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Strategies of thinking about social rehabilitation against the background of paradigm shifts in pedagogy

Abstract: The article contains a description of the changes that have taken place in social rehabilitation activity in Poland over several decades, indicating current development trends in the theory and practice of social rehabilitation. The evolution of changes can be observed in the approach to the essence of human nature and the problem of evil, in the responsibility for the problems that man generates and for solving these problems, as well as in the image of the person assisted in the process of social rehabilitation, or finally in the perception of the role of the educator (person providing support).

Key words: paradigm, supportive contact, social rehabilitation impact.

Rehabilitation pedagogy, as a branch of education science, is evolving, just as pedagogical doctrines and upbringing theory in general are evolving. L. Pytka states that “many of the pedagogical themes have fallen out or have become invalidated by the social and political change of 1989. A lot has changed in it over the last thirty years. [...] It emerged, as a postulate and a social fact, it crystallized its structure and began to function independently. It has evolved from monodisciplinarity through interdisciplinarity to multidimensionality and remains in it, seeking its own identity” (Pytka 2010). The evolution of structural and functional changes concerns the paradigms determined by teleology and theory of social rehabilitation education and translates into working methods implemented by educators in various social rehabilitation institutions.

The term “paradigm” is commonly used in the classical sense, introduced to science by Thomas Kuhn and understood as general patterns of research work based on clear conceptual, methodological and metaphysical assumptions. The importance and significance of the term “paradigm” in view of the proper understanding of the essence of changes in pedagogy has been raised in the works of A. Krause. Thanks to the discussion about paradigms, we can get a number of answers to questions that update the discipline itself, its past and its chances for development. The important question remains: how and to what extent can we transfer thinking in paradigmatic terms to the foundations of contemporary pedagogy and its sub-disciplines? Well, thinking in a paradigmatic spirit contributes to the substantive connection between the sub-disciplines of pedagogy and general pedagogy, avoids the freedom of argumentation in scientific discourse (it organizes knowledge), and indicates the potential for development and readiness for paradigmatic updating of a given environment (Krause 2010, 2011). Without penetrating the complexities of structuralist, functionalist, humanist or interpretative paradigms, which had a significant impact on the development of social rehabilitation pedagogy, for the purposes of the study in question, the term paradigm is defined as “a set of general premises in explaining the area of reality, adopted by the representatives of the scientific discipline, as a model of final thinking” (Konopczyński 2015, p. 58). Years of social and political transformation allowed to gather knowledge about the changes in the relationship between the educator and the pupil in the process of social rehabilitation impact. The changes have been so important that they affect the “valid” paradigms in all areas of scientific reflection and practice. The concepts of the functioning of an individual present in the world and their relationship with the environment have changed. The conceptual apparatus and a number of philosophical assumptions, the matter of dispute of which was the problem of good and evil in human nature, were modified. In practical activities, changes are manifested in the guidelines for the social rehabilitation methodology and legislative initiatives. However, the most important are the changes in the direct relationship between the educator and the pupil. K. Pospiszyl considers the diversity of social rehabilitation institutions to be the most significant factor of changes in social rehabilitation, “consisting in striving for more and more precise adjustment of social rehabilitation programmes to the personality type of the offender” (Pospiszyl 2008, p. 49).

Assuming that the primary goal of social rehabilitation education is to change the attitudes and behavior of the pupil, it is necessary to adopt specific models of work (interaction) with the pupil and to trace the changes that have occurred in these models in a temporal perspective. For this purpose, one can use the classical model of the process of support, by P. Brickman and colleagues, adapted to Polish literature by Z. Gaś. The comparative analysis of the models shows the changes that have taken place over the last decades in social rehabilitation pedagogy, and thus indicates the changes in the paradigms preferred by researchers. Brickman has distinguished four models of assistance and coping.

The medical model is based on the assumption that a person with problems should be treated as a sick person, because they are not responsible for their problems or for solving them. The activity of the “sick person” can be limited only to seeking professional help and then to the absolute submission to the professional caretaker.

