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Creative Social Rehabilitation: An Outline of the Problem

Twórcza resocjalizacja. Zarys problemu

ABSTRACT

The article outlines the foundations of the author's concept of creative social rehabilitation as an alternative cognitive perspective in the field of social sciences, with particular emphasis on pedagogical sciences. Its aim is to show the differences between the classically understood pedagogy of social rehabilitation and creative social rehabilitation in the theoretical and methodological dimensions. As briefly as possible, the text indicates the similarities and differences between the traditionally perceived and implemented process of social rehabilitation, viewed as correction, psycho-correction and socio-correction, and the process of social rehabilitation perceived as an identity change through the development of personal and social potentials of maladjusted individuals.

ABSTRAKT

Artykuł stanowi zarys podstaw autorskiej koncepcji twórczej resocjalizacji społecznej jako alternatywnej perspektywy poznawczej w obszarze nauk społecznych, ze szczególnym uwzględnieniem nauk pedagogicznych. Jego celem jest ukazanie różnic między klasycznie rozumianą pedagogiką resocjalizacyjną a twórczą resocjalizacją

KEYWORDS

creative social rehabilitation, pedagogy of social rehabilitation, identity, potential, the process of social rehabilitation, creativity, cognitive and creative structures

SŁOWA KLUCZOWE

twórcza resocjalizacja, pedagogika resocjalizacji społecznej, tożsamość, potencjały, proces resocjalizacji społecznej, twórczość, struktury poznawcze i twórcze

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społeczną w wymiarze teoretycznym i metodologicznym, jak i metodycznym. Tekst w możliwie zwięzły sposób wskazuje podobieństwa i różnice pomiędzy tradycyjnie postrzeganym i realizowanym procesem resocjalizacji, traktowanym jako korekta, psychokorekta i socjokorekta, a procesem resocjalizacji rozumianym jako zmiana tożsamości poprzez rozwój potencjałów osobowych i społecznych jednostek nieprzystosowanych.

Instead of an introduction

When I decided to write this text, I started to think about the path I had taken before inventing the concept of creative social rehabilitation which culminated in the publication of numerous articles and several of my books.

Many years ago, as a young doctor of social rehabilitation, I maintained numerous contacts with social rehabilitation institutions. I visited them, sent my students for internships there, and I participated in many methodology conferences organized by those institutions.

At that time, I understood that there was a huge gap between the so-called world of science and the world of practitioners, because the social rehabilitation concepts and theories of the time, not to mention the methodology of educational work, were not adjusted to institutional practice, which caused frustration of both practitioners and academics.

There were even moments when I wanted to leave the university as I was losing faith in the effects of my academic work. As usual, I was saved by chance, or perhaps a twist of fate which determined my further scholarly career.

For personal reasons, I was involved with the artistic community—both through my brother Paul who studied acting at the Warsaw PWST (the National Higher School of Theatre), and, first of all, through my wife Mariola who was also a student of the Faculty of Acting of that school.

I remember our hours-long heated discussions on the relationships between art and social rehabilitation which we held in the basement at Spiska street in Warsaw, where I lived with my wife at that

time. We came up with many crazy ideas during those discussions and we even managed to realize some of them.

There, in that basement, I started to think about combining both creative and artistic actions with social rehabilitation. This thought resulted in the creation of Scena Coda in Warsaw in 1991. It was a famous academic and artistic experiment under the patronage of the Minister of Culture and Minister of Justice. It was the first Polish (and perhaps the first European) social rehabilitation theatre created by young professional actresses and girls from the Correctional Facility in Falenica. Later, the theatre collaborated with a group of Skinheads on the movie *Record in Pink*. Those were critical moments which determined my long-term academic and research work which gave rise to the concept of creative social rehabilitation.

One thing is certain: there would not be creative social rehabilitation without Mariola Daszkiewicz who not only inspired my intellectual quests, but, first of all, contributed to the actual realization of the concept. She was an actress and author of the script for the Scena Coda performance, then she co-directed the film with the Skinheads; she wrote and directed plays with homeless people in the Pedagogium Theatre, and participated in writing articles dedicated to theatrical work in creative social rehabilitation.

Mariola Daszkiewicz contributed to and participated in creating the method of social rehabilitation theatre. During our work together, Mariola not only did the job of an actress and a director, but, first of all, she supported social rehabilitation work through her direct activities with people which exerted an important influence on their identity changes.

