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# Therapeutic techniques recommended for the social rehabilitation practice

**Abstract:** This paper discusses theoretical and methodological issues of pedagogical therapy in the context of the practice of social rehabilitation education and presents recommendations for the implementation of those therapeutic techniques, which, based on the model of social maladjustment, are conducive to the fulfilment of functions and tasks of social rehabilitation education[1].
**Key words:** pedagogical therapy, methods and techniques of therapy, social rehabilitation education.

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[1] Social rehabilitation education is aimed at socially maladjusted people. Because of its combined fulfillment of the functions of: education, care and therapy, it becomes a special education (Czapów 1978, Lipkowski 1981, 25-29, 31). The following tasks and stages of social rehabilitation education are distinguished (Czapów Jedlewski 1971, Czapów 1978): Task no. 1). Making a diagnosis and prognosis (identification the social maladjustment or derailment and prediction of psychosocial functioning). Next is the implementation of the task no. 2), and within it the stage called **etiotropic-reeducational** measures (elimination or reduction of the influence of endo- and exogenous etiological factors – causes of social maladjustment), followed by the task no. 3). This task has two stages. The stage of **ergotropic-reeducational measures** (transformation of states of personality, within the process of reeducation, i.e. repair of negative changes in personality); and the stage of **semiotropic-reeducational** measures (measures directed at environmental factors) (Han-Ilgiewicz, 1961, p. 209, Czapów, 1978, p. 5; Pytka 2005). Next comes the realization of task no. 4), i.e. the consolidation and evaluation of the results of the above mentioned measures (post-implementation prevention), and as the final task no. 5): inspiring the individuals to self-education, self-development.

## The notion and tasks of pedagogical therapy in the field of education sciences

The basis for discussing the topic of therapy in social rehabilitation measures is defining its essence and function in the field of education sciences, and especially differentiating pedagogical therapy from psychotherapy. The etymology of the term therapy helps to clarify the above issues. In Modern Greek, *therapeia* (noun) means: 'cure', 'treatment', 'therapy'. The verb *therapevo* means: 'to heal', 'to take care of oneself', and metaphorically – 'to satisfy oneself'. In Ancient Greek, which represents the oldest source of this notion, therapy has several other meanings, including: serving, service, tending, caring, nurturing; in the next meaning: worship, honor shown to the gods, respect, worshiping, the third meaning is: healing, while the fourth is: growing, cultivating, and the fifth one: entourage, retinue, servants (Jurewicz 2000, p. 406). The presented contexts of the concept of therapy have been defining the ways of understanding it from the very beginning and influence the development of the theory and practice of therapy in different varieties; from medical and therapeutic orientation, through education, to the servant role, supporting or broadly understood care and assistance. Its contemporary understanding and relationship with education in general, and with social rehabilitation education in particular, is the subject of a discussion involving views that extend across a continuum: from the standpoint that maintains the separation of education and therapy (and psychotherapy), through the standpoint that promotes their integrity, to various views expressing eclecticism (interdisciplinary approach). These divisions and classifications mark their presence in different levels of scientific analysis, creating a mosaic of methodological options, demonstrating the mutual relations between these disciplines. In order to avoid conceptual and substantive misunderstandings, the most important stances as well as tasks and functions of pedagogical therapy and psychotherapy should be presented (briefly).

As for the views on the relationship between education and therapy (including those emphasizing the integrity of these areas, or even the overriding role of psychotherapy): today, it is unlikely that anyone is questioning the view that: "the effect of education should be full, comprehensive: psychological, physical and social development of a person" (Kwieciński, Śliwerski 2003, Pytka 2005, 2009, Sikorski 2002, p. 142). However, many studies show that this development is more effectively fostered by the assumptions of psychotherapy (especially those of humanist provenance) than the traditional, rather common, directive-based style of education (identified with socialization and pro-community). The reasoning behind this view is that: "traditional conditions of education make use of only a small part and resources of the individual's development opportunities" (Sikorski 2002, p. 143 et seq., cf. Górski 1986, p. 6). The shortcomings and limitations of

education described above, resulting mainly from the traditional goal of education – the emphasis on the task of preserving tradition and the shaping function, direct attention to the need for a more empowering approach to this process and to shift the emphasis from shaping to the hardship of self-effort in human development, taking into account the correlation between the dynamics of social processes, education as a continuous life process and the personality of the individual in the wealth of individual differences (Kwieciński, Śliwerski 2003; Pytka 2005, 2009). This is how the postulate that education (also in terms of social rehabilitation) should have the qualities of creation, creativity and transgression is justified. However, also in the context of education with features of creation, there are perceived obstacles to the development of the pupils, resulting from hindering, or even pathological, factors. Some authors, including R. Miller (an advocate of an integral approach to socialization, education and psychotherapy)[2] indicate that creative education is associated with corrective (therapeutic) education, hence she postulates an integral relationship between education and psychotherapy, because then, on the one hand, the process of personality formation occurs, and on the other hand, the disorders that often appear in this process are removed (subject to therapy). Therefore, "corrective, social rehabilitation or psychotherapeutic procedures should be an integral part of creative education" (Sikorski 2002, p. 143).

In opposition to this view, the following arguments are presented, indicating the separate existence of education and therapy (or more precisely – psychotherapy). It is argued that in the sciences of education the concept of therapy has no common meaning, among others, because the words therapy and therapist are reserved for doctors and clinical psychologists (Kilburg 2000, pp. 116–117, cf. Clagett 1992; Clutterbuck 2009; Syrek-Kosowska 2010). In this aspect, it is maintained that therapy is a process in which a trained and licensed therapist uses psychotherapeutic methods (highlighted by PS.) in order for the client to solve problems or their symptoms. Results of tests carried out, among others, by V. Hart, J. Blattner and S. Leipsic (2001, p. 229–237), show that the therapy is essentially related to mental health problems that affect the quality of the client's functioning, has a retrospective character and concerns unconscious traumas from the past, which he/she tries to heal from, using additionally pharmacological therapy.