The compensation model is based on the assumption that the human being is not responsible for problems, but is responsible for solving them. The role of the educator is to compensate for deficiencies, i.e. to provide and make up for what is necessary for the life of the person in need. Brickman emphasizes, as the main advantage of the model, the creative activity of the pupil, who has a chance and opportunity to change their life position.

The educational model is based on the assumption that a person is responsible for the appearance of their problems, but is not responsible for solving them. At the heart of the model is education of the person receiving help on the nature and way of experiencing difficulties.

The moral model is based on the assumption that man is responsible for having problems and for solving them (Gaś 1995, p. 33).

In the further part of the study, an attempt was made to present the changes taking place in the area of rehabilitation, assuming as the basic criterion “features of supportive contact” (Gaś 1995, p. 32). The term “supportive contact” most accurately defines the relationship that should dominate between the pupil and the educator in the impact correcting functional deficits. For the analysis of changes in the social rehabilitation activity, the characteristics of supportive contact in the educational model were compared to the other three models, which at the time of creating the presented classification were not identified with the social rehabilitation activity.

Table 1. Classic models of the process of Brickman’s support process in the adaptation of Zbigniew B. Gaś

Features of the supportive contact	Educational model	Medical model	Compensatory model	Moral model
The essence of human nature	evil	weak	good	strong
Responsibility for the problem	yes	no	no	yes
Responsibility for the solution	no	no	yes	yes
Image of the person receiving support	guilty	sick	deprived*	lazy
Duties of the person receiving support	subordination	acceptance	expectations	striving

Features of the supportive contact	Educational model	Medical model	Compensatory model	Moral model
Image of the person providing support	authority	expert	subordinate	partner
Duties of the person providing support	disciplining	treatment	mobilization	incentive
Potential risk	fanaticism	dependency	alienation	loneliness

* The dictionary meaning of the term “deprivation”, i.e. a condition caused by the impossibility of satisfying an essential need or demand is adopted.

Source: Gaś 1995, p. 32, table layout modified – E. Magda

According to Z. Gaś, the educational model dominates in social rehabilitation centers, as the pupils are treated as responsible for difficulties and unable to solve them on their own. Moreover, they are expected to unconditionally submit to the recommendations and decisions of the educators. (Gaś 1995, p. 33).

The essence of human nature

Starting from the assumption, embedded in the teleology of social rehabilitation education, that the aim of all institutional procedures in the area of rehabilitation is to restore the developmental homeostasis of an individual, somehow in conflict with society (and/or) with themselves, the sources of this conflict should be sought. Human antagonism towards society manifests itself in socially destructive actions (crime) or self-destructive actions (addictions). Actions of this kind shape pejorative connotations in the social assessment of the offender, regardless of the etiology of the problem. The criterion for assessing the offender automatically appears, where the demarcation line is determined by the notion of good and evil, and thus the need to punish the offender for the evil done or the compulsion to change (treatment for addiction).

The reflection on the “element of evil” in human nature seems to be an immanent feature of philosophy, theology, psychology and education sciences, and the problem of just punishment for evil done has been the subject of scientific investigations since ancient times. Subsequent researchers in the field of philosophy, sociology, psychology, law and pedagogy sought a panacea to free the world from all wickedness. At the turn of the 19th and 20th century, Cesare Lombroso, Charles Goring, Ernest Hooton, Ernest Kretschmer searched for “innate evil”, i.e. attempts were made to separate such psychosomatic traits that determined the criminal tendencies of man practically from birth (Mościskier 2001, p. 130 and subsequent pages).

Modern times have generated a number of concepts to describe and explain the relationship: offender-guilt-punishment, to which, after the dark times of the

Middle Ages, rehabilitation understood as broadly understood correctionalism, i.e. the idea allowing for the possibility of improving the “villains” with the use of purposeful and consciously applied educational means, was added.

The scientific activities of C. Beccarii, J. Bentham, I. Kanat, G. W. F. Hegel, or A. Feuerbach gave us the original concepts of guilt and punishment with the common name School of Classical Criminal Law. The classical approach adopted a pessimistic vision of man’s nature, i.e. that all people are evil beings by nature, i.e. that every person is a potential criminal to the same extent. Thus, the punishment is intended only for general prevention, deterring potential perpetrators without any socially useful ends. In classical terms, correctionalism as a substitute for social rehabilitation practically did not exist (Błachut et al. 2001, pp. 41–43).

