situations, and shyness in interpersonal contacts. Therefore, despite average or outstanding and special intellectual abilities, these people do not achieve results adequate to their level (e.g. inadequate school achievement syndrome), feeling undervalued. Anxiety also causes excessive compliance with rules, hence they do not cause other people problems and are usually not identified as disturbed. Most of the symptoms of internalizing disorders tend to have a passive attitude, but in specific situations (e.g. too much mental strain with a frustrating background) people have a tendency to uncontrolled “explosions”. This surprises the environment, which then reacts with exaggerated punitivism, which causes an even deeper closure off and withdrawal of people with this type of disorder. Externalizing disorders, on the other hand, include problems with normative behavior, aggression; these are poorly controlled behaviors of an antisocial, oppositional and rebellious nature, going beyond the accepted rules of social coexistence. This involves projecting the internal problems experienced by the individual to the outside world. The basic symptoms are different manifestations of aggression, opposing and resistance to the environment, impulsiveness, destruction and anti-social. Their occurrence during childhood and adolescence is an important predictor of chronic crime in adulthood (Wolańczyk 2002, pp. 23–24, 47–48). A maladjusted person does not have to obtain high results in the scope of each scale, they are not always clearly

qualified to one group of disorders (internalizing vs. externalizing). They may simultaneously manifest disorders specific to both types (so-called mixed disorders, or inconsistency). The structure of adaptive disorders according to Achenbach is shown below (Scheme 1).

Scheme 1. Model of diagnosis of socially maladjusted people (Achenbach, 1985; Wolańczyk, 2002)



The measurement of creativity, treated as an internally complex construct, can be located within the stream of effective and/or potential creativity. The first one is methodologically related to the study of creations of man in terms of their creative elements, while the second one is methodologically connected with the study of creative abilities or predispositions, such as creative thinking and creative personality (Szmidt, 2013).

Thinking about creative attitudes is not theoretically uniform. We have adopted the theoretical assumptions of our own research from various concepts that combine creativity with thinking processes and personality traits (holistic model of creativity). At the same time, we assume that by identifying the potentials and resources (and deficiencies in them) possessed by the socially maladjusted individual, it is possible to use them in the process of post-diagnosis planning, based on the good lives model and creative social rehabilitation. The internal transformation, connected with planning the course of one's own life, is a very important element of justifying and motivating an individual to make an effort to change/restructure destructive behavior into a constructive, developmentally positive one. The holistic approach of the work/creativity of Klaus K. Urban and Hans G. Jellen (1986, pp. 163–169; Urban, 2003, pp. 81–112; 2004, pp. 387–397; 2005) is related to defining it as a set of intellectual abilities and motivational-personal qualities. The model of creativity/creativity developed by

the authors consists of six components, the so-called predispositions to being creative, constituting a functional system that works in a collaborative way. Its elements are individual and environmental variables, treated as stimulators or inhibitors of the creative process and components of creativity understood as creative predispositions. Generally speaking, these are cognitive¹, personality² and environmental factors³. Similar models are also proposed by other authors, e.g. multi-componential models of creativity by Teresa M. Amabile (1983, 1985, 1992, 1996), Hans J. Eysenck (1995), Robert J. Sternberg and Todd I. Lubart (1991, 1995; Sternberg, 2003, 2012; cf. Charzyńska, Wysocka, 2015, 2017). The research in this paper refers to the first two factors, the so-called individual factors, i.e. the perception of one's own personal traits and the way of cognitive functioning: the sphere of personality (traits of creative personality and its correlates) and the cognitive-intellectual sphere (creative thinking), which are interrelated theoretically (intellectual-cognitive resources are possible to utilize when personality resources are activated), as well as methodologically, because the self-perception of maladjusted people in terms of having certain traits was studied (Scheme 2)⁴.

.....

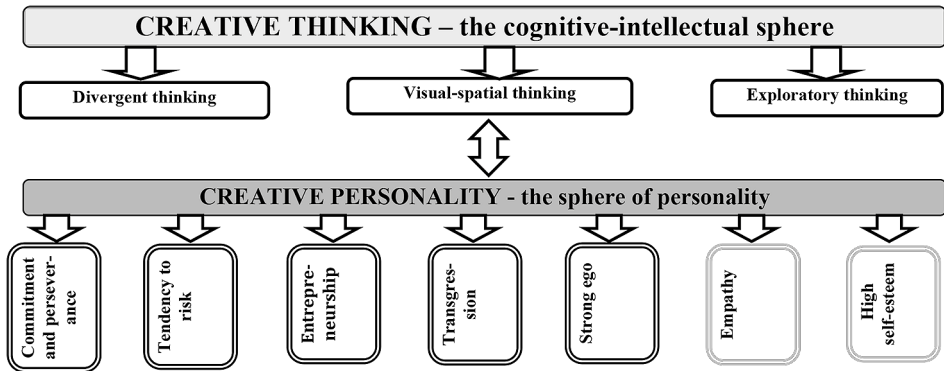
¹ They include: *divergent thinking* (fluency, flexibility, uniqueness, elaboration, sensitivity to problems); *general competences* (basic general knowledge – reasoning and logical thinking, analysis and synthesis, assessment, memory and width of perception), *specific knowledge and skills* important for creative thinking and activity.

² These are the following traits: *concentration and commitment to the task* (ability to concentrate, perseverance, selectivity of action); *specific motivation* (need for novelty, rush to knowledge, cognitive curiosity, need for causation, self-actualization, contacting others, taking responsibility, readiness to play); *openness and tolerance for ambiguity* (openness to experience, unconventionality, readiness to take risks, nonconformism, relaxation, humor, transgressionality, entrepreneurship, strong ego, empathy, focus on the problem/subject, perseverance, stubbornness, etc.).