However, perhaps the most important difference between education (and with it – pedagogical therapy) and psychotherapy is that psychotherapy, (unlike education), **is not based on the personal influence of the educator** (highlighted by PS), focusing on organizing (by a licensed therapist) conditions for independent "internal" activity of the "patient" with the intention to facilitate autonomous development of his/her personality. Therefore, in order to distinguish the above

[2] See the significant title of her book: R. Miller, *Socjalizacja-wychowanie-psychoterapia*, PWN, Warsaw 1981.

mentioned categories, the educational activities undertaken by educators with the intention of achieving therapeutic effects are called educational therapy by doyens of special education (Doroszewska 1963, p. 10). This way of understanding the therapy in terms of pedagogy was influenced by the fact that J. Doroszewska relied on the achievements of neurophysiology, especially on the knowledge (at that time) concerning the interdependence of the cerebral cortex and subcortex. Subcortical centers are a kind of "habitat" for phenomena usually referred to as the emotional sphere, and therefore of considerable, not to say fundamental, importance in pedagogy. Therefore, for the theory and methodology of education, the conclusion was that proper influence on the emotional sphere of the pupil can help to regulate the balance between the cerebral cortex and the subcortex, which is disturbed by disease, because "the whole course of pedagogical work is, after all, a constant influence on the strength, quality, and rhythm of nervous processes, stimulating or inhibiting, accelerating or slowing down, and above all harmonizing processes, or, in the case of failed actions, creating conditions for the nervous system which cause conflicts of processes" (Stankowski 1986, p. 12, Doroszewska 1955, 1963). The above view seems to indicate the predominance of the art of education over psychotherapy and treatment, due to the broader scope of the former.

We also meet a view that the scope of pedagogical therapy is broader than the one of psychotherapy. According to J. Doroszewska, pedagogical therapy affiliates many strictly educational factors, which, among others, psychotherapy does not use. At the same time, in all branches, the personal influence of the educator is constantly at the core, "because, after all, all forms of educational therapy have the task of shaping the patient's nervous and emotional processes through conscious, purposeful external influence in order to restore the psychophysical system's balance, which has been disturbed in one way or another" (Doroszewska 1963, p. 98).

Against this background, the views presented in the psychological literature, different from the findings of special pedagogy, and showing the role of education (in the servant role for the psychotherapy) as enriching therapy (treatment) through rehabilitation, assistance and upbringing become more visible. This group of (eclectic) views, treats education and therapy as separate areas, albeit interacting with different methods and means to achieve a specific therapeutic goal (education has a supporting role). Z. Włodarski (1960) proposed two-track therapeutic effects: 1. etiotropic (aimed at removing the cause of the disorder or disease) and 2. pathogenetic (aimed at repairing mechanisms that have been disturbed by harmful factors; cf. Han-Ilgiewicz 1961, p. 209; Czapów 1978, p. 5). Z. Włodarski, referring to the opinion of I. Pavlov acknowledged their validity, recalling the statement that "the manner of behavior depends on constant education and learning in the broadest sense of the word" (Pavlov 1952, p. 569). The assumption that apart from treatment, e.g. pharmacological treatment and general educational impacts, neural processes should be practiced results from the fact that

the very concept of the nervous system, which changes during life under the influence of the external environment, includes the conviction that it is possible to make changes in this system through planned, specialized pedagogical activities. E. Węgrzynowicz (1966), among others, supported this approach, maintaining a view on the separate existence of pedagogical therapy and psychotherapy. In her opinion, pedagogical therapy is about consolidating socially beneficial habits against a healthy emotional background. Since the promotion of achievement of such properties is the domain of psychotherapy, she has clarified the range of effects of pedagogical therapy as rehabilitation type treatments (e.g. shaping and consolidating correct speech habits, shaping the balance of neural processes in hyperactive children, etc.). She has also postulated that psychotherapy should be used in etiotropic treatment, while the pathogenetic approach should belong to the scope of pedagogical therapy. Psychotherapy is in fact personality therapy, while pedagogical therapy is more about behavior and/or environmental influences. The argument in favor of separating their scopes is the separateness of scientific disciplines (psychology and pedagogy), which perform complementary tasks in the indicated field. Psychotherapy is used by psychiatrists and psychologists, while pedagogical therapy remains the responsibility of special pedagogy (revalidation and social rehabilitation). This is how pedagogical therapy met with psychotherapy from the position of two non-exclusive positions. A. Stankowski, on the other hand, perceiving the need for a complementary approach, concludes the above views as follows: "In this sense, psychotherapy and pedagogical therapy should be used where there has been no success in general educational activities" (Stankowski 1986, p. 15). The above opinions seem to indicate the distinctiveness of special education (revalidation) and psychotherapy, but they advocate cooperation and interdisciplinarity of the mentioned fields (by the therapeutic function).

It should be pointed out, however, that mainly due to special pedagogy, the functions of the therapy have broken through and spread in some pedagogical disciplines. The therapy is connected with special pedagogy and its sub-disciplines: revalidation and social rehabilitation pedagogy. This concept has even become a lever for the development of special pedagogy, since the justification of its therapeutic function is based on the achievements of therapeutic pedagogy dealing with chronically ill individuals. In the mid-1960s, practitioners began to transfer the achievements of therapeutic pedagogy to all departments of special pedagogy, including the social rehabilitation of socially maladjusted individuals (Stankowski 1986, p. 10; Lipkowski 1976, p. 217). This resulted in the consolidation of views on the integrity, or at least affinity, of the process of special education and therapy (separation of this notion) and, what is important, the introduction to the pedagogical nomenclature of the term of pedagogical therapy.

Thus, in the field of special pedagogy, especially as a result of the development of revalidation pedagogy, it is assumed that "the selection of educational activities with therapeutic qualities and their arrangement in an appropriate,

methodical order creates the structure of the education process with the gravity transferred to the achievement of the therapeutic goal. Therefore, [...] both the pedagogical therapy and the educational activities are part of the structure of the educational process and relate to the changes that should be brought about in the personality of the person undergoing these treatments" (Stankowski 1986, p. 26). The above statement should be qualified to the group of views that attribute a therapeutic function to education, i.e., it is assumed in the above option that therapeutic effects can be achieved in the process of education. As it has been shown above, the discipline that deals with such an organized process is called pedagogical therapy. Its tasks are described in the literature, probably the most broadly, by O. Lipkowski. In his opinion, pedagogical therapy includes "any pedagogical action designed to eliminate or reduce developmental disorders and to enable or facilitate the most beneficial development of individuals with abnormalities" (Lipkowski 1976, p. 217). The above approach includes the therapy in the scope of the education process, making this process, enriched with a new function, a revalidation (as well as rehabilitation) influence, combining education with therapy and care. It should be noted that the above definition of pedagogical therapy is so broad that it seems to cover also the area of rehabilitation and treatment as well as prevention. This trend of thinking supports the view of Z. Sękowska, who maintains that pedagogical therapy deals with corrective education, revalidation and treatment of the disabled (Sękowska 1983, p. 7; cf. Grzegorzewska 1980, p. 80). This understanding of pedagogical therapy is due to the relationship of special education with such sciences as medicine, biology, physiology and others, with many of the statements from these disciplines, as indicated above, being incorporated into the foundations of the theory and methodology of special education.

