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Diagnosis of social dysfunctions or individual potentials in the work of a probation officer

The shortest route is not always the best one.

Abstract: In the article, the author presents the basic assumptions of a positive diagnosis, which can be used in the work of a probation officer. She treats social rehabilitation as a process of internal transformation, based on discovered and activated potentials and resources of a socially maladjusted individual. The process of inner transformation is recognized as a result of changes in motivation: from amotivation to intrinsic motivation. Two concepts are indicated as the theoretical basis for creating a model of diagnosis in social rehabilitation: the self-determination theory (SDT) by Edward L. Deci and Richard M. Ryan and the concept of lack of motivation, mainly the reasons for amotivation by Lisa Legault, Isabelle Green-Demers, Luc G. Pelletier, Stéphanie Dijon, Kim Tuson, Symeon P. Vlachopoulos and Maria A. Gigoudi. In this context, the author analyzes the motivational process from the perspective of effective social rehabilitation measures. The following paragraphs of the study analyze the understanding of the diagnostic process and present a proposed theoretical model of a social rehabilitation diagnosis, together with its substantive explanation. As a result, this paper attempts to formulate recommendations for diagnosis in social rehabilitation, and to construct a theoretical model of social rehabilitation diagnosis in the area of the work of a probation officer.

Key words: Social rehabilitation, diagnosis, a diagnostic model, probation officer, motivation, concepts of motivation.

Introduction

Despite solving many theoretical problems with the so-called “open social rehabilitation” (positive, creative) in the context of the difficult work of a probation officer, the pathogenetic approach (negative diagnosis) still dominates in the diagnosis area, treated as a fundamental trend in thinking about social rehabilitation, while the salutogenetic approach (positive diagnosis) is of little importance, treated not even as an auxiliary in the educational reality. However, it should be the other way round, effective work with the socially maladjusted individual should be based on post-diagnostic planning, considering work with the potential of the socially maladjusted individual as the basic principle. The pathogenetic approach in the social rehabilitation activity (also in the work of a probation officer) is directly integrated with the strictly controlling activity, performing the function of “supervision” over the “non-commitment of prohibited acts”, while the salutogenetic approach is undoubtedly more related to the execution of educational functions of a creative nature. Change, development or internal transformation, which are in their essence the goal of social rehabilitation, are the result of intrinsic motivation to undertake the effort of the process of “becoming” (the idea of creation, self-creation), and this is possible only if in the process of educational and social rehabilitation influences we refer to the resources and potentials of the maladjusted individual, which undoubtedly can always be found. Referring to deficits and lacks (the idea of elimination and reduction) does not serve the purpose of permanent transformation, because it is usually (or even always) based on an extrinsic motivation, which is “non-permanent”, because the effect is usually quick, but disappears in the absence of a punishing or disciplinary authority, and does not cause a person with a disturbed social functioning to feel satisfaction and the feeling of satisfying the need for self-fulfillment (a higher need – growth), which is the goal of human development (and thus the goal of social rehabilitation). This need, although temporarily excluded in the case of socially maladjusted people, usually focused on finding a way to meet lower-level needs (needs of scarcity – of physical, mental and economic security, respect and recognition, social needs), is nevertheless inalienable in the development process. The intrinsic motivation (activating the action) as a basis for the formation of internal control (conditioning its effect) undoubtedly serves the internal transformation, which is the aim and effect of effective social rehabilitation.

Undoubtedly, one of the important factors (though not the only one) limiting the use of a positive approach to social rehabilitation is the lack of good diagnostic tools regarding the theory of change and its mechanisms, as well as the lack of educators’ awareness of the mechanisms of change, which is likely to be permanent.

The process of “becoming” (and social rehabilitation) as a process of change in the area of motivation

We undoubtedly owe the change of the theoretical perspective in social rehabilitation, referring to the process of change, to positive psychologists and health psychology, as well as cognitive psychology. These three approaches dictate a different approach to working in the area of social rehabilitation education, using mechanisms other than restrictive deciding on the development and process of internal transformation, which exemplifies the goal of social rehabilitation.