In the second half of the 19th century, thanks to C. Lombroso, E. Ferri or R. Garofalo, the vision of human nature changed, and the view that man is good by nature began to prevail. The optimistic vision of human nature results from determinism, common in the fundamental assumptions of the so-called positivist school of criminal law. The proper development and social functioning of a person can be disturbed by an endogenous or exogenous factor which leads to fixation. However, the individual has the strength to break the existential impasse and when environmentally supported can return to society as a fully-fledged citizen. Individualism, expressed in concentration on the person who committed the crime and faith in the strength of each person, is the beginning of correctionalism, a need and possibility of rehabilitation of the villains, yet unnamed, but already appearing in the social consciousness (Błachut et al. 2001, pp. 44–45).

Nowadays, in mixed criminological concepts, the idea of the immanent – inborn – evil has been wiped out. The prevailing view is that the cause of man’s downfall is the polymotivated weakness of various areas of personality, with the individual in a moment of existential crisis being strong enough to survive the impasse and develop all their potentials for their own and society’s sake with appropriate support.

Responsibility for the problem

The educational model assumes *à priori* that people undergoing social rehabilitation are guilty of the problem, which is understandable from the perspective of those who adopt the view that man has a bad nature. Nowadays, in our practical activities we focus on scientifically defined problems that the pupils have to deal with. Wherever possible, mechanisms for individualization of the social rehabilitation process are implemented. The environment of so-called deviants is not homogeneous, and biographies can be so complex that they require interdisciplinary diagnostics. Corrective treatments are intended to reduce or eliminate deficits, the origin of which goes beyond the responsibility of

the pupil. The catalog of leading problems includes: lack of social competences (skills), distorted self-esteem, complex educational deficits from generational families, distorted vision of adequate performance of social roles (child, parent, life partner, employee, etc.). The following are also important: problems with identifying one's own feelings and emotions as well as those of social interaction partners, emotional indifference, the inability to create constructive life goals and plans, problems with proper channeling of aggression or its substitution, inability to be assertive in situations of temptation, fixative sexual drive and many others.

Responsibility for solving the problem

Since ancient times, the predominant form of responsibility for wicked behavior has been criminal punishment, i.e. one that did not include any educational aspects. Punishment is retribution for knowingly done evil according to the ancient principles of the law of Talion: "an eye for an eye". The main goal was to scare off potential villains, and often to eliminate the offender by death.

Nowadays in social rehabilitation pedagogy, punishment has an ambiguous status. The solution to the problem is not to suffer or to be eliminated from society, but to make an impact through retribution for the good of the punished person. However, the retribution cannot mean persecution or educationally unjustified repression. Hence the already widespread scientific positions strongly rejecting physical penalties, penalties that violate dignity. It is postulated that problems should be solved through rehabilitation of the offender and reconciliation with the victim (Utrat-Milecki 2006, p. 26).

Some manifestations of disorders require a strong, even authoritarian institutional activity that is seemingly repressive. The classic example is dealing with drug addicts. The therapeutic community model is based on the principles of a total institution with internal strict rules and an established hierarchy. Subjective treatment and respect must be earned. Over time, however, the model of the therapeutic community has changed. Individual therapy plans were introduced, the method of motivational dialogue or family therapy was implemented, the required time of stay in the center was shortened (Szczepkowski 2016, pp. 47–51). The priority of individualized impact combined with the minimization of restrictions is promoted in some models of working with alcohol addicts (Sobell 2000). The created frameworks for individualizing the therapeutic effect are a sign of a change towards recognizing that the pupil is responsible and capable of solving their own problems. Practice therefore indicates a rejection of the thesis of the educational model in favor of the compensation model. It should be stressed that in recent years there have been numerous issues relating to the moral model in publications on social rehabilitation pedagogy. An example is the AA 12 Step Program, which directly refers to the divine authority, as a Higher Power, for

intercession allowing to free oneself from addiction (Bębas 2015). The issues of spirituality are nowadays an important attribute of the social rehabilitation process supporting psychotherapy and sociotherapy.