On the basis of the reported views, the most important findings concerning the objectives, tasks and functions as well as methods of pedagogical therapy should be indicated. In the field of special pedagogy (and especially revalidation one, related to treatment), the functions of pedagogical therapy are defined by J. Doroszewska (1957, 1963) as follows:

— therapeutic in the medical sense,
— supporting treatment,
— compensating for the shortcomings,
— accelerating development (Stankowski 1986, p. 9).

It is significant that all the tasks and functions listed above are derived from the dictionary connotation of the term therapy (see Greek origin). The premises and tasks of conducting the pedagogical therapy according to the doyens of special pedagogy are primarily the following:

— Positive influence on the emotional sphere of the pupil.
— Creating dynamic stereotypes beneficial for treatment, e.g. saving the psyche, developing organizationally beneficial forms of activities.

— Normalizing the state of psyche by avoiding negative stimuli.
— Normalizing disorders in mental processes caused by reconstruction of previous ones.
— Triggering of inhibited dynamisms resulting from function underdevelopment, lack of function or loss of function.
— Expanding the teacher-educator's tasks and preparing him/her specifically for his/her tasks and functions.
— Clear organization of the conditions for living and working for the pupils, rich in appropriate content, forms, methods and rhythm, occurring in the undertaken pedagogical activities.
— Forming flexibility of cerebral cortex (improvement) by setting tasks.
— Fight against verbalism and creative activity (Grzegorzewska, Doroszewska 1955; cf. Stankowski 1986, p. 13).

This is how the task and functions of pedagogical therapy, as opposed to psychotherapy, and the definition of the essence of the educational process, taking into account the therapeutic function, present from the perspective of special pedagogy. As far as the systematics of pedagogical therapy and its content are concerned, J. Doroszewska divided pedagogical therapy into two groups:

1) Resting therapy present in the following varieties:
   a) Therapy utilizing subliminal inhibiting, which is ensuring conditions for sleep.
   b) Therapy of the lowest functional level, otherwise, the therapy of the lowest level of individual effort, i.e. receptive activities, e.g. listening to pleasant music, stories or reading).
   c) Therapy of reduced burden the basis of which is to intensify positive emotional processes by activating the first signal system – in practice it is enjoying nature, performing favorite activities, etc.
   d) Therapy by reversing unpleasant associations consists in providing incentives that are neutral to phenomena, people and living conditions that are not accepted by the individual.
   e) Therapy by means of changing previously burdening incentives to others – the right of active rest applies here, i.e. the introduction of a wide range of activities different from those that may have been the source of malfunction. Changes may include surroundings, interior design, interests, hobbies, etc.).
   f) Relief therapy by means of releasing long-lasting tensions and inhibitions, it consists in disinhibiting psychomotor and emotional dynamisms (such as longing, waiting, anxiety) and changing them into joyful states, by providing positive emotional experiences, dynamizing and generally tonifying (Doroszewska 1964, p. 75–85).

The second group of pedagogical therapy types:

Functional therapy in the form of: motor therapytherapy with the use of entertainment (fun), occupational therapy, therapy by work (ergotherapy). I would

add, among others, speech therapy, bibliotherapy and the elements orthodidactics (P.Sz). In turn, such a form of therapy, which consists in the personal influence of the therapist (mainly by means of verbal stimuli) (Stankowski 1986, p. 11). I would also add that by means of group dynamics or sociotherapy (P.Sz.)

The achievements of special pedagogy discussed above have been partly affiliated to the theory and methodology of social rehabilitation education, while rehabilitation pedagogy has been partly based on other assumptions of education theory. Below there is an account of it.

## Pedagogical therapy in social rehabilitation education

The above mentioned views showed the extent of the discussion among doyens of special (revalidation) pedagogy on the issues of therapy in education. On the other hand, the precursors, as well as the followers of social rehabilitation pedagogy – probably with the idea of independence and separation of social rehabilitation pedagogy as a discipline – have not joined the discussion on the ways of understanding pedagogical therapy, and they conduct the discourse on the essence of the process of social rehabilitation education by considering the presence of psychotherapy in social rehabilitation education (more in the sense used in psychology) as something obvious (immanent). The preference for psychotherapy should be considered adequate for clinical cases. It should be mentioned, however, that since the publication of the first textbook on social rehabilitation education there has been progress in the field of counseling and therapy, the professions of sociotherapist, tutor and others have appeared and are successfully developing (more broadly: Szczepaniak 2009, p. 117). Czapów and Jedlewski havenot introduced the socially rehabilitating meaning of the notion of therapy or pedagogical therapy into the theory and methodology of education. This is evidenced, among others, by the fact that the subject index of one of the fundamental studies in the field of rehabilitation education (Czapów 1978) does not contain the word therapyand only the term psychotherapy is used, in various context, in the following connotations, among others: social rehabilitation influence techniques (psychotherapeutic) – theater and among principles of education – the principle of social rehabilitation psychotherapy. However, more important than the discussed divisions is the fundamental change-creating mechanism, used in social rehabilitation education.

The theory of social rehabilitation education is based on the model of social maladjustment or derailment, which is probably the most important subject of its scientific penetration[3]. Doyens of social rehabilitation pedagogy, explaining

[3] Social maladjustment or social derailment syndrome (model) includes: etiological factors that condition changes in personality (which are influenced by these factors in the process of derailing learning) and manifestations or symptoms of social maladjustment or derailment.

the constitutive features of the process of social rehabilitation education, linked them to the theory of creative independence (Czapów 1978, pp. 167, 190–191, 196; Konopczyński 2006; Konopczyński, Nowak 2008), founded on the theory of learning (Czapów, Jedlewski 1971, p. 175 et seq.), or more precisely, understanding the construct of social maladjustment as a consequence of derailment learning – they associated social rehabilitation education with the process of the so-called "over-education" or re-education. Re-educational learning is associated with re-education (Czapów 1978, p. 64), and psychotherapy is almost identified with the process of re-education, because Czapów and Jedlewski call it "a specific process of reconditioning, which involves not only learning to avoid specific situations, blocking specific reactions, but also the production of habitual structures that induce a specific approach to a situation and increase readiness for specific activity" (Czapów, Jedlewski 1971, p. 200). Czesław Czapów justifies that "the process of social derailment is [...] the process of derailing learning ", hence "the socialization of socially derailed youth must consist, among others, in unlearning of what they have learned" (Czapów 1978, p. 64). The result of (socializing) learning is always a relatively permanent change in behavior. Re-socialization is therefore re-educational socialization (Czapów 1978, p. 64), and all socialization is even more so the re-educational socialization: "the more, in the structure of learning processes, the re-educational learning decides to adapt to specific social roles and to participate in specific social systems" (Czapów 1978, p. 64; Lipkowski 1987, p. 245). It is a process of changing mental structures, and therefore always involves a change of personality (Górski 1985, p. 26; Górski 1986; Czapów 1978, p. 68). In this way, the creators of Polish social rehabilitation pedagogy explained the process of social rehabilitation education, but it should be stressed that in such an understanding of special education, the methodical "driving force" of change is both the pedagogical therapy (Stankowski 1986, p. 10; Lipkowski 1976, p. 217; Szczepaniak 2009, p. 107–121) and sociotherapy (Sawicka 1998, p. 9–28; Dzwonkowska, Kępka 1998, p. 213–237), and as Czapów and Jedlewski maintain – psychotherapy. Ultimately: according to the doyens of social rehabilitation pedagogy, the basic, immanent functions of social rehabilitation education are education-therapy-care, and thus it becomes special pedagogy (Czapów, Jedlewski 1971, p. 200; Czapów 1978, p. 68). The process of re-education (social rehabilitation) is generally not possible to be carried out by the client (a person socially maladjusted), and the therapy, education, care can only be carried out by a person with professional competence in this field (trainer, therapist).