First, let us briefly discuss the general trend of the psychology of quality of life (positive psychology, health psychology, transgressive psychology or psychology of hope). In these trends of thinking about human development, their creators, e.g. Martin E.P. Seligman (2004, pp. 18–32), Alan Carr (2009), David G. Myers (2000), Michael Argyle (2004), Józef Koziński (1987, 1997, 2001, 2004, 2006, 2007), stress that the mechanisms of development are directly determined by human creative potential. They criticize the so-called *negative psychology*, describing and explaining reality mainly, if not exclusively, with the “dark side of human life” in mind. In their opinion, it is the basic source of inefficiency of the efforts supporting development or internal transformation. Overlooking the importance of creative potentials of an individual, which results in the lack of or an excessively weak emphasis on the principle of subjectivity in development, the process of becoming, or in the process of internal transformation, cannot make the social rehabilitation practice effective, because it unjustifiably limits the field of social rehabilitation activity (supporting development) mainly or only to (1) elimination of undesirable behavioral symptoms (restrictive actions of a semiotropic nature); or alternatively, but rarely, to (2) elimination of negative causative factors, i.e. sources of disorders (actions of an etiotropic nature). However, it is not based on creative actions that take into account human potential, i.e. actions that Czesław Czapów (1980) considered essential for the process of effective change that is to take place also in a socially maladjusted person. This classic concept, which was unnecessarily neglected, is the basis for the fundamental principles of action serving internal transformation. These principles can be inscribed in the assumptions of the psychology of quality of life (positive, transgressive psychology, psychology of hope, but also partially cognitive psychology). The social rehabilitation activity assumes that ergotropic measures (activating the discovered potentials) should be a priority, which determines the implementation of a positive diagnosis and awakening motivation for internal transformation, which refer to the creative potentials of a socially maladjusted individual. Etiotropic measures (removing risk factors of disorders, i.e. causative mechanisms) should not only be of a supplementary nature, which determines the implementation

of a negative diagnosis and elimination of sources of disorders, constituting the formation of conditions for proper development, which the individual lacked in their everyday life. This is also in line with the assumptions of the trend of control in social rehabilitation, which assumes the need to restore conditions allowing the individual to develop appropriate skills, competences, but also intrinsic motivation to act in accordance with the norms (giving the possibility of self-fulfillment), according to the principle that the disturbed behaviors then cease to be functional in view of the unmet needs of the socially maladjusted individual. On the other hand, semiotropic measures (removal of symptoms of disorders, i.e. elimination of behaviors that do not comply with the standards) should be used only incidentally, only to support the process of change using the restrictive reduction of disorders. In accordance with the control trend, and simultaneously in accordance with the assumptions of positive concepts, e.g. *resilience* (Opora 2009), the disturbed behaviors (symptoms) disappear because they no longer serve the function of satisfying inalienable needs, which a maladjusted individual cannot fulfil in a manner compliant with the standards. Disturbed behaviors cease to be functional in view of the needs of the individual. On the other hand, in the theoretical assumptions and methodical solutions proposed by negative social sciences, the process of change is understood quite differently, because it is limited to the “idea of elimination”, without referring to the “idea of creation or transgression”. The ineffectiveness of such an approach can be explained in many ways, but the most important arguments are connected with the impossibility of shaping a positive, and thus serving the purpose of change, educational relationship in a situation where the focus is on eliminating deficits, and the quality of this relationship is regarded as a basic condition for initiating the process of internal transformation in the positive approach. Moreover, what is obvious, the intrinsic motivation to work on ourselves can only be induced by measures using the potentials, because of the satisfaction of discovering and developing them and the conviction that the measures taken serve the individual and do not constitute a way of protecting society. It should be noted that socially maladjusted people do not have a sense of internal guilt and responsibility for their dysfunctional behaviors, but usually tend to rationalize them with the “evil of the world”, which is the source of their failures in life (dysfunctional behaviors are treated by them as legitimate and justified).

Positive psychologists justify this approach (based on potentials) by referring to the nature of man, i.e. the existence of a natural set of human strengths (potentials), which serve as protection against developmental disorders and social pathologies (the concept of *resilience*). However, these qualities need to be discovered in oneself, so in order to use them in the process of internal transformation it becomes necessary to diagnose (discover) them, so that they can be used in the process of change, which at the same time increases the ability to deal constructively with difficult situations. Using personal resources,

the individual stops treating destructive behaviors as the only ones leading to satisfying an inalienable developmental need.

Moreover, relying on resources makes the educational relation more subjective, which is an additional (or even fundamental) factor of the changes taking place in the socially maladjusted person. According to M. Kay Harris (2005, p. 317): "No one can rehabilitate you, you rehabilitate yourself." The stimulus for such a change can only be the intrinsic motivation, based on resources and potentials discovered within oneself. Eventually, therefore, the process of social rehabilitation should be treated as an intrinsically motivated transformation, and such a motivation can only be triggered by the strengths that are discovered and used by the individual to change their living conditions.