³ These are specific conditions and sources of creative stimulation, as well as criteria for evaluating a creative work and its meaning.

⁴ A model of creative attitudes characteristic for middle school students was used, which differs in terms of creative personality traits from the model typical for older youth. The assumption was made that socially maladjusted people, due to deficiencies in developmental stimulation and school delays, are at a lower level than their “biological peers”. The final structure of both versions of the tool (for younger and older youth) was determined on the basis of statistical analyses: exploratory and confirmatory factor analysis. Exploratory factor analysis was the basis for revision of the initially assumed tool structure (reduction of the number of components – subscales of the questionnaire). The scales forming the components of creative thinking are the same in both versions of the tool (for middle and high school), while the scales of creative personality are slightly different in the range of 4 subscales (empathy, strong ego, nonconformism, openness). Confirmatory factor analysis revealed a satisfactory match between the models and the data. Its results indicate the possibility of analysis at two levels, at the level of subscale components (7 for creative personality and 3 for creative thinking) and two higher-order factors: the scales that build creative personality are part of the higher-order factor, which is called “creative personality”, while the subscales of creative thinking form the “creative thinking” scale. Psychometric properties of the Questionnaire of Personality and Creative Thinking – KOMT (Charzyńska, Wysocka, 2017) are satisfactory (reliability for creative personality and creative thinking above 0.8, accuracy satisfactory). Theoretical assumptions and operational definitions of the terms are presented in detail in the manual: E. Charzyńska, E. Wysocka, *Kwestionariusz Osobowości i Myślenia Twórczego (KOMT). Podręcznik testu – książka użytkownika (wersje dla uczniów gimnazjum i liceum)*, FPON, Katowice 2015.

Scheme 2. Model of diagnosis of creative thinking and personality of socially maladjusted people (Charzyńska, Wysocka, 2015; cf. Wysocka, 2016: 45)



By attempting to link creative mindsets/attitudes with adjustment disorders, one can refer to the personality characteristics of socially maladjusted individuals. There is no longer any doubt that – being aware of the polyetiology of social maladjustment – people manifesting adaptation difficulties have a specific perception of the surrounding reality and themselves and the assessment of their ability to function in accordance with norms and in a developmentally constructive way. These are the key beliefs that regulate behaviors and motivate to normative vs. non-normative actions (Siemionow, 2016; Siemionow, Jurek, 2016). Self-creation and, thus, transgressive-creative attitudes require the formation of a positive image of oneself (self-esteem) and the image of the world (basic hope), as well as positive beliefs about the possibility of acting in the world (control and agency). Deficits in each of these beliefs, which determine the formation of creative attitudes, have been confirmed, although unequivocally, in many studies (Siemionow, Jurek, 2016; Wysocka-Ostafińska, 2014, 2016). Negative beliefs in these areas determine the adoption of defensive attitudes, since the world and other people perceived as a threat to self-fulfillment have to be “harnessed”, which leads to normalizing and rationalizing one’s own non-normative behaviors, i.e. the secondary formation of beliefs related to the legitimacy of one’s own behavior (Walters, 1990, 2006, 2007; Walters, White, 1989). This can result in frustrating aggression (Bandura, 1991; Berkowitz, 1993), lack of empathy (Baron-Cohen, 2014), but also lack of commitment and perseverance in action, lack of transgressive tendencies, or not taking risks in action if one’s own actions are considered ineffective (Siemionow, 2016; Stanik, 2013; Rode, 2013, 2014, Ostafińska-Wysocka, 2014, 2016). It can also result in the formation of withdrawal attitudes, which is associated with fear of experiencing failures and problems with self-esteem. In other words, it is possible to link internalizing and

externalizing disorders with causative (creative) activity and attitudes towards self-creation (sense of control and effectiveness). This is also confirmed by the UROA models (*Ułomna Regulacja Osobowości Adolescentów – Disabled Adjustment of Personality of Adolescents*), i.e. models of the disadaptive beliefs of asocial individuals by Jan M. Stanik (2013), or the criminal thinking concept by Glen D. Walters (1990, 2006, 2007; cf. Rode, 2013), where we can find personality characteristics of socially maladjusted individuals. Among the most important personality traits, the following are pointed out: force orientation, lack of empathy, extreme egocentrism, instrumentalism, demanding attitude based on the sense of injustice, normalization and lack of a sense of responsibility for non-normative actions, inability to postpone gratification, lack of perseverance, continuity and commitment to constructive actions, cognitive indolence, impulsive and disadaptive reactivity, proactive riskiness, orientation towards benefit and standing out, etc. These features do not fit into creative attitudes, being specific inhibitors of discovering and realizing one's own potential.

Due to the theoretical assumptions made and the tool used to study creative thinking and personality, we have no research results that directly confirm the relationship between the level and type of adjustment disorders and creative attitudes. However, assuming that personality is a system of beliefs about oneself, relations with other people, the nature of the world and possibilities of functioning in the world (Wysocka-Ostafińska, 2014), performing a regulatory function of human behavior, which in a positive dimension determines creative attitudes, one can put forward a hypothesis that it indirectly determines (moderates) also the quality of creative attitudes of socially maladjusted people.