Summarizing the analysis concerning the therapeutic function of social rehabilitation education, it should be pointed out that the various and often contradictory arguments put forward during more than 60 years of development of pedagogical therapy seem to originate not only from the division of at first uniform special pedagogy into sub-disciplines: revalidation pedagogy (which is still influenced by medical sciences) and social rehabilitation pedagogy (which to

a large extent took the basis of education theory together with learning theory from psychology). The different understanding of the concept and function of therapy among educators can also be justified by inspirations from other sciences for the needs of branches of special pedagogy that become independent. To this extent, different views on pedagogical therapy among psychologists or revalidation pedagogues (with medical or psychological orientation) and in the circle of social rehabilitation pedagogues who, after all, have participated in the formation of both special pedagogy and the emancipation of social rehabilitation pedagogy – as we believe – are based on an interdisciplinary character of both special, revalidation and social rehabilitation pedagogy. At the same time, there is also a discussion on independence, or rather the integral character of special, social rehabilitation and revalidation pedagogy (this issue is addressed, among others, by Pytka 2009; Rejzner, Szczepaniak 2009).

## Therapy (pedagogical therapy) in social rehabilitation practice – a review of concepts and experiences based on results of scientific research (evidence-based criminal policy)[4]

Broadly understood therapy as a form of influencing people who are not socially adapted (including criminals) became widespread in the 1970s in the USA and Europe. Paradoxically, this was the result of R. Martinson's famous report entitled Nothing Works from 1974. That criminologist, looking for an answer to the question: What Works? has carried out an extensive meta-analysis of about 200 social rehabilitation programs applied in practice. The result turned out to be surprising and was disseminated in the classic expressions "Nothing works" or "Zero effect of social rehabilitation". For this reason, the discussion among representatives of science and practitioners about the meaning or nonsense of institutional social rehabilitation (e.g. using therapy) has been revived. One expert group focused on the tightening of criminal sanctions and the isolation function of the prison, which soon became known as "Prison works" i.e. it is the isolation that is effective (the term assigned to M. Howard – Home Secretary UK in 1993–1997

[4] The idea comes from the ethical principle of the need to provide the most effective intervention, influence, treatment. As an *evidence based practice* method, it is a way of implementing those interventions the effectiveness of which has been verified by research and everyday life. The implementation of the idea of *evidence-based practice* in the field of prevention and social rehabilitation was connected with the search for an answer to the question *what works*?, which is a reaction to Martinson's *nothing works.* Despite many attempts to relativize the unambiguity of the slogan *nothing works* by the author himself, it changed the vision of the criminal policy of the United States for many years. Cf. T.C. Pratt, J.M. Gau, T.W. Franklin. *Key Ideas in Criminology and Criminal Justice*. Chicago 2011, p. 71–85, http://www.sagepub.com/ upm-data/36811_6.pdf

– Thompson 1999, p. 13; cf. Harland 1996, p. 75). It involved the promotion of the so-called 'tough' methods of crime prevention (i.e. repression and isolation). An opposing view emerged among the supporters of the development of the idea of social rehabilitation in relation to criminals. A number of therapists were in favor of such a course of action, and they were the first to provide arguments for positive effects of therapeutic influence in prison, provided that certain basic conditions are met (Lipsey 1992; Mc Quire 1995; Gendreau 1996). Under the influence of these arguments even R. Martinson has verified his views.

Here are the most important postulates for effective use of therapy (pedagogical, social and psychotherapy). J. McGuire (1995, 2000) argues that the (social rehabilitation, therapeutic) program is an impact separated due to its purpose, addressees, methods and means, aimed at working through the identified problems of the participants, therefore not every impact meets these conditions. In turn J. Bonta (1997) and D. A. Andrews (1995), among the cardinal principles of program effectiveness, pointed out (as indispensable) the focus on: a) preventing the return to crime, b) the individual social rehabilitation needs of convicts as a function of criminological diagnosis, c) taking into account the possibilities of perception of the program by convicts, d) autonomy of staff in program implementation and b) coherence (integrity) of the program. In relation to the methodology: V. Quinsey (1985, cf. Antonowicz, Ross 1994) stresses that effective programs use role-playing and include elements of skills training, especially social and cognitive skills. Similar content is contained in articles on sociotherapy, e.g. I. Micheltisch-Traeger (1991, p. 283–286) and experiences with addiction therapy. Drama therapy, as a highly effective form of therapy, is discussed by J. Thompson (1999). In turn, group therapy, carried out at camps (Juvenile Boot Camps), e.g. based on Glasser's theory (concerning the USA, as the cradle of the society seeking its own "self", the so-called real commitment therapy),turned out to be effective in the rehabilitation of juvenile offenders. The issues of rehabilitation of patients with personality disorders using intensive and extensive cooperation between staff and patients as a model and tool of therapy (the so-called therapeutic community) were described by J. T Feldbrugge (1992, p. 169–177) on the example of the experience gained in the Netherlands in the clinic of Dr. Henri van Hoeven in Utrecht. The above findings are key recommendations for all kinds of therapeutic or rehabilitation interventions undertaken in social rehabilitation institutions. They concern both psychotherapy, sociotherapy and widely understood pedagogical therapy. Among the various therapeutic paradigms (psychoanalytic, non-directive, unstructured, classical forms of social work, influencing to improve living conditions in the place of residence without simultaneous rehabilitation work with the social environment) it is indicated that "the cognitive-behavioral approach is considered particularly promising" (Gendreau 1996; Andrews&Bonta 1994; Mc Quire 1995). To sum up: the most effective interventions nowadays are based on the assumptions of social learning theory and assume the use of cogni-

tive and behavioral methods, exerting social influence, learning skills and inducing a change in thinking (Andrews et all 1990; Andrews&Bonta 1994).