Examples of such work include the projects of Scena Coda, the film made with the Skinheads, the Homeless Theatre, as well as the Pedagogium Foundation projects during which we worked with people sentenced to prison, and made it possible for them to change and to leave the penal institutions earlier.

Thus, the emergence and development of the concept of creative social rehabilitation was fostered by chance, or perhaps destiny, which proved that what seems impossible may become a real part of our existence. We just need to meet someone who will inspire us and give us courage and strength to overcome our weaknesses. And this is how creative social rehabilitation works through its methods.

Creative social rehabilitation and the classical pedagogy of social rehabilitation

In several basic dimensions, creative social rehabilitation differs from the classical pedagogy of social rehabilitation and from the traditional ways of understanding the essence of the process of social rehabilitation, including the previous way of interpreting social rehabilitation education resulting from the principles of the traditional pedagogy of social rehabilitation (Konopnicki 1972; Czapów 1978; Czapów, Jedlewski 1971; Pospiszyl 1998; Urban 2004; Pytka 2005, et al.).

First, creative social rehabilitation defines the process of social rehabilitation as a methodical activity focused on developing and creating the personal and social potentials of maladjusted individuals, and not—like before—on the corrective change of their attitudes and behaviors.

Second, it perceives social maladjustment as the problem of defectively shaped identity understood as a functional way of thinking about oneself and one's own priorities in the context of their social reception, and not as the problem of a simple collection of wrong attitudes and behaviors, distorted interpersonal relationships or defective social roles (Konopczyński 2014).

Third, the objective of social rehabilitation is to create new, alternative identity parameters of socially maladjusted people which leads to the creative change of their beliefs, approaches, values and, in consequence, forms of reactions, behaviors, attitudes and the social roles they play.

Fourth, this objective should be achieved through the creative development of structural factors and mechanisms of creative processes in these people, and not through the classical enforcement of changing defective forms of functioning into sociably acceptable forms by applying punishments and rewards.

And finally, the methods of creative social rehabilitation make use of the potentials hidden in culture and art and related to creative methodical actions, with particular emphasis on theatre, art, music, elements of psychodrama, sociodrama and sports, and to building alternative identity parameters of socially maladjusted individuals.

That is why the concept of creative social rehabilitation stands in opposition to traditional ways of social rehabilitation intervention based on rectification, psychological correction or sociological correction of attitudes and behaviors of people with a social maladjustment syndrome.

Creative social rehabilitation also interprets the concept of anthropotechnical upbringing influences differently, by paying attention to the importance of the quality and depth of interpersonal relationships in the context of applying the methods of creative social rehabilitation (Czapów 1978; Konopczyński 2006). These differences between the concept of creative social rehabilitation and the classical (traditional) pedagogy of social rehabilitation is what distinguishes the former in terms of theory and methods.

First of all, creative social rehabilitation draws on the heritage of sciences dealing with a person's creative processes and uses them as the theoretical basis for the methods of working with socially maladjusted people, which has not been used by the traditional pedagogy of social rehabilitation.

Three key issues surround the concept of creative social rehabilitation: creativity—social rehabilitation—identity. These make it possible to specify its subject of interest, showing correlations between creativity understood as an effect of development and work of structural factors of cognitive and creative processes, the process of creative social rehabilitation change, and the shaping of alternative identity parameters of people subject to methodological influences.

Thus, to put it as briefly as possible, through the methodical use of influences that stimulate and develop the structural factors of a person's cognitive and creative processes, which release the personal and social potentials of maladjusted individuals, we are given the opportunity to achieve a new, lasting social rehabilitation effect in the form of different, alternative and socially acceptable identity parameters of those individuals.

The main objective of creative social rehabilitation that draws on the theoretical and methodological output of humanistic, interactive and cognitive concepts, is leading a person towards the successful completion of two processes.

The first process is initiating the development of structural factors of creative and cognitive processes of socially maladjusted individuals,

and the second process is changing their social image. This leads to modeling their alternative identity parameters, due to which they can change the ways of solving problems (the individual “I”), while the image change is a derivative with certain characteristics that construct social roles (the social “I”). The latter means the functioning of a socially maladjusted person in such roles that are not perceived as those of a criminal or deviant, but as roles of a person functioning in a new, socially acceptable way.

Heuristic dimensions of creative social rehabilitation

The heuristic dimension of creative social rehabilitation gives it a function that classical re-socialization pedagogy did not fulfil. This new function specifies social rehabilitation pedagogy as a science of creating effective and creative ways of solving problems, aiming at solving the most important of them: creating new identity parameters of a socially maladjusted individual.