Methodological assumptions of own research – short description of the research procedure

The research was conducted among boys placed in the Youth Educational Centers in the Małopolskie Voivodeship (4 centers: MOW Mszana Dolna; MOS Łysa Góra; MOS Kraków; MOW Wielkie Drogi). The study group consisted of 154 pupils. Due to the lack of data in the tools used, 135 questionnaires were included in the final analysis (research deadline: May–June 2017). The mean age of the respondents was 16 years and 4 months. The age range varied between 12 and 18 years of age (see Table 1). Their aim was to identify the relationship between the perception of one's own creative attitude as determined by personality traits and creative thinking (dependent variable) declared by pupils and the level and type of adjustment disorders (independent variable). This means that the main research problem was determined by the question of the importance of the level of the type of disorders (internalizing, externalizing) for the formation of creative attitudes of the pupils of educational centers.

The survey research was conducted using two questionnaires: for the study of disorders (*YSR*) by Thomas M. Achenbach (1990a, b; 1991a, b, c, d; 1993) and for the study of creative thinking and personality (*KOMT*) by Edyta Charzyńska and Ewa Wysocka (Charzyńska, Wysocka, 2015; 2017), in the middle school version. The Achenbach's *Youth Self-Report (YSR)* for youth between the ages of 11 and 18 is used to assess one's own competences and emotional-behavioral problems. The structure of the questionnaire includes 8 syndromes of disorders consistent with theoretical assumptions (classification of disorders); it also allows to identify their type (internalizing, externalizing) and general level of adjustment problems. The *KOMT* questionnaire is used to diagnose seven dimensions of creative personality and three dimensions of creative thinking. In terms of creative personality, the following were distinguished: commitment and perseverance, a tendency to risk, entrepreneurship, transgression, strong ego, empathy and high self-esteem; in terms of creative thinking: divergent thinking, visual-transformative thinking and exploratory thinking. The obtained result allows to assess the overall level of creative personality and creative thinking and the level of 7 dimensions of creative personality and 3 dimensions of creative thinking. The results obtained include declarations and beliefs of the respondents, which, however, result from their teaching experiences (self-awareness and self-knowledge of features characterizing creative personality and thinking).

Three basic statistical methods were used in the analysis: 1. descriptive statistics, allowing to present the distributions of individual data (individually) or in the context of the second variable (cross tables); 2. correlation methods, i.e.: χ^2 and Pearson correlation (r); 3. multiple linear regression, or multivariate regression, which allows to analyze the relationship of a greater number of predictors with a dependent variable.

Creative personality and creative thinking vs. type of disorder – results of own research

The results of descriptive statistics for two important dependent variables, which were adopted in the research: creative personality and creative thinking, are presented below (Tab. 1). The data indicate a slight tendency of progression in perceiving oneself as a creative person (with age), slightly more noticeable in creative personality than in creative thinking.

The analysis of the distribution of the frequency of results concerning creative thinking and creative personality, separated on the basis of standards, confirms the obtained result (Tab. 2). Thus, there is a tendency for socially maladjusted people to perceive their own personality deficits (traits of a creative person) more strongly than those of creative thinking, although in both cases the tendency to negative perception of one's own creative potential can be confirmed (low results: creative personality – 60% and creative thinking – 47.4%).

Table 1. The age of the respondents and the distribution of the raw results for creative personality and creative thinking

Age	n	%	Creative personality		Creative thinking	
			M	SD	M	SD
12–14	12	7.7	128.4	47.9	51.1	20.1
15–16	53	34.4	142.7	35.2	52.2	12.9
17–18	79	51.3	142.9	34.2	53.5	14.0
No data	10	6.6	137.0	35.5	51.1	11.5
Total	154	100	141.2	35.8	52.7	14.1

Source: own development.

Table 2. Distribution of results of standardized variables of creative personality and creative thinking

Level of the examined trait	Creative personality		Creative thinking	
	n	%	n	%
Low	81	60.0	64	47.4
Medium	27	20.0	45	33.3
High	27	20.0	26	19.3
Total	135	100.0	135	100.0

Source: own elaboration.

Table 3. Frequency distribution for variables: creative personality and creative thinking – standardized results

		Personality			Total
		low	medium	high	
Thinking	low	58 (43.0%)	5 (3.7%)	1 (0.7%)	64 (47.4%)
	medium	23 (17.0%)	17 (12.6%)	5 (3.7%)	45 (33.3%)
	high	0 (0.0%)	5 (3.7%)	21 (15.6%)	26 (19.3%)
Total		81 (60.0%)	27 (20.0%)	27 (20.0%)	135 (100.0%)

$\chi^2=98,73$ $df(4)$ $p<0,000$ $\phi=0,85$.

Source: own elaboration.

In order to examine the relevance of the relationship between the analyzed variables, an independence test of two variables (χ^2) was conducted. The obtained result (see Table 3) confirms the existence of a significant relationship between

creative thinking and creative personality (which is consistent with the theory). The strength of this relationship is very high ($\phi=0.85$). Additionally, significantly more people obtain a “high vs. high” score (and similarly: (and similarly: “low vs. low”), than “low vs. high” or “high vs. low” on both scales (positive residuals for variables with the same level of intensity of the trait, negative for the inverse level of one variable to the level of the other variable). The relationship between the increase or decrease of one trait in relation to another is underlined by the Pearson correlation analysis ($r=0.9$) (see Table 6). This correlation is very strong.

Below (Table 4) the results for the dependent variable *creative thinking* are presented in the context of the level of the disturbed behavior type (internalizing and externalizing). It is worth noticing the so-called two poles of the cross table, i.e. the result “low vs. low” and “high vs. high”. In the field of results “low vs. low” there are twice as many people with internalizing disorders as those with externalizing disorders, while “high vs. high” results are twice as few as those with externalizing disorders.