The specific objectives of these programs and interventions include: change of anti-social attitudes and feelings, modification of peer group values, identification with non-criminal behavior models, training of skills, especially in self-control and management of one's life (Mc Qiure 2000). The concepts and experiences discussed above also refer to the achievements disseminated in the field of Polish special/social rehabilitation pedagogy. In the Polish literature on the subject (Rejzner, Szczepaniak 2009) we can find analogous views, and among the methods and techniques of social rehabilitation that fall into the category of dialog, the following are mentioned in particular: Solution Focused Brief Therapy, Motivating Dialog and mediation in social rehabilitation practice, to some extent also Aggression Replacement Training (ART). These methods are increasingly often used in the educational practice of Polish social rehabilitation centers (Kołomański 2009, p. 150–171). It should be emphasized that the achievements of Polish practice and theory of social rehabilitation are in line with the above-reported world experience. Referring to the tradition of the Warsaw School of Social Rehabilitation Education, by way of generalization, it is worth pointing out and adopting as the basis for analysis a model of social maladjustment (in the framework of which etiological factors, e.g. in the process of derailing learning (desocialization, demoralization, etc.) condition changes in personality, which results in (symptoms), behaviors interpreted in the above context and allowing to (diagnose) conclude about social maladjustment (derailment) syndrome. As an ordering category (standard) in the light of current trends in theoretical and practical analysis in the field of social rehabilitation pedagogy a re-educational change is assumed (Pytka 2009). In the next part we will focus on such therapeutic techniques that fit into the theoretical model discussed above.

## Recommendations for therapeutic techniques supporting social rehabilitation

In the realization of the tasks of social rehabilitation education, it is about a theoretically and methodically uniform, on the basis of the discipline of social rehabilitation pedagogy, sequence of activities at the successive stages/links of pedagogical efforts. To put it simply: this model of diagnosis is optimal and at the same time serves to design, for example, a social rehabilitation, therapeutic measures. At the same time, the diagnostic models that are postulated are the ones which are correlated/harmonized with therapeutic techniques, which take into account all the elements of the derailment model (etiology, personality, behavior), concern elements of the educational reality, especially in the natural environment, have a systemic character, carry out tasks and stages of social re-

habilitation (on the basis of the diagnosis and prognosis, social derailment and psychosocial functioning is determined), in turn, the design of interactions and within the realization of the plan of social rehabilitation, the influence of etiological factors is eliminated in the process of education-care-therapy ("repairing" negative changes in personality), then the consolidation of the results of the above mentioned measures is carried out (post-implementation prevention) and in this process there is an inspiration for self-development, independence, self-education (the ideal, standard of education). This methodological model is a canon in social rehabilitation education.

It should be noted, however, that the described models and tools are mainly based on symptomatological and possibly etiological views, but to a lesser extent, from such a diagnosis, as a result of operationalization, they directly enable the design of interactions, taking into account methods and means of influence, adequate to the individual problem in the field of psychosocial functioning of the person. It is about some deficiencies in the implementation of the task of diagnosis, which is the designing function (see the concept of designing diagnosis), which concerns social maladjustment. Let us recall at this point that, according to the authors of monographs in the field of diagnosis in social rehabilitation, "diagnosis consists of classification and detailed description of selected actual states and their assessment from the point of view of norms and standards (physiological, psychological, pedagogical, social) existing in a given discipline and conclusions on the intervention measures (highlighted by PSz) or refraining from taking them as well as verification of the diagnostic image obtained and the design of the modification operation." (Wysocka 2015, p. 35)

The optimal example of a tool that meets the above mentioned postulates and at the same time shows the multidimensionality of social rehabilitation thinking, referring to the solutions developed in the field of educational sciences is e.g. the Sullivan's and Grant's concept and the resulting diagnostic and social rehabilitation system I-Level Classification (The Interpersonal Maturity Level Classification System). This model contains all the important links of the social rehabilitation process: it describes, from the humanist perspective, the conditions of the demoralization process, allows to make a diagnosis and determine potential possibilities of social rehabilitation in the context of the level of development of social (interpersonal) maturity of socially maladjusted pupils, and allows to design individualized measures taking into account the objectives, conditions of the educational environment and, most importantly, adequate methodological strategies. This sequence meets the conditions for optimal pedagogical design, because this tool contains:

— specific objectives of the (social rehabilitation) measure,
— characteristics of the educational environment (features) and types of activity,
— the type of educational control,
— methods and principles of (educational) conduct,

— the characteristics of the educators in charge of a given case or a group of people fixated on a given stage of the development of interpersonal maturity. Thus, as you can see, the application of the tool allows for the simultaneous development of an individual social rehabilitation program. Below I will present the methods of interaction (or techniques) that are as close as possible to the optimal model of social rehabilitation measures, on the basis of personality theory, which take into account the specific process of social rehabilitation (education-care-therapy based on re-education) taking into account all its functions and links – in connection with the basic tasks of social rehabilitation pedagogy.

The techniques classified in the area of pedagogical therapy that meet the above mentioned conditions are presented below. For better presentation, they will be (somewhat arbitrarily) grouped within functional and resting therapy varieties (see J. Doroszewska's classification). Let us start with the techniques that undoubtedly dynamize the social rehabilitation measures. In the following report, fragments of monographs on therapy in social rehabilitation are used: *Terapia w resocjalizacji*, part 1: *Ujęcie teoretyczne* and *Terapia w resocjalizacji*, part 2: *Ujęcie praktyczne*[5].