Intrinsic motivation for change as a condition for effective social rehabilitation

Activating motivation for internal transformation requires action designed on the basis of specific theoretical assumptions. There are many concepts that illustrate the basics, mechanisms and at the same time the process of changes in motivation, but the most popular and increasingly often cited, also in the Polish literature in the field of social rehabilitation pedagogy, is the concept of self-determination (SDT) by Richard M. Ryan and Edward L. Deci (Deci, Ryan 2000a, b, 2004, 2008; Ryan, Deci 2000 a, b, c, 2001)¹. This theory exemplifies the contemporary approach to human development activity, indicating the role and functions of motivational processes as essential for the development and optimal functioning of an individual. This concept has a clear reference to the psychology of quality of life, and thus to the salutogenetic approach to social rehabilitation, as it perceives the human being as a proactive organism, possessing the potential for self-development and able to shape its own reality. This theory describes and explains the process of transformations (dynamics) in terms of motivation: from lack of motivation (amotivation) to intrinsic motivation, based on the original concept of needs inalienable for human development.

SDT is used in various areas of psychological research located in the field of motivation, e.g. psychology of teaching, sport, management and organization, work, environment, addictions, or vocational guidance. It would also be good to use it more widely in pedagogical research, including in social rehabilitation practice.

In the model of positive thinking about social rehabilitation, it is important for a person to be perceived as an active organism with the potential to act,

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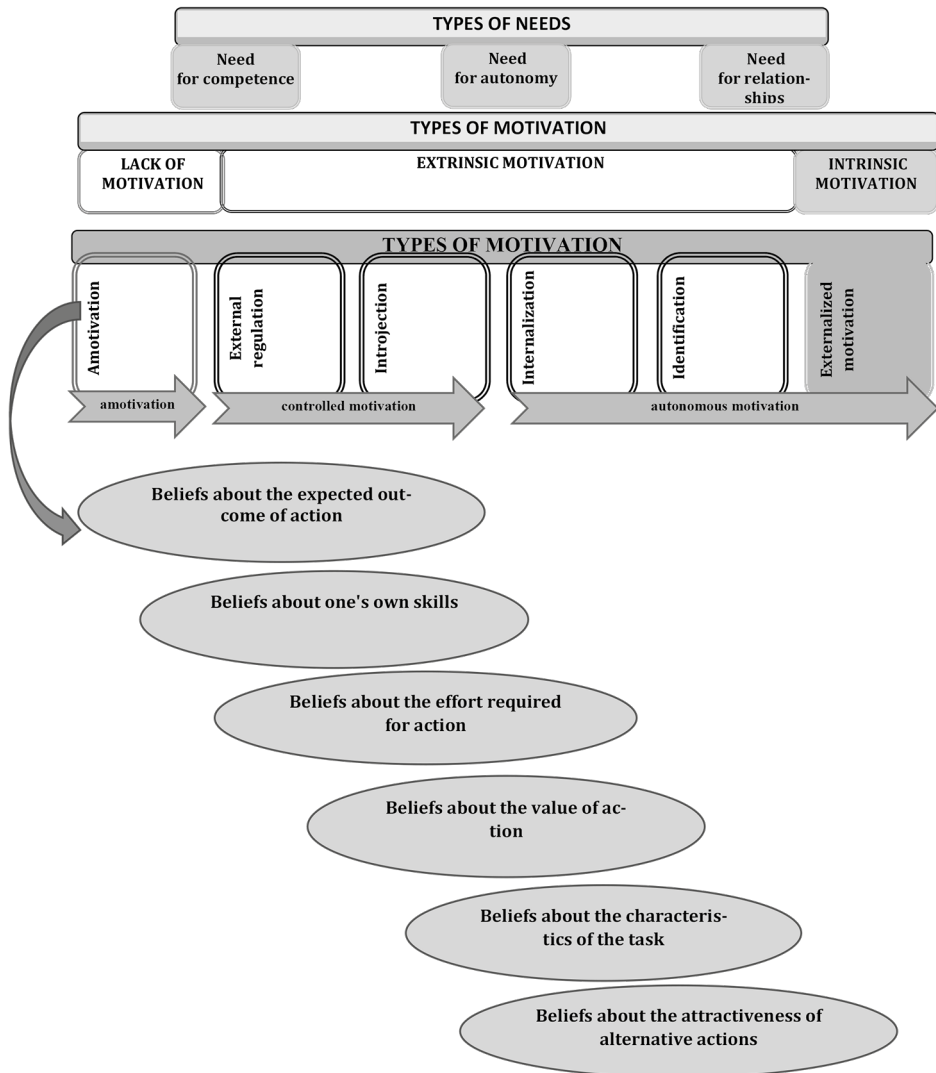
¹ Useful information about the concept can be found on the website <http://www.selfdeterminationtheory.org/theory/>