Table 4. Creative thinking versus the level of internalizing and externalizing disorders – cross-distribution

		Level of the disturbed behavior type					
		low		medium		high	
		Internaliza- tion	Externaliza- tion	Internaliza- tion	Externaliza- tion	Internaliza- tion	Externaliza- tion
Thinking	low	32.1%	18.5%	4.5%	8.1%	11.2%	20.7%
	medium	23.1%	13.3%	3.7%	8.1%	6.0%	11.9%
	high	10.4%	6.7%	3.0%	0.7%	6.0%	11.9%
Total		65.7%	38.5%	11.2%	17.0%	23.1%	44.4%

Source: own development.

In the case of the variable *creative personality* this relationship still exists, but for the result “low vs. low” it is no longer as structurally proportional (Table 5).

The existence of correlation allows further steps in data exploration by trying to build regression models. Table 6 presents the results of the correlation matrix of 3 variables. All correlations are statistically significant. There is a correlation of ($r=0.2$) between the overall result of disturbed behavior and creative thinking and personality. The correlation is weak, but statistically significant.

Table 5. Creative personality versus the level of internalizing and externalizing disorders – cross-distribution

		Level of the disturbed behavior type					
		low		medium		high	
		Internalization	Externalization	Internalization	Externalization	Internalization	Externalization
Personality	low	38.8%	26.7%	6.7%	9.6%	14.2%	23.7%
	medium	14.9%	5.2%	1.5%	5.2%	3.7%	9.6%
	high	11.9%	6.7%	3.0%	2.2%	5.2%	11.1%
Total		65.7%	38.5%	11.2%	17.0%	23.1%	44.4%

Source: own development.

Table 6. Correlation matrix of 3 variables: level of behavioral disorders, creative personality and creative thinking

	(1)	(2)
(1) behavioral disorders (total)		
(2) Thinking	,211*	
(3) Personality	,204*	,893**

Correlation significant at the level: * 0.05 (bilaterally); ** 0.01 (bilaterally)

In the following steps a regression analysis was carried out for the dependent variables: creative personality and creative thinking. These analyses were conducted separately for each group of predictors, depending on the scales building a given type of disturbed behavior.

Regression models. The regression analysis carried out (Table 7), in which the predictors were the scales forming the dimension of *internalizing disorders* and *age* with a variable dependent *creative personality*, confirms the significance of two predictors. One of them is *somatic complaints* ($\beta = -0.23$; $p < 0.05$), the obtained parameters indicate that the more creative the personality, the less somatic complaints are reported. The second significant predictor is *withdrawal* ($\beta = 0.26$; $p < 0.05$). The standardized beta coefficient indicates that the more withdrawn a person is, the more creative is their personality. Thus, the more withdrawn an individual is and the less somatic complaints they report, the higher their creative personality level is. The proposed model proved to be well matched to the data and explains 10% of the dependent variable.

In the case of the second dependent variable, *creative thinking*, the statistically significant predictor was *somatic complaints* ($\beta = -0.26$; $p < 0.05$): the more creative the thinking, the less somatic complaints are reported by people

manifesting disturbed behavior. During the analysis, a result with the so-called significant trend for the variable anxious – depressed was also noted. It cannot be interpreted that this variable explains the model, but it is worth to design future studies to draw attention to it in the group of maladjusted people. The proposed model turned out to be matched to data and explains almost 12% of the dependent variable.

Table 7. Summary of the multivariate regression model for predictors: somatic complaints, withdrawal, anxious – depressed, age and creative personality and creative thinking

Predictors	Creative personality			Creative thinking		
	B	SE B	β	B	SE B	
Somatic complaints	-2.981	1.367	-0,229*	-1.34	0.527	-0,265*
Withdrawal	3.313	1.543	0,264*	1.198	0.595	0.245
Anxious – depressed	1.271	1.12	0.150	0.693	0.431	0.725**
Age	0.33	0.842	0.033	0.04	0.324	0.010
R2	0.103			0.118		
F	4,063*			4,762*		

* significant result $p < 0.05$; ** significant trend ($p = 0.078$).

The next model of regression (Table 8) included predictors constructing the dimension of *externalizing disorders* (delinquent behavior, aggressiveness) and *age*, while the dependent variable was *creative personality*. On the basis of the regression coefficient it was found that aggressiveness is a significant predictor of creative personality ($beta = 0.325$, $p < 0.05$). This coefficient allows us to conclude that the higher level of aggressive disorders, the more creative personality is. The remaining predictors proved to be statistically insignificant. In general, the proposed model explains 9% of the variance of the dependent variable ($R^2 = 0.09$). In the case of the second dependent variable, i.e. *creative thinking* – with the same set of predictors – *aggressive disorders* are again a significant variable explaining creative thinking ($beta = 0.362$, $p < 0.05$). The higher the number of aggressive disorders, the more creative the thinking. The beta value can be interpreted as a moderate dependence (significantly exceeded 0.2, but not 0.4). The proposed model explains 8% of the variability of the dependent variable. It is also worth noting the predictor – the delinquent behaviors. Although its significance exceeded 0.05, this variable was included in the so-called statistical trend. A different data set and a larger research sample could make this variable an important predictor of creative attitudes. The results obtained indicate that *beta* has a negative value, which means that the less intense the delinquent behaviors, the higher the level of creative thinking is.

Table 8. Summary of the multivariate regression model for predictors: delinquent behaviors, aggressiveness, age and creative personality and creative thinking

	Creative personality			Creative thinking		
	B	SE B	β	B	SE B	β
Delinquent behaviors	-0.463	0.937	-0.053	-0.46	0.365	-0.212**
Aggressive disorders	2.046	0.678	0,325*	0.886	0.264	0,362*
Age	0.939	0.816	0.093	0.319	0.318	0.081
R2	0.89			0.085		
F	4.634			4.452		

* significant result $p < 0.05$; ** significant trend ($p = 0.061$).