## Milieu therapy

According to A. Szecówka (2009), milieu therapy in Poland is most often understood as therapy by social environment, it is also referred to as social environment therapy. The genesis of milieu therapy is connected with the USA and goes back to the end of the 19th century. The precursors of the system, which is called millieu therapy, include August Aichorn, Bruno Bettelheim, Fritz Redl, David Wineman. The experience they gathered and consolidated in the twenties of the 20th century convince us that this type of therapy can be a valuable tool in creating beneficial changes in the sphere of attitudes, behavior and personality structures. The best known institutions using this method included the Hawthorne Cedar-Knolls School and a children's village near Stockholm. Many of the elements used in milieu therapy became a permanent part of the practice of modern social rehabilitation institutions in working with seriously derailed (usually psychopathic) children. In many rehabilitation centers we can observe, typical for milieu therapy, emphasis on improving pupil behavior by increasing the disciplinary regime. In practice, milieu therapy consists in providing the pupil with a range of incentives to act properly by putting him/her in a situation of total

[5] *Terapia w resocjalizacji*, part 1: *Ujęcie teoretyczne*, ed. A. Rejzner, P. Szczepaniak, Wydawnictwo Akademickie „Żak", Warsaw 2009; *Terapia w resocjalizacji*, part 2: *Ujęcie praktyczne*. ed. A. Rejzner, P. Szczepaniak, Wydawnictwo Akademickie „Żak", Warsaw 2009.

push of positive impact. This version of milieu therapy was used at the Hawthorne Cedar-Knolls School. The staff of the center elaborated, in terms of therapeutic qualities, on almost every moment of the stay in the social rehabilitation center, the whole schedule of the day, from getting up from beds to night-time silence. The staff of the center, regardless of their functions, had a role to play in the process of social rehabilitation, as this was the only way to introduce the principle of total social pressure on the behavior of the pupil. In this institution almost every pupil had a separate program of therapeutic measures. Significant modifications in the milieu therapy were introduced in the 1950s at the Wiltwyck School in New York. The center, run by Ernest Papanek, boasted satisfactory therapeutic results. This is proven by longitudinal and cross-sectional studies conducted there by W. and J. McCordow (Pospiszyl 1990, 2003). Empirical data prove that milieu therapy brings positive results for both children and youth as well as adults (individual and group measures). In therapeutic practice, it is used in day centers as well as in locked down and open long-term-care institutions Günter 2005; Simonsen 2007; Vatne 2008; Knutson, Sorlandet 2004; Pospiszyl 1990, 2003).

## Sociotherapy

The definition, trying to combine different methodological approaches, is given by J. Strzemięczny: "sociotherapy consists in the deliberate creation of [...] conditions (social experiences) enabling the process of social therapy to take place (change of judgments about reality, ways of behavior and emotional abreaction) (Strzemieczny 1993, p. 45; cf. Cornel 1995; Nyckowski 2009, p. 78). The milieu therapy discussed above meets the conditions of this definition. The aim of sociotherapeutic activities (based on the diagnosis) is to eliminate the causes and manifestations of behavioral disorders which are socially unacceptable and hinder the implementation of positive life tasks. Sociotherapeutic group, most often consisting of a few people (less often of a dozen). The corrective process which is the essence of sociotherapeutic meetings depends in large measure on the role of the leader. His/her role is to arrange such situations which will help participants to become aware of their own difficulties and the potential and possibilities of change, which are a stimulus for further constructive personal and social development. "Sociotherapeutic activities are structured group meetings consisting of properly selected games, plays and exercises. Each meeting has its own specific objective, subordinate to the general objective, and proposals for activities that favor the achievement of the assumed objectives. Both the whole series of meetings and each meeting form a dynamic whole, which consists of specific stages of work with the group" (Sawicka 1998, 20). Among the techniques used in sociotherapy understood as described above, there is a diverse set of techniques, also of intervention and prophylactic nature, among others, discussed below.

## Aggression Replacement Training (ART)

According to Ł. Kołomański (2009), one of the promising techniques in prophylactics, prevention, rehabilitation and re-socialisation is Aggression Replacement Training (TZA). It is an adaptation to the Polish conditions of Aggression Replacement Training (ART). This training was developed by Arnold Goldstein and his colleagues at the Aggression Research Institute of the University of Syracuse, USA (Goldstein, Glick, Gibbs 2004, p. 2 n). It is a programme of multilateral intervention, aimed at changing the behavior of aggressive youth. It works well in the broadly understood social prevention both as a proposal to teach pro-social attitudes and behaviors and as a diagnostic and therapeutic offer to change disturbed behaviors. The method is widespread in Western European countries and is increasingly used in education, upbringing, special education, rehabilitation, psychiatric therapy, addiction therapy, domestic violence prevention, social assistance and other areas. It has been operating in Poland since the 1990s. (Ostrowska, Wójcik 1986; Odrowąż-Pieniążek 1988; Pospiszyl 1998). It is run in schools, educational and sociotherapeutic centers, less frequently in correctional or detention facilities (Kołomański 2008, p. 234). In well-implemented projects, a lasting improvement is achieved in 85% of aggressive youth, the rate being 25–40% higher than in control groups (Kołomański 2009, p. 234). Aggression Replacement Training also supports the improvement of the organization and management of the school as an educational system (Morawska, Morawski 2004, pp. 4–5).

The basis of the Aggression Replacement Programme is the view that every aggressive act of a minor (at school, home, etc.) is conditioned by both internal and external factors. Characteristic for these individuals is the lack or insufficiency of many interpersonal and social-cognitive skills, which together determine effective pro-social behavior. The impulsiveness of young people and their recourse to aggressive behavior in the process, meeting their needs and long-term goals, indicates a deficit in anger management. In turn, in relation to the system of values of these individuals, it is characterized by their egocentric, specific and, in a sense, primitive moral justification. Three components of the ART correspond to the above: pro-social skills training, anger control training and moral reasoning training. ART shall address each of these deficits:

— Skillstreaming (SLT) – is a set of procedures designed to increase the level of pro-social skills (Goldstein 1973, p. 1981). It is a behavioral, psycho-educational component, aimed at teaching proper interpersonal behavior. This method consists of a series of social learning instruction procedures. During skillstreaming, adolescents who are aggressive or criminal watch in small groups examples of model behavior (modeling), have the opportunity to practice their behavior (role-playing), receive positive reinforcement in the form of praise

for playing roles best suited to the model and are encouraged to engage in activities aimed at consolidating the learned skills and using the learned skills in school, home, local community, establishment and other environments (training transfer).

— Anger Control Training (ACT) – was developed by Fendler and her research team at Adelphi University. It's about anger control. This component is based on an emotional factor and its purpose is to increase the level of self-control, reduce and control anger and aggression. Individuals learn to react to provocations (hoaxes) not with anger, but with a chain of reactions focused on anger-stimulating signals – feelings and other physiological or experience of growing anger, and reducers – techniques of reducing arousal, e.g. deep breathing, images of calm material, etc. (Fendler, Econt 1986).

— Moral Reasoning Training (MRT) – an element related to the cognitive sphere. The moral component consists of introducing problems, dilemmas and proposals for solutions. It is based on the stages of moral development of Kohlberg, who demonstrated that "the discussion of a series of moral dilemmas by young people in a group, consisting of people at different levels of moral inference, induces a cognitive discord, the analysis of which raises the moral inference to the highest level of peers in the group" (Kohlberg 1973). It is surprising that all anti-social youth emphasizes the importance of moral values such as keeping promises, telling the truth, helping others, saving lives (Gregg, Gibbs, Basinger, 1994, 538–553).