a system capable of self-regulation, which has the potential for self-development and integration of its functioning (achieving cohesion determining the sense of well-being). As in other concepts, the sources of this potential are internal (drives, emotions) and external (living environment). However, it is stressed that the activity of the “becoming” individual must be optimally adapted to their potential and the requirements of their living environment. The development of an individual is possible if they are able to fulfil their own needs in their personal living environment. The starting point in explaining the mechanism of human action is the theory of needs, defined in general terms as universal and necessary mechanisms for human development. The basic needs for human development are: the need for autonomy, for a sense of competence and for being in a satisfactory relationship with others², which are the basis for the development of motivation or determine its deficit when these needs are not met (Scheme 1). This theory has been complemented by other authors, mainly in the area of lack of motivation (amotivation), i.e., in pathogenetic perspective, the elements that exemplify the causative factors of not taking proactive and thus pro-developmental action (Legault et al. 2006; Pelletier et al. 1999; Pelletier, Sharp 2008; Vlachopoulos, Gigoudi 2008, p. 316–341).

The conclusion that emerges from this theory and the research based on it is quite obvious, but it confirms that the correct satisfaction of needs is a condition for satisfactory development of an individual, and the deficit in satisfying them is a source of dissatisfaction, resulting in negative emotional states (deficit in meeting mainly the needs of competence and autonomy) or a tendency to isolate (deficit in meeting mainly the need of a relationship), inactivity (deficit in meeting mainly the needs of autonomy and competence). This translates negatively into the general sense of well-being, i.e. the quality of life perceived by the individual (Huta, Ryan 2010; Ryan, Huta, Deci 2008; Véronneau, Koestner, Abela 2005). What is important in this theory is that the sense of being able to meet one's needs puts the individual in a state of motivation, triggering a tendency to act to meet those needs and achieve significant goals. The feeling of not being able to meet basic needs, on the other hand, leads to the state of amotivation, which limits, but does not switch off, the initiation of an action (amotivation in SDT is a state in which one acts, but does not see the point of this action). In the development of self-determination it is particularly important to satisfy the need for autonomy

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² **The need for competence** is the desire to feel self-effective and efficient in acting in the living environment, including awareness and conviction of how to achieve various external or internal benefits. **The need for autonomy** refers to the subjective feeling of being the cause of the events experienced, giving the individual a sense of being able to make choices on the basis of values that are considered (cognitive aspect) and felt important (emotional aspect). **The need for relationships** is the desire to establish and maintain meaningful interactions with other people, to feel connected and attached, to experience support, care and attention from other people, which determines the sense of security in relations with them.



Scheme 1. Model of motivation and amotivation in the SDT concept

Source: own elaboration, quoted from: Deci, Ryan 2008, p. 17; Ryan, Deci 2000a, p. 54–67, 2000b, p. 319–338; Legault et al. 2006, p. 567–582; Pelletier et al. 1999, p. 2481–2504; Vlachopoulos, Gigoudi 2008, p. 316–341.

(Deci et al. 1991, pp. 325–346), deciding on the sense of purpose of action, which is supported by the sense of ability to act (need for competence) and the sense of support in action (need for relations).

In relation to proactive action conditioned by needs (the feeling of satisfying them), one can talk about different motivational orientations, related to the

perception of the source of one's own action, i.e. the location of its causes, situated in oneself or in the environment: (*locus of causality*): a) *autonomous*, which is determined by the satisfaction of all basic needs (the "self" then sees itself as the cause of its own actions); b) *controlled*, determined by the satisfaction of the need for competence and relationships (the "self" acts because of external or introjected expectations and requirements)³; c) *impersonal*, determined by the deficit in the satisfaction of all needs, resulting in a lack of motivation to act⁴. In such an approach, it is obvious that the satisfaction of these three basic needs is a condition for development throughout the entire cycle of life, and deficits in this area determine the possibility of developmental disorders. The authors assume that needs are the source of personal life goals (goals and values as a derivative of needs), which are a condition for the proper development of an individual. The process of setting goals is directly connected with the discovery of personal potentials and resources, allowing to realize them adequately to one's own abilities. These goals have different developmental significance, as their types determine the quality of development: a) „higher”, intrinsic and autotelic goals, conditioned by the need for growth/self-realization (e.g. personal development, relationship development, pro-social activity) are or may be the basis for conscious, purposeful and planned self-creation, which in social rehabilitation determines the process of internal transformation, mainly on the basis of internal motives; as a consequence, they bring a sense of life satisfaction which determines well-being; b) „lower”, external, instrumental goals, conditioned by the needs of deficiency/deficit (e.g. acquisition of material goods, fame, attractive, but mainly physical, self-image), allow the individual to experience various, but temporary emotional gratifications, but they are not important for the creation of an autonomous self-image and a positive image of one's own life, or self-creation (Ryan, Deci 2000c, p. 323, 2001, p. 153; cf. Ryan, Chirkov, Little, Sheldon, Timoshina, Deci 1999; Deci, Ryan 2008), or even constitute a causative factor of disorders in the long-term developmental perspective (Williams, Cox, Hedberg, Deci 2000), resulting in a tendency to engage in risky behaviors, addictions, personality developmental disorders (e.g. Machiavellianism), or to experience low quality of life (Deci, Vansteenkiste 2004). Social rehabilitation, directly linked to activating the development of higher goals, is only possible if the needs for competence,