Image of the person receiving support

To understand the motives for action, you need to know the man. The process of diagnosing an individual in social rehabilitation seems to be a basic, most difficult and unfortunately often underestimated activity. Diagnosis is a procedure that is content-rich, multifaceted and methodically complex, because “diagnosis is a holistic, i.e. multifaceted cognition of man [...] in all spheres of his life with causal, symptom-and-effect impacts on themselves “ (Sołysiak 2017, p. 51). Therefore, it is expected that the diagnostic process will fully reveal the image of fixation of the disturbed individual with the whole range of components affecting the clinical image of the disorder. The beginning of the cognition process is the moment of the court’s verdict (ruling), where the defendant is found guilty. The next stage is the proper diagnostic procedure, when a person with a guilty stigma is classified based on the criterion of deviation in order to program further educational impact.

This is because behavioral and emotional disorders are characterized by a wide variety of symptoms, may manifest themselves in different ways at different stages of development, manifest different strength and frequency, may take the form of extreme withdrawal, anxiety and depression up to externalization – aggressive behavior (Opora 2009, pp. 15–17). Generally, it can be assumed that in traditional concepts, the image of the person receiving support was built on the basis of pejoratively colored negative inclinations: – maladjusted, – not adapted, – asocial, – dissocial, – anti-social, – deviant, – psychopathic, – fixative... so a picture of a sick person embedded in the medical model emerges. The contemporary image of the person receiving support seems to emerge from the premises of humanistic psychology, as an individual with creative potential, mainly in the area of identity, which “is a category of human traits that determine the directions of individual activity [...]” (Konopczyński 2015, p. 120) and “[...] as a person striving for the fullness of humanity in relations with another person [...], responsible for their own development” (Ostrowska 2008, p. 240). It is also an image of a pupil perceived via personalized social rehabilitation (Fidelus 2017, pp. 206–208), where the ability of the rehabilitated person to create a personal project is emphasized. In the diagnostic process we look for what is negative, but mainly for what is positive in human life in order to eliminate deficits and strengthen potential (Wysocka 2015). In a personalized project it is assumed that the person receiving support is capable of self-evaluation, self-determination, self-acceptance and self-understanding. The ability to self-regulate (auto-regulate) of

an individual is nowadays emphasized as an important personality factor that can influence the course of social rehabilitation (Muraven, Baumeister 2000). An image of a man able to make an effort of self-education by rebuilding spiritual values emerges (Iwański 2003, p. 27). Breaking away from deprivation mechanisms can be achieved by activating the creative potentials characteristic of the compensation model.

Duties of the person receiving support

The most important factor in the process of social rehabilitation and in the treatment of addiction is the conscious will of the aid recipient. It is a decision to change oneself in order to live differently (Holyst 2017, p. 16). Arousing the desire for change is a very difficult process, as attitudes, habits, the system of values and often the identity should change in the rehabilitated persons, and the convicted person must see a personal benefit from the effect of the change (Korwin-Szymanowska 2013, p. 96). In the traditional social rehabilitation trend, in which correctionalism dominates, the focus on the problem involves the affixed traits of the individual, often perceived partially. Fragmentation of problems makes holistic case analysis impossible, which makes full contact between the educator and the pupil difficult. In the psychodynamic and behavioral concepts extensively characterized in the literature (Pospiszyl 1998), the pupil's subordination to the procedures and authority of the educator, characteristic of the educational model, seems to prevail. Operating with strong positive or aversive stimuli leads to learning the expected reactions, which does not guarantee a real, internalized change in attitudes or value system.

In opposition to the traditional trend, solutions from the field of social rehabilitation pedagogy of a creative character are proposed. It is assumed that the essence of the process of social rehabilitation is a skillful modification of the existing deviant identities, which consists in supplementing them with new cognitive scripts, which opens a new space for the development of socially maladjusted individuals. Creating potentials and personal and social resources has a destigmatizing value (Konopczyński 2015, p. 137). Thanks to creative social rehabilitation, the phenomenon of "identity alienation" can be prevented, which manifests itself in the syndrome of a sense of temporariness, cultural and axiological indeterminacy, loss of life priorities and lack of self-determination (Konopczyński 2015, p. 120). This syndrome seems to be the beginning of a deeper phenomenon defined as the "breakdown of the life plan" through the manifestation of the thwarting of the successful realization of needs, aspirations and life plans (Makowski 1992, p. 71). Manifesting the breakdown of the life plan is, in the compensation model, information for the educator that the person receiving support, in their helplessness, expects help.