## Drama as a social intervention

The precursor of the drama technique, Jacob Levy Moreno, claimed that "man is not a creature completely determined by their early childhood experiences, that they can break out of the state of drifting and find themselves in the state of deciding their own fate, and the way to do this is to meet another man" (Moczydłowska 2000, p. 103). Jadwiga Królikowska (2009) explains that the programmatic assumption of applied drama is to influence the attitudes and behavior of the participants (cf. Zimbardo 2008). K. Pankowska (1985, p. 14) distinguishes instrumental theatre, perceived as a paratheatrical method, among contemporary forms of theatrical activity, existing "in order to fulfil non-artistic tasks (therapeutic, rehabilitation, etc.)". Theatre and related techniques and methods are excellent educational, therapeutic and prophylactic tools. One of the most popular methods of working with children and young people (not only socially maladjusted ones) is drama. The merits for the development of drama are attributed to Dorothy Heathcote, who is considered to be the creator of creative drama. Drama as a social experience is a form of artistic activity. As such, it engages emotionally, integrates into the community, and inspires action to solve own and collective problems. This

is different from the usual, discouraging, verbal educational instructions (Satori 2007). For educational and training purposes, its enhanced form, i.e. applied drama, is used. It can be characterized as a technique of educational intervention, aimed at developing and changing attitudes to the benefit of the individual and society in a situation where there is an inconsistency between the action of the individual and the expectations of the society. It is the closest to what R. Schechner describes as "contemporary environmental theatre" (Schechner 2003, p. XVI). The most valuable feature of drama used as a didactic method is the interplay of content and form. The content of the drama – included in a scenario focused on the multifaceted presentation of a social problem – is presented as a sequence of scenes. The partly open and jointly improvised drama scenario, which the participants improvise together, does not allow anyone to be introduced into unpleasant situations and states identical to their own life experience, but rather ones that are only similar in terms of sense and meaning. This treatment allows participants to focus on a central problem which, even if it is known to them personally, is here as a "drama topic" and not their own painful "life story". Thus, it automatically leads the way to understanding the problem, not to reliving it.

Similarly, the script of the drama, which by controlling the presented scenes distracts the spectator artists from their unpleasant personal experiences, protects them from hiding behind somebody else's role, disguises, decorations, props. Also such activities as writing the script, creating the scenery, playing the roles, using one's own directing skills and body or voice for the performance, place the participants on the side of the event analysts and the creators of the play, not the protagonists of their own lives. Focusing on the theatrical side of the drama "hides" the emotions of the participants in its background, rather than placing them in the center. In the finale of the drama, its participants-creators take part in drawing conclusions and commenting on the truth contained in it. This is a necessary, defining element of applied drama, because it is realized with purpose, to fulfill a didactic goal. The topic and detailed theatrical form of applied drama (it can be e.g. "community theatre" or "theatre in education") depends on many factors, first of all, whether it is to be prophylactic or corrective, and on the age, life and social situation of its addressees (e.g. students, alcoholic families, victims of domestic violence), as well as on the institutional conditions in which it is conducted (e.g. school, prison, parish, political meeting) (Świeca 1996; Pankowska 2000). The social strength of drama consists of such features as the participation of actor-participants-addressees, the reality of the problem-topic and its theatricalization, i.e. its translation into artistic means of expression. Thanks to these elements, the drama is direct, close, understandable, expressive, and at the same time generalized and distant from individual experiences. The didactic mission programmed in it is conducted openly by providing normative patterns. Drama practitioners consciously emphasize the didactic nature of drama, the essence of which is to help its amateur participants in the evaluation

and possible change of opinion about the problem, or in the revision of attitudes towards specific issues.

## Solution Focused Brief Therapy

Here is a therapeutic consultation as one of the forms of cooperation with a child manifesting social maladjustment in B. Boćwińska-Kiluk's view (2006, 2009). Therapeutic consultation is a non-directive form of verbal interaction6. In practice, it resembles an individual conversation and an interview. The aim of the consultation is to get an idea of the consulted person's expectations, his or her needs, the way he or she understands the situation in which he or she currently finds himself or herself, and to recognize the readiness to cooperate. The consultant's task is to create conditions for dialogue. Conditions are created on the one hand by place and time, and on the other hand by the state of mind of the therapist and their attitude (Boćwińska-Kiluk 2006, p. 3, 2009, p. 123). If the person being consulted is a child, then the consultant therapist aims to find out the facts of the child's life, determine the causes of his or her suffering and behavior; make a diagnosis and, on this basis, develop a plan for further proceedings. Consultation usually precedes the process of psychotherapy, but it can also be used alone. It takes the form of one, two or three 50-minute talks taking place once a week. It enables us to get to know the child's problems from his or her point of view, and reveals a network of meanings that gives sense to his or her life and defines his or her identity. The overarching therapeutic goal is to initiate a chain of changes in behavior and attitudes of the "maladjusted" through cognitive and causal control. A characteristic feature of the consultation is the therapist's attitude of suspending the role of an expert. The consultant therapist "suspends" moral or value judgments and seeks to see the facts in an objective light. They refrain from persuasion and advice. This attitude stems from the conviction that change is a consequence of ongoing dialogue and that this is why dialogue fosters the sharing of thoughts and feelings. The child and the consultant therapist

[6] A similar role is played by Motivational Interviewing (MI) however, in contrast to the type discussed here, according to the definition of the authors of this concept: it "**is a directive**, customer-focused style of consulting (manner of communication) aimed at extracting from the client the motivation to change behavior by investigating and resolving ambivalence to change. A motivational interview is not a set of techniques that apply to the client, but its essence is expressed in a specific philosophy of communicating with the client" (Miller, Rollnick 1995, 2010). It allows to find and increase motivation in patients and help them to overcome various life difficulties, and it is applicable even to the most resistant clients. For this reason, MI is predestined for social rehabilitation impacts. The principles of Motivational Interviewing are 1. Expression of empathy, 2. Promotion of self-esteem, 3. Development of divergence, and 4. Following the resistance. In turn, the Motivational Interview Tools ( OARS) are: 1. O – Open questions, 2. A – Affirmation, 3. R – Reflective listening, 4. S – Summarizing.

are partners in the sense of the work they do together, as the activity of each of them is essential and therefore equivalent. Dialogue serves the purpose of triggering and building understanding, which is a process of discovering meanings. The therapist, hearing the statements and observing the consultee's behavior, tries to understand what they mean. They believe that every behavior and verbal expression is a form of communication and a form of contact. The therapist reconstructs the child's statements by referring their words to their knowledge of the facts and then communicates their understanding back to the child. In this way the child is involved in the analysis process and becomes an active participant in the exchange. They discover aspects of hitherto unknown meanings and a certain truth about what they do, and thus gets rid of the illusion, experiences emotions that were incomprehensible, unbridled, and fed on socially unaccepted behavior. A meeting that is an honest conversation that, according to H. G. Gadamer, is characterized by addressing another person, a real recognition of their point of view, identification with them in the sense that one wants to understand what they are saying and not as an individual (Gadamer 1993). It allows one to understand why, despite the efforts of different people and institutions, there is no improvement in behavior, and also creates the conditions necessary to initiate the process of change as a child's own decision.