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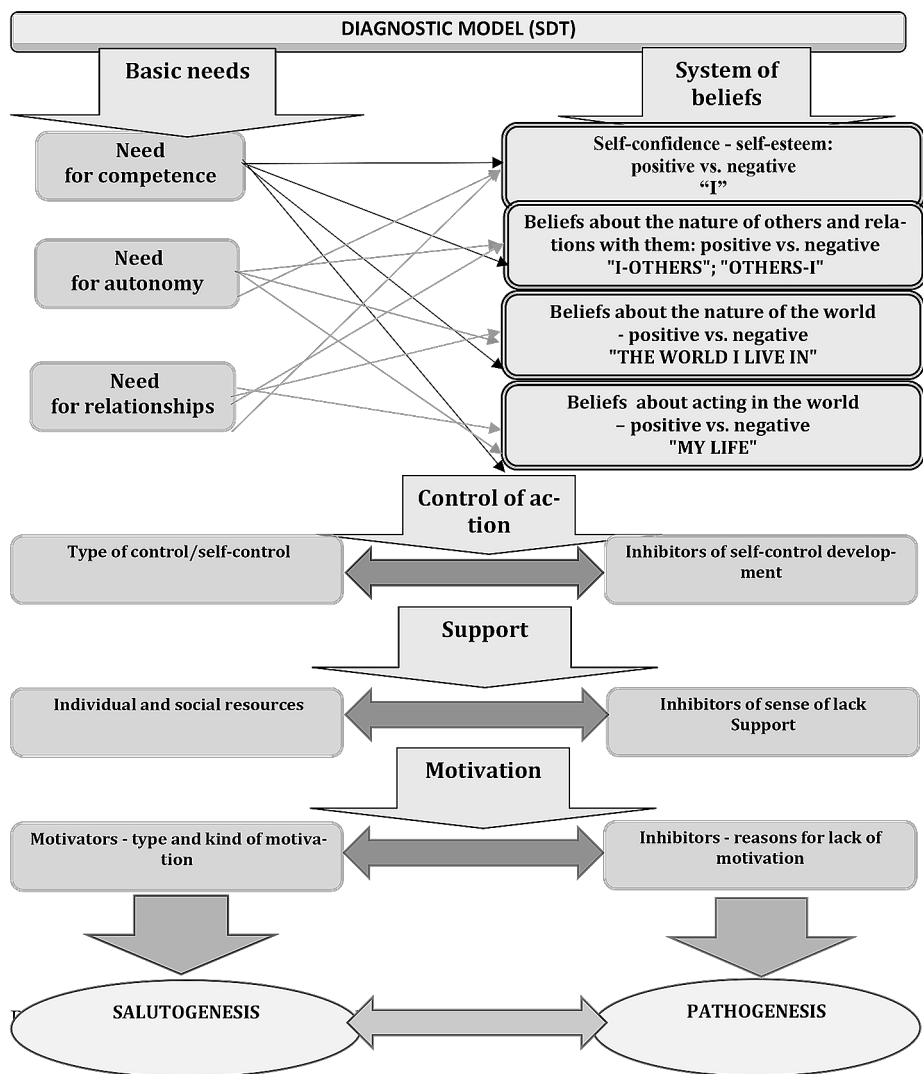
³ The individual acts when motivated, e.g. by the need/motivation to be respected in the eyes of others or by other external rewards/punishments. They believe that they can perform certain tasks, but their actions are stiff, being usually a way to reduce the fear of assessment/punishment (need for a relationships) or as a result of low self-esteem (need for competence).

⁴ The individual does not perceive themselves as the source of their own behavior (the need for autonomy), because they observe insurmountable inhibitors, which have an external character, and thus they feel that they have no influence on the outcome of the action, which may result in learned helplessness, resignation and retreat, depressive states (the need for competence and relationships/support).

autonomy and relationships, which are inalienable for the proper development of man, are met. This process is achieved by activating intrinsic motivation, which determines the internal transformation. Achieving the internal motivational status therefore implies that all needs must be satisfied, as the individual must have a sense of autonomy in setting their own development goals, must have a sense of competence to pursue them, but must also feel able to receive support in interpersonal relationships, both in the process of setting them and in their pursuit.