Image of the person providing support

The principles of social rehabilitation education require the highest moral and ethical standards as well as knowledge and pedagogical skills from the educators. The “face-to-face” principle calls for the creation of strong positive emotional ties with the pupil so that the pupil can sense a friendly interest in their fate. The implementation of the principle of “acceptance” should be manifested with an attitude towards the pupil similar to the doctor’s attitude towards the patient; however, help should be provided free of any external pressure, coercion, threat or fear. The educational process should be carried out using the principle of individualization and the principle of pedagogical optimism, with the reservation that it is an innovative, creative activity, similar to art (Kalinowski 2004, pp. 220–223).

An effective process of social rehabilitation in the spirit of the postulated principles requires the educator to have certain personality traits. The basis is the ability to communicate well with the pupil based on deep empathy. Communication with the pupil requires the ability to interpret the manifested emotional states, which they cannot express verbally. Objectivity is another feature of the social rehabilitation staff expressed in the absence of prejudices against the pupil, which allows for fair judgment and impartiality in educational procedures. Other important features of the educator include: the ability to demonstrate trust, resistance to provocation and intimidation, ability to give advice (Machel 2007, pp. 222–225).

The mental condition of the educators is very important, as was clearly pointed out by Dąbrowski, who “demanded that those involved in social rehabilitation [...] be characterized by a high level of development of feelings and great sensitivity. He called for [...] the exclusion of psychopaths from these professions” (Szyszkowska 2017, p. 22).

Confronting the quoted postulates concerning the qualities of the social rehabilitation educator (the image of a person giving support), it is difficult to determine the vector of changes in the continuum: expert-subordinate-authority-partner. The ambivalence accompanying the assessment is based on a number of facts. Undoubtedly, the educator is required to have expert knowledge, but nowadays the issues of social rehabilitation concern so many areas and levels of life that instead of meta-experts, specialization is expected, like in medicine. In the educational model, the emphasis is on authority. However, at a time when in general, and especially in pedagogy, there is evidence of a crisis of authority, family, faith, the system of justice!... it is difficult to indicate the foundations on which this authority is to be built. The subjective treatment of the pupil through the individualization of social rehabilitation impact forces a kind of partnership

in relations typical of the moral model, but the excessive emphasis on the rights of the pupil turns into a series of entitled attitudes, making the educator “subordinate” in various grotesque manifestations.

Duties of the person providing support

The centuries of antiquity and the Middle Ages were dominated by the unequivocal and radical rejection of criminals and social groups, which we nowadays define as marginalized environments. The prisons at the time were extremely oppressive. “Their essential function was not to organize the execution of the sentence of imprisonment, but to detain the suspect during the period of the proceedings against him until the execution of the sentence imposed, which was generally death penalty, punishment in the form of mutilation or other corporal punishment” (Stańdo-Kawecka 2000, p. 66). Retaliation and retribution for the evil done dominated until the end of the 16th century. It was only in the English Bridewell Prison and then in the Amsterdam-based correctional facilities that corrective measures were introduced to reform the convicts. Paid work, vocational training or moral impact were introduced apart from classical disciplinary measures (Machel 2006, p. 9). Gradually, the repressive proceedings were mitigated in favor of educational and corrective proceedings, shifting the focus of activity to prevention and support of human development. Of course, the Polish post-war reality was long dominated by a prison regime based on ruthless discipline, and penitentiary experiments such as the functioning of the Progressive Young People’s Prison in Jaworzno between 1951 and 1956 went down in history as symbols of political oppression, where slave labor was the primary form of “social rehabilitation”. Today’s prison sentences do not contain even trace elements of retribution or retaliation. Deprivation of liberty is intended to arouse the convict’s will to change the attitudes to socially acceptable through individualized activities, while respecting the rights of the convict (Article 67 § 1–3 of the Act of 6 April 1997 – Executive Penal Code).