Discussing the results

The presented excerpt from a broader research on the functioning of socially maladjusted youth was aimed at discovering and indicating such features of their perception of themselves that justify a change in the perspective of thinking about social rehabilitation towards its positive version, related to creative social rehabilitation. The analysis of the results confirmed several important trends in the perception of oneself as creative (in terms of personal traits and creative thinking) by people with diagnosed social maladjustment. It is worth noting at the beginning that creative thinking is a necessary condition of the possessed potentials, while the traits of creative personality determine the possibilities of their development.

The results of the preliminary descriptive analysis indicate a slight tendency to progression in perceiving oneself as a creative person conditioned by the age of the respondents, which is, on the one hand, an obvious result, connected with natural development, also the development of self-awareness, but it may also indicate progress in social rehabilitation (internal transformation), conditioned by the undertaken social rehabilitation measures. This tendency is slightly more noticeable in the development of creative personality than in the development of creative thinking, which seems to confirm the thesis about the progress of internal transformation, which takes place mainly in the sphere of personality including such traits as: commitment and perseverance in action, empathy, transgression, strong ego, entrepreneurship, self-esteem, tendency to risk (replacing its negative version, i.e. riskiness). However, this does not mean that the perception of one's own potentials by socially maladjusted individuals is correct, as standardized results indicate clear deficits in this respect, which may (though not necessarily) be the result of social stigma and negative experiences, i.e. non-stimulating development conditions available to people with disturbed behaviors. However,

the direction is maintained here to perceive one's own personality deficits (traits of a creative person) more strongly than the deficits of creative thinking, which also seems natural, as the characteristics of socially maladjusted people mainly emphasize (and probably stigmatize) the personality deficits of the examined traits (Walters, 1990, 2006, 2007; Walters, White, 1989). Although the analysis of the links between creative personality and creative thinking shows a very strong positive correlation between the two variables, the standardized results indicate that the perception of one's own creative personality traits by the maladjusted is more deficient than the perception of one's own creative thinking traits.

It is also worth to refer to the results showing the functioning of people with typologically differentiated disorders: internalizing vs. externalizing. It turned out that *creative thinking* is much more strongly conditioned by the type of disorder than *creative personality*. The perception of oneself as an individual with basic creative abilities (thinking) is much more deficient in people with internalizing disorders than in those with externalizing ones. It can be assumed that people with more advanced symptoms of behavioral disorders, i.e. those associated with behavioral control deficits (externalizing disorders are treated as indicating more advanced symptoms of social maladjustment; Urban, 2012), have a defensive perception of themselves in more positive categories. This may be a result of the autonomization of deviant identity resulting in identification with characteristics that are socially stigmatized as bad. As also confirmed by the authors' research (Wysocka, Ostafińska-Molik, 2016), the level of adjustment disorders conditions changes in the self-perception of the socially maladjusted, namely the polarization of self-esteem towards the development of defensively positive self-esteem (*I am the best!*). In terms of direction this tendency is similarly, although to a lesser extent, noticeable in the perception of one's own *creative personality* by people diagnosed as socially maladjusted. Weaker conditionality of positive self-esteem for *creative personality* traits by typological differentiation of disorders can in turn be explained by the social designation of people with externalizing disorders as "more bad" (internalizing behaviors are often treated socially as disturbed), which probably makes it more difficult for the defensive positive self-identification to appear in people with externalizing disorders.

The conducted regression analysis confirms the obtained result in the sense that it indicates important internal predictors of perceiving oneself as creative people by socially maladjusted individuals. With regard to *internalizing disorders* (in connection with *age*), the perception of the *creative personality* traits is determined, albeit in different directions, by: *somatic complaints* (the more creative the person, the less somatic complaints are reported) and *withdrawal* (the more withdrawn the person, the more creative their personality is). Thus, the deeper the withdrawal and the less somatic complaints an individual reports, the more often they perceive themselves as a creative person. In relation to *creative thinking*, *somatic complaints* (the more creative the thinking, the less somatic complaints are reported), and

(although only with the significant trend) *anxious – depressed* (the more anxious and depressed the person, the less they perceive themselves to be a creative person) have also proved to be statistically significant predictors. The model of these dependencies is consistent with the concept of treating creativity as a means of compensating for disorders (conflict model; Koziński 1987), as emphasized by Zygmun Freud, who pointed out that the source of creativity is the unsatisfied needs, frustrations, fears and anxieties that an individual tries to compensate for through creative activity. In a similar way, the origins of creativity and the perception of oneself as a creative individual are explained by Thomas Heinzen's model of reactive creativity (1994). It consists of avoidance, and is activated when stimuli threatening self-esteem appear in the environment, and is motivated by punishment or a failure in life and linked to negative emotions, mainly anxiety. With regard to *externalizing disorders* (in connection with age), both in the context of the perception of *creative personality* and *creative thinking*, *aggressiveness* proved to be an important predictor (the higher the level of aggressive disorders, the more creative the personality and creative thinking). One can risk a claim that perceiving oneself as a creative individual, even defensively, though in a roundabout way, explains in this case the humanistic model of fulfillment (Koziński, 1987) or the model of proactive creativity (Heinzen 1994). They assume that creativity is the resultant of discovering one's own potential for self-fulfillment, which can be limited by external conditions; it is object-oriented, internally motivated and linked to positive emotions. In a situation where the possibilities for self-fulfillment of socially maladjusted people are limited, it is aggressiveness as a result of the desire to control the activity that serves self-fulfillment that can paradoxically constitute a factor in perceiving oneself ("in spite of everything", i.e. in spite of external stigma and limitations) as a capable, creative individual, positively evaluating one's creative attributes (Wysocka, Ostafińska-Molik, 2016).