Effective social rehabilitation, including the areas of diagnosis used for its implementation, should initially refer to the mechanism of satisfying needs, but also to the beliefs about oneself and one's own functioning in the world (quality of life), shaped on the basis of learning experiences (in satisfying needs). Undoubtedly, the needs identified in the concept of SDT as basic and the factors determining their fulfillment, stemming from the concept of amotivation complementing it and from cognitive concepts (see Scheme 1), form the basis for constructing a model of diagnosis in social rehabilitation and activities always planned on the basis of its findings (Diagram 2). This does not, of course, exhaust all areas of the social rehabilitation diagnosis, but it does provide an initial orientation for the process of gradually deepening understanding and for designing further activities.

It can and even should be assumed that by satisfying the need for competence, a socially maladjusted person is interested in their own activity leading to internal transformation, which makes them open to new learning experiences (and gives them the opportunity to continue to satisfy the need). However, this is initially conditioned by the fulfillment of the need for autonomy, thanks to which the individual has the feeling that they are the real (and effective) creator of their own life, i.e. the entity that creates them, guided by values that are significant for them (they make autonomous decisions). Perceiving oneself as an autonomous and competent person is a prerequisite for the proper development and functioning of a person in the world, which involves assessing one's own behavior as "internally controlled" and in accordance with one's desires. However, the needs for autonomy and competence do not exclude the meaning and function of the need for relationships, which is fulfilled in the process of building and learning to maintain relationships, helping and supporting others, but the condition for its development is an initial feeling of support offered by others, significant in the process of creation (and internal transformation). Autonomy and the sense of being competent develop through a supportive relationship with others (Fromm 2005), hence the importance of the educational relationship. It is thanks to the supportive interpersonal relations that a person, on the one hand, gains the social support necessary for development and, on the other hand, if they give such support, they get a feeling of being needed, competent and accepted by others. A derivative of the belief about the quality of the relationship with the social environment is the sense of autonomy, which results from the belief about being able to act in a chosen way. This is the basis for the development



Scheme 2. Diagnostic model based on the SDT concept – complementary approach (own elaboration)

of interpersonal trust, a sense of ability and effectiveness, which is linked to the perceived positive quality of life, which is a specific indicator of good adaptation (Skarżyńska 2002, 2003).

Note that, according to SDT, a person initially and naturally seeks to create situations conducive to satisfying their needs, avoiding those in which this is compromised or limited by certain factors. Creating situations positively correlated

with the satisfaction of needs (and at the same time avoiding situations limiting or compromising their satisfaction) determines the correct development of a person and the sense of satisfaction that accompanies this process. The ability to regulate and control one's own behavior in order to achieve well-being is consolidated through acquiring positive learning experiences and the individual is motivated to do what they consider effective in meeting their needs. Thus, they learn constructive coping strategies leading to achievement of objectives or values (derived needs). In conditions unfavorable for development, limiting the experience of positive results of one's own actions (not leading to the achievement of goals), the development of the ability to regulate one's own behavior in a deliberate manner is inhibited by various internal or external factors (inhibitors of development). Then the individual chooses a kind of "shortcut", guided in their actions by the aspiration to accomplish short-term gratifications, available "here and now", obtained in an extra-normative way, which in their opinion is the only one available to them (extrinsic motivation). As indicated earlier, focusing on lower, "short-term" goals limits or even prevents the inclusion of higher goals or values in the process of managing one's own behavior, connected with planning long-term development (satisfying needs).

When discussing the validity of using this theory in modelling social rehabilitation efforts (at the level of diagnosis and post-diagnosis), it is worth emphasizing that it explains the characteristic for socially maladjusted people inability to postpone gratification, which holds them back in development at the level of achieving lower goals (deficiency needs), causing further negative developmental consequences (previously indicated dysfunctions and disorders related to concentration on lower goals). It is also important to indicate the basic and primary mechanism of disorders in the psychosocial development of a person (developmental blockades/inhibitors), which is the failure to satisfy important and inalienable, but at the same time natural, needs. It is also worth noting that in this structurally simple concept (and others related to it), we also find direct and indirect references to external sources of disorders, i.e. early childhood experiences with oneself. Emphasis is out on their great importance for the formation of positive vs. negative beliefs about oneself (need for competence and autonomy; self-esteem), as well as positive vs. negative beliefs about the nature, shape and organization of the world and beliefs about one's relationship with it (need for relationships). One could risk a claim that the primary mechanism of disorder here is a deficit of basic self-confidence, which is due to a lack of satisfaction of the needs for competence and autonomy, which is immanently linked to a deficit of confidence in other people, which is associated with a failure to satisfy the need for relationships and support, originally received from others and returned to others. The lack of support from others restricts the possibility of developing pro-social attitudes, while at the same time causing the formation of beliefs about the "evil of the world", including the social world, which should not be responded to with