Thus, we can say that creative social rehabilitation is, in this perspective, “applied creativity” (Nęcka 2005; Góralski 2003). Applied creativity is a kind of action that has two basic objectives. The first one is solving problem tasks with specific methods and techniques of action, and the second one is developing creative abilities and predispositions of both individuals and teams. The methods of creative social rehabilitation meet both objectives, by paying special attention to the dimension of personal and social development of patients.

The methods of creative social rehabilitation work in two ways. First, they activate developmental potentials in socially maladjusted people, and, second, they create specific material and social output: the effects of the people’s creativity.

Developing the personal-social potentials of socially maladjusted individuals influences their new approach to the surrounding social reality, which they start to perceive in terms of acceptable and solvable situations.

New cognitive competences gained in the course of methodical interventions make it possible for those individuals to solve various situations in a different way than before. In this way, the patients themselves create the framework of their new identity and fill it with content.

The material and social effects of the creative social rehabilitation methods, which include specific works, such as paintings, sculptures, short stories or poems (material products of creativity), as well as theatre performances, musical works or sport activities (social products of creativity) are to reinforce the developing parameters of patients' identity and to anchor them in society.

The methodology of creative social rehabilitation resulting from theoretical premises influences two dimensions of shaping a person's identity parameters: the dimension of their inner creation through the development of their potentials, and the dimension of creating a person's new social identity through presenting their creative achievements.

Using sociological terminology, we may say that the individual "I" and social "I" of the person are co-created in this way. Such creative activity of a socially maladjusted person may be called internal social rehabilitation creativity and external social rehabilitation creativity.

Internal creativity includes positive changes related to personal parameters, while external creativity includes the social results of these changes. Sciences dealing with creativity used to adopt a division of creativity into objective and subjective creativity. Objective creativity is the actual, objective creation of something new, unusual and unique. Subjective creativity is the creation of something new and important but only for the person who creates it (Popek 2003).

In the process of creative social rehabilitation, we deal with a more complicated classification which is related to other dimensions of creativity assessment. Patients who discover and create their new personal and social dimensions become authors of themselves, giving their own life a different expression and character. And it is not important how we will classify their creativity and what status we will give it. What is important is that through such creativity there appears a chance to create a new identity dimension of a socially maladjusted person who, until recently, in their previous "embodiment," had little chance of being accepted in their social functioning.

Similarities and differences

The presented methodological foundations of Creative Social Rehabilitation do not constitute its separateness as compared to the

pedagogy of social rehabilitation. The occurrence of specific differences in the theoretical and methodological approach is not a strategic reason to apply for the status of a new pedagogical discipline. On the contrary, with its contents, Creative Social Rehabilitation fills in the capacious space of social rehabilitation pedagogy, becoming one of its many inner dimensions. Methodical contexts are particularly important for the pedagogy of social rehabilitation. They complement and to some extent elaborate on the thoughts of the classical representatives of social rehabilitation: Maria Grzegorzewska, Jan Konopnicki, Czesław Czapów, and Stanisław Jedlewski, as well as modern continuators of their intellectual testament, i.e. scholars and practitioners who practice the difficult art of helping people who often demonstrably reject this help.

Creative social rehabilitation and its educational meaning: Methodical recommendations

Creative social rehabilitation is predominantly a practical discipline. This aspect is the most important and the most emphasized in all its theoretical contexts. Czesław Czapów enumerates three categories of methodological recommendations: principles, rules and directives (Czapów 1978).

The first category, i.e. principles are the most general and broad methodological recommendations, so they include a postulated collection of the general ways of reaching a planned objective, based on respected axiological principles. Rules, in turn, rationalize the postulated ways of reaching a planned objective through the selection of adequate and efficient means, i.e. specific forms of educational activities. Directives are the most detailed guidelines that are often specialized and technical, so they help correct specific distorted human structures or functions.