The obtained results indirectly indicate the mechanisms of self-creation, proving that perceiving oneself as a creative individual is a complex and intrinsically complicated factor in the process of internal transformation treated as a goal in social rehabilitation, especially creative social rehabilitation, based on the idea of creation, not elimination. Undoubtedly, it is worth to reflect on these mechanisms in a more profound way than the authors have done, treating the conducted research as an initial observation in the area in question, justifying undertaking more extensive research on the mechanisms of self-creation or internal transformation of people with diagnosed social maladjustment.

Final reflection and practical recommendations

Basing the diagnosis and social rehabilitation work on the individual's potential (good lives model, creative social rehabilitation based on the idea of

self-creation), as we mentioned before, is important for the process of planning one's own development by a socially maladjusted person and the process of building a subjective educational relationship, replacing a restrictive, directive attitude, imposing ready-made, and externally enforced and socially legitimized solutions (risk model, therapy based on the idea of elimination). The diagnosis of potentials gives such possibilities in a way "in passing", because an action based on the individual's strengths (discovered by them) is certainly easier to accept for the pupil, hence it limits the resistance and the likelihood of only apparent (external) changes, conditioned by the institution of external social control. The requirement of respecting and referring to creative potentials of a socially maladjusted individual is certainly a challenge for a social rehabilitation pedagogue, since restrictive attitudes towards people with adjustment problems, legitimized by the model of risk, are certainly easier and treated as justified by the threats that maladjusted behaviors pose to the social environment. The claim that the trend of positive thinking about man (the ideas of psychotransgressionism and positive psychology) sets the right direction for changes also in social rehabilitation pedagogy seems obvious. Unfortunately, however, there is still resistance to change the philosophy of thinking about a socially maladjusted individual in a positive direction, because of deviant and harmful to society manifestations of their behavior. However, when analyzing the "sense of social rehabilitation activity" in terms of its effectiveness and efficiency, conditioned by specific, methodically more or less justified measures, we must "think positively". In the pathogenetic approach, it is not possible to effectively achieve the goal of social rehabilitation, which is the internal transformation of the maladjusted individual. The undoubted deficit of this approach is the failure to define what gives meaning to human life, and this is always the realization of one's own potentials that must be discovered. Seemingly only, the goal can be to eliminate deficits, as this must be perceived by the pupil as an activity that does not serve them, but the society that must be protected from them. This cannot arouse "intrinsic motivation for internal change".

We know that social rehabilitation pedagogy, as a specific field of science and practice, is particularly "susceptible" to refer in its theoretical assumptions to the "negative vision of man" (and his development), which legitimizes the narrowly understood "social good". The result of this is undoubtedly a reduction in the possibility of supporting development and its scope, since what we usually "offer" to socially maladjusted individuals results from the "idea of elimination/reduction" of development deficits and their causes (semiotropic and etiotropic measures), not giving in return anything that could be attractive to the maladjusted individual, thus inducing intrinsic motivation towards change (ergotropic measures).

And although undoubtedly the positive approach to social rehabilitation (positive diagnosis and creative social rehabilitation based on it) is theoretically, empirically and methodically well supported, there is still a deficit in practical rehabilitation measures aimed at "positive creation". (ergotropic measures), fully

developed in the concept of creative social rehabilitation proposed by Marek Konopczyński (1996, 2006a, b, 2007, 2014a, b). This is particularly evident in the aspect of diagnosis for the needs of social rehabilitation, where in the methodology of rehabilitation measures the creative approach is used more often, but in a way “blindly”, because it is not based on a reliable diagnosis of potentials and a diagnosis of limitations/inhibitors of their realization. Therefore, it cannot be denied that this approach is insufficiently used in systemic solutions.

A “positive measure” is certainly more difficult because it is not a “straightforward” measure, where the goals of rehabilitation are achieved in a roundabout way, stimulating the development, which in turn serves as a basis and mechanism for eliminating the functionality of the disturbed behaviors. Moreover, it requires from pedagogues a greater openness of mind, a higher level of tolerance, more empathy and a better understanding of the essence of other person’s problems, as well as an individual approach to the sources and mechanisms of disturbances in the process of “becoming”. It also requires a holistic and comprehensive approach to action, which aims to reconstruct the “I” (deviant identity) rather than scheming the personality and life situation of socially maladjusted individuals and universalizing the methods of action functionally subordinate to the principle of protecting the social good, not the good of an individual with adjustment problems. Therefore, there is no doubt that a positive approach is a necessity in constructing the theoretical and methodological basis for effective social rehabilitation.

If we regard social rehabilitation as a process of integrating the socially maladjusted individual into the so-called “existing culture”, which proposes and requires the meeting of certain standards, and at the same time we do not provide the conditions for the individual to meet these expectations, which have to be derived from their potentials, in order for them to find their own space for development in the society in a positive way (constructive strategies), and at the same time in a direction attractive for them (realization of their own, discovered potentials), it is likely that social rehabilitation will not change its face and will not become more effective. The importance of changing the approach to the process of social rehabilitation – from negative to positive – is well reflected in the words of Józef Koziński, quoting a physician commenting on the difference in the effectiveness of treatment resulting from the initial attitude to nature and the direction of action supporting overcoming problems: *We administered the same medications: etoposide, platinol, oncovin and hydroxyurea. You called them EPOH for short. But I told my patients that I give them HOPE. This probably increased their chances of success...* (Koziński, 2006, p. 11).