good, because it contradicts the norm of justice, giving the socially maladjusted individual arguments to rationalize and legitimize “their own evil”. This type of experience and the beliefs formed on the basis of it are the basis for the formation of motivation for pro-social vs. anti-social action. The first of them (pro-social), due to the negative learning experience of satisfying one’s own needs and beliefs about the sources and limiting factors, are hampered by the sense of not being able to satisfy one’s own needs in a normative way, hence the individual reaches for alternative (anti-social) solutions, treating them as both just, legitimate and justified (by the evil of the world), as well as the only possible ones, because they have experienced situations in which it is impossible to satisfy their inalienable needs in given circumstances, in a manner consistent with social requirements and expectations. Cognitive deformations (self-humiliating and egotistic), as a result of learning experiences, are an important mechanism for determining extra-normative action, although they cause different developmental consequences (Barriga et al. 2005), which I discuss in another study (Wysocka 2019).

An essential element of the theory of self-determination (SDT) is the concept of motivation, which has been repeatedly verified, although undoubtedly difficult to diagnose. The intentionality of human action determines the ability to self-regulate and self-control behaviors, which may have different sources (external and internal) and different developmental consequences (positive – a sense of wellbeing motivating to engage in activity that ensures its maintenance, negative – a sense of dissatisfaction motivating to engage in activity that eliminates it in a way perceived as accessible to the individual, usually extra-normative). The concept of Deci and Ryan is more elaborate than other theories of motivation (Brophy 2007; Rheinberg 2006; Zimbardo, Johnson, McCann 2011) because, based on the concept of internalization, it describes “motivational states”: amotivation when the behavior is not regulated intentionally, four types of extrinsic motivation, regulated externally, introjected motivation, based on the mechanism of identification, integrated motivation and intrinsic motivation, based on internal standards of regulation (Deci, Vansteenkiste 2004, p. 23–40; Deci, Ryan 1990, p. 237–288, 1995, p. 31–49; Pelletier et al. 1999, p. 2481–2504; Pelletier et al., p. 279–306; Ryan, Connell 1989, p. 749–76; Ryan, Deci 2000b, p. 68–78; Vallerand, Bissonnette 1992, p. 599–620; Van Petegem et al. 2015, p. 903–918; Vansteenkiste et al. 2005, p. 269–287; Williams et al. 1996, pp. 115–126)⁵.

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⁵ **Amotivation** is a state of inaction, associated with a lack of intention to engage in an action which, if taken, is accompanied by strong negative emotions, because it is not done willingly. It is associated with a sense of incompetence and lack of control over the situation. An individual, not seeing the point of their action, does not expect any benefits and does not believe in the possibility of changing the course of events. **External regulation** refers to behaviors that are initiated in a place external to the individual (e.g. because of a promise of reward and/or threat of punishment; it is usually instrumental in nature (the aim remains outside the action itself). **Introjected regulation** is to some extent internalized, but not accepted as a personal form of regulation. It includes internalized

The process of social rehabilitation, regardless of its form, according to the assumptions of the concept of self-determination, consists in creating conditions for the formation of full autonomous, immanent, intrinsic motivation (self-determination). This means leading the socially maladjusted individual to achievement of a goal exemplified by perceiving oneself as a person capable of controlling their actions/behavior (internal source of causes), guided by both social (internal) standards and their personal but far-reaching benefit, which is conditioned by their ability to postpone gratification in achieving distant goals. In this process, it is necessary to create conditions in which the socially maladjusted person would have a sense of satisfaction, would feel strong but positive excitement, and the action itself (according to norms) would entail experiencing the joy of self-fulfillment (Deci, Ryan 2000b).

Behavior in violation of norms in the case of people with social functioning disorders is usually internally motivated, social rehabilitation usually leads only to the temporary establishment of a condition appropriate for extrinsic motivation, while behavior in compliance with norms certainly determines the state of amotivation for various reasons (Vlachopoulos, Gigoudi 2008, p. 316–341). The main ones, according to assumptions of SDT are the unsatisfied needs for competence, autonomy and relationships. A socially maladjusted person most often experiences the deficit of support in social relations (especially in the family environment, but also later in school and peer environment), which results in a lack of positive developmental stimulation. At the same time, this results in the relationship with others being seen as a source of dissatisfaction, resulting in the creation of beliefs about a justified and legitimate lack of interpersonal trust and, in general, beliefs about the world as untrustworthy. What is more, because of this deficit, behaviors which harm others (after all, they deserve it), and which in their essence are of defensive nature, become justified and legitimate. From the perspective of SDT, an individual develops an impersonal orientation, linked to helplessness, powerlessness (the result of failure to satisfy the needs for autonomy, competence and relationships), resulting in resignation, i.e. the withdrawal from