In the classical pedagogy of social rehabilitation, there is a classification of principles of social rehabilitation impact developed by Czesław Czapów (1978). The principles of social rehabilitating influence (the author uses the term “rehabilitating” and not “rehabilitation” “influence” or “education”) are divided into three types: the principles of rehabilitating education, the principles of rehabilitating

care, and the principles of rehabilitating psychotherapy. In the principles of rehabilitating education, we can distinguish the principle of re-education and the principle of versatile personality development. In the principles of rehabilitating care, we can distinguish the principle of versatile and prospective care, and the principle of requirements. The principles of rehabilitating psychotherapy, in turn, include the principle of accepting and the principle of respecting. Also, Czapów classifies the rules of rehabilitating influence. Within those rules, he distinguishes the following types of recommendations (adopted according to the objectives of particular stages): strategic recommendations, procedural recommendations, recommendations related to designing, recommendations related to performing, recommendations related to preparation, recommendations related to creation, recommendations related to intervention, and recommendations related to adaptation.

I have quoted the classification of methodological recommendations by Czesław Czapów (1978), because in Polish pedagogical books on the methodology of social rehabilitation this is the only classification that has been proposed until now.

The classification of the methodological recommendations I have suggested differs from the classification suggested by Czapów (1978). The difference results from my paradigm of methodological influences, which is not a narrowing but an extension of the scope of influences of social rehabilitation that are usually applied in pedagogical practice.

In the proposed classification, I am not distinguishing or dividing the methodological recommendations into principles, rules and directives as I believe that such differentiation and division is purely theoretical, without noticeable practical and methodological implications. The conceptual scope of definitions of methodological recommendations is, in my opinion, broad and capacious enough to allow designing methods of creative social rehabilitation, and complicating things with a detailed theoretical division does not contribute to inventing new practical solutions.

We can distinguish five basic methodological recommendations in the process of creative social rehabilitation. The first recommendation involves a versatile diagnosis. An optimal classical social rehabilitation diagnosis takes into account both the patient's personality

parameters, their psychological and physical condition, predictable forms of behavior, and social conditions of their demoralization (Pytka 1986).

In the process of creative social rehabilitation, apart from the classical psychological and pedagogical diagnosis, it is particularly important to identify the developmental parameters of cognitive structures and the structures of creative processes of socially maladjusted people.

What I particularly have in mind are structural components such as emotions, motivations, perception, memory, thinking, and imagination. Specifying the level of development of these factors makes it possible for us to design proper methods and forms of work, and to adjust them to patients' cognitive abilities.

The recommendation for a versatile diagnosis that takes into account creative potentials of socially maladjusted people is the starting point for further social rehabilitation actions. At this point, we can distinguish the second methodological recommendation: the complementarity of proceedings.

Thanks to this recommendation, the patient who is subject to social rehabilitation influences will not only be adapted for proper functioning in the nearest social environment, but they will also be prepared for creative activity in a wider social circle, and the mechanisms of creative processes activated in them will enable the process of social re-adaptation and re-inculturation.

That is why, the classical actions related to social rehabilitation, which include the use of anthropotechnical, psychotechnical and sociotechnical methods, are replaced—or perhaps complemented—with different forms of theatre, drama, art, music or sport influences.

Another important methodical recommendation in the process of creative social rehabilitation is the flexibility of pedagogical attitudes. Attitudes can be defined as specific predispositions to act, perceive reality and receive feedback (Kosyrz 2005). Thus, pedagogical attitudes involve a person's specific predispositions related to educational reality.

Thus defined, the pedagogical attitude expresses an educator's relatively stable task-related approach to particular social phenomena, their readiness to act according to their knowledge and experience, as well as to analyze the results of such action (receiving and processing feedback).

Each educator (whether he/she is a graduate of pedagogical studies or a graduate of a different specialization who performs educational work) has expert knowledge and professional experience. In their pedagogical work, all educators also follow a specific teleological model (purposefulness of their actions) based on a certain axiological basis.

That is why, in their work, each educator will represent different forms of behaviors and responses during the educational process. Such behaviors will result from their theoretical knowledge on the one hand, and from their professional experience on the other hand. Also, the behaviors and reactions of people who carry out educational processes are influenced by professional routine understood as a set of specific, repeated stereotypes of behaviors.

In the process of creative social rehabilitation, it is necessary to display educational attitudes that are open to new, often unconventional behaviors and responses of patients. The methods of creative social rehabilitation assume searching for and activating developmental potentials of socially maladjusted individuals. Such actions have particular psychological and social consequences. Due to activation of the structures and mechanisms of creative processes, the patients reorganize their cognitive processes and changes their ability to respond to various situations.

Creative social rehabilitation forces an educator to make their pedagogical attitudes more flexible, i.e. to open to changes. A committed educator must be open to new professional experiences. Often they are far from the previous experiences and take unconventional forms. That is why the principle of flexibility of pedagogical attitudes is one of the factors that makes it possible to carry out this process successfully.