References

- [1] Achenbach T.M., 1982, *Developmental psychopathology*, NJ: Wiley, New York.
- [2] Achenbach T.M., 1985, *Assessment and taxonomy of child and adolescent psychopathology*, CA: Sage, Newbury Park.
- [3] Achenbach T.M., 1990a, *Young Adult Behavior Checklist*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [4] Achenbach T.M., 1990b, *Young Adult Self-Report*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [5] Achenbach T.M., 1991a, *Integrative guide for the 1991-CBCL/4-18, YSR, and TRF Profiles*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [6] Achenbach T.M., 1991b, *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [7] Achenbach T.M., 1991c, *Manual for the Teacher's Form and 1991 Profile*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [8] Achenbach T.M., 1991d, *Manual for the Youth Self-Report and 1991 Profile*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [9] Achenbach T.M., 1993, *Empirically based taxonomy: How to use syndromes and profile types derived from the CBCL/4-18 and YSR*, VT: University of Vermont, Department of Psychiatry, Burlington.
- [10] Achenbach T.M., Edelbrock C.S., 1978, *The classification of child psychopathology: a review and analysis of empirical efforts*, „Psychological Bulletin”, 85, s. 1275–1301.
- [11] Amabile T.M., 1983, *The social psychology of creativity: a componential conceptualization*, „Journal of Personality and Social Psychology”, 45, 357–376.
- [12] Amabile T.M., 1985, *Motivation and creativity: effects of motivational orientation on creative writers*, „Journal of Personality and Social Psychology”, 48, 393–399.
- [13] Amabile T.M., 1992, *Growing up creative: nurturing a lifetime of creativity*, The Creative Education Foundation Press, Buffalo, NY.
- [14] Amabile T.M., 1996, *Creativity in context. Update to the social psychology of creativity*, Westview Press, Boulder.
- [15] Bandura A., 1991, *Social-cognitive theory of moral thought and action*, [w:] *Handbook of moral behavior and development*, t. 1. (red) W.M. Kurtines, J. L. Gewirtz, Erlbaum, Hillsdale, NJ, s. 45–103.
- [16] Baron-Cohen S., 2014, *Teoria zła. O empatii i genzie okrucieństwa*, tłum. A. Nowak, Smak Słowa, Sopot.
- [17] Berkowitz L., 1993, *Aggression: its causes, consequences, and control*, McGraw-Hill, New York.
- [18] Charzyńska E., Wysocka E., 2015, *Kwestionariusz Osobowości i Myślenia Twórczego (KOMT). Podręcznik testu – książka użytkownika (wersje dla uczniów gimnazjum i liceum)*, Fundacja Pomocy Osobom Niepełnosprawnym, Katowice.
- [19] Charzyńska E., Wysocka E., 2017, *Doskonalenie kompetencji diagnostycznych doradcy zawodowego – konstrukcja Skali Zdolności Specjalnych (SZS) oraz Kwestionariusza Osobowości i Myślenia Twórczego (KOMT)*, [w:] *Doradca zawodowy na drodze do profesjonalizmu – oczekiwania a rzeczywistość*, (red.) J. Bluszczyk, Wydawnictwo Akademii Pedagogiki Specjalnej im. Marii Grzegorzewskiej, Warszawa, s. 147–167.

- [20] Dyrda B., 2012, *Edukacyjne wspieranie rozwoju uczniów zdolnych: studium społeczno-pedagogiczne*, Wydawnictwo Akademickie „Żak”, Warszawa.
- [21] Eysenck H.J., 1995, *Creativity as a product of intelligence and personality*, [w:] *International handbook of human intelligence*, (red.) D.H. Saklofske, M. Zeidner, Plenum Press, New York, s. 231–247.
- [22] Heinzen T., 1994, *Situational affect: proactive and reactive creativity*, [w:] *Creativity and affect*, (red.) M.P. Shaw, M.A. Runco, Ablex Publishing Corporation, Nordwood, s. 127–146.
- [23] Konopczyński M., 1996, *Twórcza resocjalizacja: wybrane metody pomocy dzieciom i młodzieży*, Editions Spotkania, Warszawa.
- [24] Konopczyński M., 2006a, *Metody twórczej resocjalizacji: teoria i praktyka wychowawcza*, Wydawnictwo Naukowe PWN, Pedagogium, Warszawa.
- [25] Konopczyński M., 2006b, *Teoretyczne podstawy metodyki oddziaływań resocjalizacyjnych*, Wydawnictwo Naukowe PWN, Warszawa.
- [26] Konopczyński M., 2007, *Metody Twórczej Resocjalizacji*, Wydawnictwo Naukowe PWN, Warszawa.
- [27] Konopczyński M., 2013, *Kryzys resocjalizacji, czy(li) sukces działań pozornych: refleksje wokół polskiej rzeczywistości resocjalizacyjnej*, Pedagogium, Wyższa Szkoła Nauk Społecznych, Warszawa.
- [28] Konopczyński M., 2014a, *Pedagogika resocjalizacyjna*, Oficyna Wydawnicza „Impuls”, Kraków.
- [29] Konopczyński M., 2014b, *Twórcza resocjalizacja: zarys koncepcji rozwijania potencjałów*, „Resocjalizacja Polska”, nr 7, s. 13–28.
- [30] Kozielecki J., 1995, *Koniec wieku nieodpowiedzialności*, Jacek Santorski & Co., Warszawa.
- [31] Kozielecki J., 1987, *Koncepcja transgresyjna człowieka*, PWN, Warszawa.
- [32] Opora R., 2009, *Ewolucja niedostosowania społecznego jako rezultat zmian w zakresie odporności psychicznej i zniekształceń poznawczych*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk.
- [33] Opora R., 2015, *Efektywność oddziaływań resocjalizacyjnych*, Wydawnictwo Akademickie „Żak”, Warszawa.
- [34] Rode M., 2013, *Style myślenia przestępczego. Podstawy teoretyczne i diagnostyczne*, Difin, Warszawa.
- [35] Rode M., 2014, *Czynniki ryzyka stylów myślenia przestępczego nieletnich*, „Forum Psychologiczne”, t. 19, nr 2, s. 258–274.
- [36] Siemionow J., 2016, *Zmiana przekonań utrudniających adaptację społeczną u wychowanków Młodzieżowego Ośrodka Wychowawczego*, Difin, Warszawa.
- [37] Siemionow J., Jurek P., 2016, *Psychometryczne opracowanie Skali Przekonań Utrudniających Adaptację Społeczną Młodzieży*, „Forum Psychologiczne”, t. 21, nr 1, s. 123–144.
- [38] Stanik J.M., 2013, *Psychologia sądowa*, Wydawnictwo Naukowe PWN, Warszawa.
- [39] Sternberg R.J., 2003, *Creative thinking in the classroom*, „Scandinavian Journal of Educational Research”, 47(3), 325–338.
- [40] Sternberg R.J., 2012, *The assessment of creativity: an investment-based approach*, „Creativity Research Journal”, 24(1), s. 3–12.
- [41] Sternberg R.J., Lubart T.I., 1991, *An investment theory of creativity and its development*, „Human Development”, 34, 1–31.