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rules and requirements, triggering behavior through fear and a desire to protect one's ego (avoiding feelings of guilt, shame), and thus internalized reasons for one's actions (the sources of control and pressure are in the individual themselves). **Regulation based on identification** is associated with the assessment of a given behavior as valuable, hence one identifies with it and accepts it, assesses it as important or useful to oneself and perceives it as being chosen by oneself. By attributing personal importance to a given activity, one performs it more willingly and for personal reasons than due to pressure (external or internal compulsion). **Integrated regulation** is associated with the fact that the regulatory process is fully integrated with a coherent sense of self, assimilated with individual values and needs (activity is personally important due to its valued outcome). Behavior is compatible with the internal system of values. **Internal motivation** refers to the interest in performing a given activity, the activity itself (autotelic), undertaken due to experiencing internal gratification, connected with exercising and broadening personal competences; it is determined by passion, experiencing satisfaction, striving for mastery.

activities compliant with norms, because there is no social and moral justification for them. On the other hand, there are justifications for alternative, extra-normative behaviors, treated firstly as the only ones available (opportunities, lack of competences), and secondly they are normalized by the conditions of one's own existence (lack of support). This process is strengthened by developmentally destructive beliefs about oneself, the world and one's own life created in such living conditions (Wysocka, Ostafińska-Molik 2014, 2016a, b).

Final reflection – what results from the self-determination theory for social rehabilitation practice?

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

The self-determination theory certainly does not explain all the problems of socially maladjusted individuals, but it does allow to understand the main and probably primary mechanism of dysfunction in their psychosocial development. In the context of the diagnosis and social rehabilitation activities, it therefore answers the basic question about the causal factors of adaptation problems (deficits in satisfying needs and their consequences) and the factors allowing the individual to make an internal transformation within themselves (change of motivational status). The distinction between the types of motivation understood as a complex and dynamic system of regulation of human activities (amotivation, controlled motivation, autonomous motivation), as well as the distinction between complex factors blocking the development of motivation (from amotivation to intrinsic motivation) are important findings which should be used in the process of social rehabilitation if we want to make it effective. This is because the findings directly made in this theory (not referring directly to socially maladjusted people, but showing important factors of human development) exemplify a model of action that can be used in social rehabilitation if we treat it as a process of internal transformation. Knowledge of socially maladjusted people allows us to conclude that they are characterized by behavioral regulation appropriate to the amotivation for socially expected activities and standards. The social rehabilitation activities, despite changes in the theoretical approach to non-adaptive phenomena, are still based on internally regulated motivation. Without questioning the validity of this approach, even in the case of people who are more deeply demoralized, an effective and “completed” process of social rehabilitation must consist in a gradual transformation of the state of amotivation, through an externally controlled motivation, into an autonomous, intrinsic motivation. Internal motivation, effective in the process of permanent internal transformation develops having its logic and dynamics: from lack of motivation to pro-development actions, through situations

of coercion (first external, then internal, and referring to thoughts, emotions and behaviors), i.e. motivation controlled by external factors (rewards/punishments or the desire to gain approval, recognition of others and avoid shame), to identifying oneself with the value of the undertaken action, leading directly to the integration of the action with the “self” (permanent personality change).

The path we have to follow in creating the model(s) of effective social rehabilitation measures is still a path with no end within the meaning of mechanisms leading to developmental dysfunctions. However, we already know so much about human development and disorders in this area that we can try to create integrated, in theoretical (knowledge), methodological (diagnosis) and methodical (action) terms, models of social rehabilitation, which gives positive, since correctly defined, and permanent results (effectiveness). The model of: needs (sources of dysfunctions), beliefs (cognitive distortions as a result of the teaching experiences), control (belief in the possibility of effective constructive action), motivation (a factor that induces and sustains action), seems to be a model that, equipped with appropriate diagnostic tools (standardized, tested in psychometric terms and normalized), can serve this purpose of social rehabilitation, which I have described in this study as an “internal transformation” (the process of transforming a deviant, antisocial personality into a mature, and therefore pro-social one).

The shortest way, by which I mean restrictive and eliminating actions focused on the symptoms of behavioral disorders, based on the behavioral model, cannot lead to the goal, which is an internal transformation that requires the restructuring of beliefs (distorted perception of oneself, the world and relations with the world), which additionally includes three time perspectives: past, present and future (cognitive perspective), and two directions of action: salutogenic (priority) and pathogenic (supporting).

There is a way to get to every one, also to the socially maladjusted individual, but it has to be found. And this is possible only in the relational model of creation using the potentials identified by the individual (their discovery and use in the process of social rehabilitation eliminates the functionality of extra-normative behaviors) and using the relational potential of the meeting with the ward (positive, transgressive, humanistic approach).

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