Another methodological recommendation in the discussed process is the adequate choice of the method. In order to meet this requirement, an educator must properly (in a diagnostically proven manner) select the patients with whom specific methods are used. It is obvious that socially maladjusted people have different personal features and predispositions resulting from their life experiences based on the process of social rehabilitation (Zacharuk 1991).

Thus, their cognitive structures and structures of creative processes are at various stages and levels of development. Therefore, proper

criteria of selecting particular methods and forms of social rehabilitation influences, as well as adjusting them to the patients' personal predispositions are crucial for the success of such actions. We can easily imagine a situation in which an inadequately selected method may cause emotional, intellectual or cognitive blockade of a socially maladjusted person instead of stimulating their development.

This is because, in this case, limitations may include both intellectual and cognitive deficits. The dynamics of creative processes in socially maladjusted people are largely affected by their previous social rehabilitation experiences, particularly if these were connected with so-called one-dimensional or impoverished rehabilitation (Goodman 2001; Zacharuk 1991).

The last methodological recommendation in the process of creative social rehabilitation is the creation of a patient. In practice, it means two areas of educational actions. The first one includes developing and reinforcing a new internal and external self-image by a patient who takes part in social rehabilitation influences.

The objective of such actions is facilitating the internalization of new, visualized identity parameters of the socially maladjusted person. The patients undergoing methodological activities are to be perceived, in the conditions of an institutionalized or open setting, not as socially maladjusted or dysfunctional individuals, but as people who demonstrate and create new, different ways of behavior, and new social roles.

This means that we should work towards a situation in which the social environment, instead of defining our patients in the negative way it used to (the mechanism of social stigmatization), tries to define them through the roles they are currently adopting, e.g. a community who used to define a man as a criminal or a deviant sees him taking part in art classes, music lessons, sport activities or theatre plays, and consequently starts to define him as a sportsman, actor, painter, musician, etc.

Such consistent actions are to make an individual who is subject to methodical influences change the way of thinking about himself/herself and, in consequence, change the way of thinking about his/her priorities, as a result of which the individual can start the process of filling new social roles with new contents. This is also connected with the social (external) way in which other people from the social

environment perceive the role previously played by the patient subject to methodological influences.

We have to bear in mind that the patient does not have to be a renowned sportsman or artist (although such things happen), so social competences gained in the process of creative social rehabilitation are meant to make it possible for him/her to achieve subjective instead of objective and measurable success in those areas. This is because subjective success will enable them to accept the parameters of their new identity.

The second area related to the methodological recommendation of creating a patient is connected with the so-called follow-up care or post-rehabilitation care. After the patient finishes their stay at the social rehabilitation institution, or after they complete actions which took place in an open setting (after closing the cycle of rehabilitation influences), there is a need to continue to create the patient: this time in order to root them in their new social identity.

In practice, this means real support for correct adaptation in a broad social circle. In this respect, social competences gained by the patient during the social rehabilitation process will be a helpful tool. What we mean is such a creation of his/her new role that representatives of a broader social community perceive him/her in the perspective of the new role (e.g. an amateur sportsman, artist, musician or actor).

Creative processes in social rehabilitation

In the theoretical aspect, the methods of creative social rehabilitation refer to the theory of creative processes. The analysis of those theories makes it possible to distinguish the structures and components of creative processes which should be stimulated and developed while applying the methods of influence.

What I mean are emotions which are an important structural component of a creative process, and which can activate or block that process. There are two groups of emotions related to the creative process: cognitive positive emotions and cognitive negative emotions. Positive emotions include curiosity, fascination, and passion, while negative emotions include indifference, boredom and reluctance. In the group of positive emotions, we can distinguish philocreative emotions that

influence the creation of innovative and unusual ideas. This group of emotions includes interest, joy and fondness of another person.

From the operational point of view, positive emotions make it easier to introduce an abstract level of conceptual knowledge, which activates the mechanism of perceiving and associating distant facts and phenomena. This mechanism also enables conceptual synthesizing and using analogies. Moreover, positive emotions facilitate access to memory archives, opening our long-term memory. Taking into account the important role of emotions in shaping creative processes in socially maladjusted people, the methods of creative social rehabilitation include particular techniques and ways of modeling them (stimulating positive emotions and extinguishing negative emotions).