- [42] Sternberg R.J., Lubart T.I., 1995, *Defying the Crowd: Cultivating Creativity in a Culture of Conformity*, Free Press, New York.
- [43] Szmidt K.J., 2013a, *Pedagogika twórczości*, GWP, Sopot.
- [44] Urban B., 2012, *Agresja młodzieży i odrzucenie rówieśnicze*, WN PWN, Warszawa.
- [45] Urban K.K., 2003, *Toward a componential model of creativity*, [w:]: *Creative Intelligence. Toward Theoretic Integration*, (red.) D. Ambros, L.M. Cohen, A.J. Tennenbaum, Hampton Press Inc., Cresskill, s. 81–112.
- [46] Urban K.K., 2004, *Assessing Creativity: The Test for Creative Thinking – Drawing Production (TCT–DP): the concept, application, evaluation, and international studies*, „Psychology Science”, 46(3), s. 387–397.
- [47] Urban K.K., 2005, *Assessing creativity: The Test for Creative Thinking – Drawing Production (TCT–DP)*, „International Education Journal”, 6(2), s. 272–280.
- [48] Urban K.K., Jellen H.G., 1986, *Assessing creative potential via drawing production: The Test for Creative Thinking–Drawing Production (TCT–DP)*, [w:]: *Giftedness: A Continuing Worldwide Challenge*, (red.) A.J. Cropley, K.K. Urban, H. Wagner, W.H. Wierczkowski, Trillium Press, s. 163–169, New York.
- [49] Walters G.D., 1990, *The Criminal Lifestyle. Patterns of serious criminal conduct*, Sage Publications, Newbury Park–London–New Delhi.
- [50] Walters G.D., 2006, *Appraising, researching and conceptualizing criminal thinking: a personal view*, „Criminal Behaviour and Mental Health”, 16, s. 87–99.
- [51] Walters G.D., 2007, *Brief report correlations between the Psychological Inventory of Criminal Thinking Styles and World-View Rating Scale in male federal prisoners*, „Criminal Behaviour and Mental Health”, 17, s. 184–188.
- [52] Walters G.D., White T.W., 1989, *The thinking criminal: a cognitive model of lifestyle criminality*, „Criminal Justice Research Bulletin”, 4(4), s. 1–10.
- [53] Ward T., Maruna S., 2007, *Rehabilitation: beyond the risk paradigm*, University Press, London–New York.
- [54] Ward T., Stewart C., 2003, *Criminogenic needs and human needs: a theoretical model*, „Psychology, Crime and Law”, June, t. 9(2), s. 125–143.
- [55] Wolańczyk T., 2002, *Zaburzenia emocjonalne i behawioralne u dzieci i młodzieży szkolnej w Polsce*, AM, Warszawa.
- [56] Wysocka E., 2015, *Diagnoza pozytywna w resocjalizacji. Model teoretyczny i metodologiczny*, Wydawnictwo Uniwersytetu Śląskiego, Katowice.
- [57] Wysocka E., 2016, *Diagnoza pozytywna w działaniach pedagoga jako przykład „dobrych praktyk” w pracy z młodzieżą – propozycje narzędzi diagnostycznych*. „*Journal of Modern Science*”, October–December, 4(31), s. 37–61.
- [58] Wysocka E., 2019, *Diagnoza pozytywna w resocjalizacji. Warsztat diagnostyczny pedagoga praktyka*, Wydawnictwo Uniwersytetu Śląskiego, Katowice.
- [59] Wysocka E., Ostafińska-Molik B., 2014, *Nastawienia życiowe młodzieży niedostosowanej społecznie i prawidłowo przystosowanej – analiza porównawcza*, „Przegląd Naukowo-Metodyczny. Edukacja dla Bezpieczeństwa”, 1(22), s. 233–254.
- [60] Wysocka E., Ostafińska-Molik B., 2016, *„Podobnie niedostosowani a mimo to różni”. Polaryzacje samooceny w grupie wychowanków Młodzieżowych Ośrodków Wychowawczych i Socjoterapeutycznych*, „*Studia Edukacyjne*”, 39, s. 307–329.