Therefore, “social rehabilitation [...] must mean causal sociotherapy as the type of impact that has the chance to form a conscious and established attitude open to non-confrontational [...] solving of life’s problems. Socio-technical measures require the use of a number of tools to influence the opening up of the individual to thinking in terms of alternative solutions” (Hołyst 2017, p. 17). Unlike traditional concepts that promote disciplining as the primary mechanism of social rehabilitation, encouragement and mobilization typical for the moral and compensational model is dominant today.

Potential threats

Each model of the support process assumes the possibility of threats resulting from the supportive contact. The following are consecutively listed: dependency – alienation – fanaticism – loneliness. In this field, the transformations are of a qualitative nature, which is materialized in the learned helplessness, entitled attitudes, radicalization of views, alienation in the real world in favor of virtual space, etc.

Vectors of paradigm transformations in social rehabilitation. Final conclusions

Summarizing the analysis of paradigm shifts in social rehabilitation, based on the criterion of supportive contact, the following conclusions can be drawn. In traditional models, social rehabilitation is understood as a pedagogical activity aimed at reorientation of attitudes, biases, convictions and behaviors of socially ill-adapted individuals in order to enable them to perform roles adequate to social expectations. The features dominating in the practical activity and activity focused around these characteristics of research activity are:

- elimination of behavioral disorders,
- shaping correct social attitudes
- channeling of unbridled instincts

In contemporary concepts, social rehabilitation is seen as systemic, where interconnected classes of activities cover different levels of educational reality, from the behavioral level, through the satisfaction of needs, social inclusion, to the formation of a positive way of thinking, which in turn leads to an integrated system of attitudes.

The transformations of traditional and contemporary paradigms dominating in the field of social rehabilitation pedagogy can be reduced to a few constitutive features with a clear vector of change:

1. Gradual shift from a partial approach to systemic activity.
2. A change in the approach to diagnostic activities originally treated as the only and objective source of information about the pupil for the benefit of direct contact in practical activities (crisis intervention, therapy, active participation in various prevention and activation programmes) allowing to discover unconscious potentials of the pupil.
3. The change of the social analysis of the causes of disorders of a socially maladjusted individual in favor of a holistic model, because the fragmentation of biography exposes excessively negative episodes on which research and

educational activities are focused. The holistic approach, on the other hand, introduces a biographical “balance” that takes into account the social environment and environmental supports for social rehabilitation. After all, man is a bio-psycho-social entity.

4. In the contemporary social rehabilitation impact, methods and tools of impact taken from humanistic psychology, psychology of health and generated within the framework of creative social rehabilitation are promoted as alternatives to dark assumptions of psychopathology. In traditional models, adaptation (health), meant no disease, freedom from addiction. Nowadays, health means optimal functioning, i.e. full personal and social realization using the potentials of the individual.

The concept of social rehabilitation as a humanistic and social sub-discipline is the basis for the mental strategies of contemporary social rehabilitation impacts. It seems that it should first of all include conceptual proposals in the field of philosophical anthropology, defining the sensibility of axiology and social rehabilitation teleology. As a consequence, perhaps basing social rehabilitation on the holistic paradigm of the human person? For example, the following questions can also be asked: can social rehabilitation be constructed differently than outside of philosophy, philosophical anthropology (Kowalski, Falcman 2009, pp. 179–194)? Philosophical treatment of social rehabilitation will make it a formal field of science, give it unnecessary theoretical features and cross out, for example, the utilitarian nature of the project and strengthen the potential of rehabilitation pedagogy (Konopczyński 2018, pp. 5–8)?

It is assumed that the text has not exhausted all the mental strategies, detailed problems that social rehabilitation faces (it was intended to be merely a sketch, an outline), nor has it dispelled the doubts that were born in the course of reading, perhaps, in the Reader. After all, the intention of the authors was to encourage analytical and critical sub-disciplinary reflection and to propose a constructive project to remove the weaknesses shown. The plan succeeded if, at the end of these reflections, both of the tasks undertaken were completed.

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