This applies to all kinds of methods, i.e. the method of social rehabilitation theatre (MTR), the method of social rehabilitation through sports (MRS), as well as the methods of drama, art, music, socio-drama and psycho-drama.

Another important structural component of a creative process includes motivations which can be divided into autonomous and instrumental. As a matter of fact, all kinds of motivations influence a person's creative processes. Autonomous motivations are independent and spontaneous. They result from a person's curiosity and interest in a specific situation or event.

This kind of motivation is particularly useful at the beginning of the process of creative social rehabilitation because it creates the patients' inner readiness for taking up tasks and activities resulting from methodological procedures. Instrumental motivations, in turn, make it possible to carry out methodological activities by providing strong impulses while carrying out those activities. This usually takes place in the middle of methodological actions, when autonomous motivations weaken or disappear.

Another factor taken into account in the process of creative social rehabilitation is perception. We understand it as the process of perceiving people, social phenomena and the whole surrounding reality: both animate and inanimate. We can divide perception into allocentric and physiognomic.

The first kind of perception is the basis for human activity and consists in not subjectively categorizing the surrounding reality. Physiognomic perception, in turn, categorizes the external world and

gives meanings to the objects located in that world. Those meanings are metaphorical and subjective. Simplifying, we can say that the first kind of perception makes the surrounding reality objective, while the second one makes it subjective.

The strategic meaning of perceptual mechanisms in the process of creative social rehabilitation is connected, on the one hand, with the need to work out an allocentric perception mechanism in socially maladjusted patients (their dominant perception is usually physiognomic), and, on the other hand, with changing the way that the social environment perceives those patients.

The function of memory in creative processes boils down to, on the one hand, organizing content knowledge in the structure of long-term memory, and, on the other hand, to creating the content of this knowledge. This takes place through the mechanisms of memorizing, storing and recalling. It is assumed that the creative process includes codification of selective information, which is characterized by the originality of features assigned to a given object or phenomenon, or defining those objects or features in multiple or unconventionally uniform ways. What is also important is the change of the knowledge structure consisting in the so-called phenomenon of revelation, i.e. a sudden decoding of the essence of the problem that makes it possible to create a new solution. The methods of creative social rehabilitation are planning the organization and reorganization of memory processes in socially maladjusted individuals in order to obtain the structural abilities to inspire creative processes in them.

Another strategic area in the methodology of creative social rehabilitation is thinking defined as a process of searching for optimal solutions to a problem. Creative thinking is characterized by an active approach to problems in order to re-define them or replace them with others. The most important features of creative thinking include analogies, overcoming stereotypes and using metaphors. The methodology of creative social rehabilitation takes into account the structures of thinking as a strategic area which requires specific forms of creative rehabilitation influences.

The last of the main strategic aspects of the methodology of creative social rehabilitation is imagination. We can define it as the mind's ability to create and use images, i.e. chosen, selective kinds of cognitive representation.

We can distinguish two kinds of imagination: reproductive and creative imagination. The former is a common, everyday cognitive activity, while the latter enables us to perform creative acts and involves creating new content and cognitive combinations in the mind. The mechanism of visualization plays a special role in the creative process, as it involves complementing the thinking process with vivid visual (perceptive) images.

This means enriching thinking based on words or abstract symbols with visual images which—if they are unconventional and innovative—may take the form of creative visualization. A developed creative imagination may definitely facilitate the social re-adaptation of a socially maladjusted person, at the same time making it possible for them to change their identity.

The methods of creative social rehabilitation are universal, so they may be applied both in institutional conditions and in an open setting. However, they have certain criteria and limitations. The most important of them include the patients' right to choose the activities and the educators' professional competences.

Thus, the basic premise of this category of methods is always optional and voluntary participation of patients in the classes. One has to remember about this when designing their work and organizing task groups. Professional competences refer to the people who design and carry out the classes.

The success of content-related activities taken up within the creative social rehabilitation methods depends on the educators' personal predispositions reinforced with knowledge and expert skills.

Creative social rehabilitation opens new directions in the pedagogy of social rehabilitation. This is a heuristic space in which a patient meets their future. It holds no place for their past which dominates so much in the classical social rehabilitation influences.

Through the reference to the creative processes of a socially maladjusted person, we can achieve effects that cannot be achieved in classical social rehabilitation, because in creative rehabilitation the old, dysfunctional life roles of our patients belong to the past, and their new roles are filled with culturally and socially acceptable contents which replace their previous, aberrant and dysfunctional public self-representations with self-representations that result in society's respect and kindness.

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