## Mediation in rehabilitation practice

According to P. Szczepaniak (2003, 2016), education aimed at resocialization (also as part of imprisonment) should include not only elements of social rehabilitation (in the form of inclusive education aimed at resocialization), but also retribution and reparation by the offender. This aspect of education aimed at the person performing the resocialization has so far been overlooked or replaced by the idea of mercy, while contemporary concepts of education aimed at resocialization take into account the need for sovereign self-effort by the subject in the process of social re-adaptation. This is due, among other things, to the morally established sequence: that the criminal act demands from the guilty party (if they have a sense of guilt and the will to improve) the duty to do justice, and in particular to regulate the violated volume of goods by apologizing and compensating the injured party, as well as bearing the consequences (penance and/or punishment) on the way to forgiveness. However, the expected end of these activities is reconciliation, implemented in the formula of restorative justice postulated here, founded on the following four values: participation, meeting, reparation and reintegration, (i.e. on the active participation of entities linked by the fact of the crime (participation), which in direct contact (meeting) regulate (reparation) the relationship by repairing damage and compensating the victim, which is also a way of constructive inclusion in the mainstream of social life(reintegration). It is

significant that the fulfilment of the elements of this process of restorative justice at the same time contains all the elements of effective resocialization (including social inclusion with the participation of society), and within its framework it fulfils the functions of education-care-therapy. As far as mediations are concerned, regardless of the types of mediation used in judiciary practice, they have some common features.

1. The perpetrator and victim and the damage caused by the criminal act are known. The judicial authority (depending on the stage of the criminal process) instructs specialized mediators to conduct a voluntary dialogue between the victim and the perpetrator.
2. After reviewing the available materials in the case, the mediators first conduct individual preliminary talks with the parties, during which they thoroughly inform them about the principles, legal basis, methods, goals and legal consequences of mediation. After mutual consent to the meeting, they organize a meeting of the parties, with specific rules of conduct being developed with the parties. It is essential that the parties define their positions, and in turn solve the identified problem (the position concerning the problem includes the course of the conflict, emotions and moods, the consequences and influence of these on the situation of each party). A mediator is conducive to summarizing where there is empathy or antipathy and the possibilities for a solution. Initially, subjective criteria are allowed, showing the fact that one conflict contains as many truths as those involved in it, then the mediator helps to understand the problems revealed, and this provides a basis for objectification and further negotiations. The main issues concern the deed and its effects and ways of compensation. The offender's consent to repair the damage and its reparation is treated as direct compensation.
3. The mediation report submitted by the mediator to the relevant authority is approved by that authority, i.e. it sanctions the course and effects and then issues the relevant decision (usually discontinues criminal proceedings).

Currently, mediation is introduced in different countries at every stage of the criminal process.

1. Before starting a trial and officially reporting it to law enforcement agencies (e.g. police).
2. After reporting the crime to the police, who can refer the case to mediation (in consultation with the prosecution).
3. During the pre-trial phase, a case may be referred to the prosecutor for mediation and then the programme may become an alternative to criminal proceedings.
4. Once the indictment is filed, the course of mediation may have an impact on the sentencing (e.g. extraordinary mitigation of punishment, conditional suspension of execution of the punishment, etc.).
5. Mediation and such measures as conditional early release or pardon may also be used in enforcement proceedings.

Mediation is used in dealing with minors, but unfortunately it does not apply to adult offenders. Moreover, the Polish legislator has not regulated the task of repairing damage or compensation, or any other form devoted to repairing damage caused to the victim of crime. As far as restorative justice is concerned, in cases concerning the execution of an immediate custodial sentence, mediation is provided for in the Executive Penal Code only in one procedural situation, i.e. when a penitentiary court considers the conditional early release of a convicted person from serving the rest of their prison sentence (taking into account the positively concluded mediation is to be taken into account when adjudicating on conditional early release – Article 162 § 1 of the Executive Penal Code), however, the practice and the case law confirm that the use of mediation after the sentence does not apply. This provision is a dead provision due to interpretation problems7.

## Art therapy

As T. Rudowski (2009), A. Glińska-Lachowicz (2009) and other researchers argue, art therapy is a broadly understood therapy through art, in which one can distinguish between art psychotherapy and art therapy in a pedagogical perspective (pedagogical therapy). It is based on using the healing and therapeutic qualities of particular fields of art in the process of influencing the personality of a human being, and in particular their emotional sphere. The climax of each therapeutic session is the discharge of negative, cumulative emotions, the throwing off of "internal blockages", often combined with the effect of "catharsis" – the experience of purification (today we even talk about so-called psychocatharsis) (Galińska 1978, p. 84). In art therapy, a number of techniques are applied which focus on particular fields of art, creative expression and also have to do with "the beauty of nature" (sensual contact with nature) (Szulc 1993, p. 21).

The following art therapy techniques are mentioned:

— chromotherapy: treatment with colors, hues,
— Drama therapy – psychodrama: through preparation and participation in theatrical performances (psychodrama, drama, pantomime and theatrical plays are used here)[8],

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[7] A. Rękas, *Mediacja w polskim prawie karnym*, MS, Warszawa 2004. p. 15. Blanket mediation may be used on the basis of a decision of the penitentiary court, at the request of a representative of the penitentiary administration, a court professional guardian, in accordance with the request of the convicted or wronged party or ex officio (for conditional early release). The provisions of Art. 23a of the Executive Penal Code shall apply mutatis mutandis pursuant to Article 1 § 2 of the Executive Penal Code (the legislature thus introduced mediation into the general provisions of the Executive Penal Code). (cf. Hołda, Postulski, 2006, p. 550; Dąbkiewicz, 2012, p. 473).

[8] Theatrical therapy can include: psychodrama, i.e. "a spontaneous stage performance that makes interpersonal and intrapsychic conflicts visible and allows them to be re-experienced within a ther-

— aesthetotherapy: through aesthetic experience, through contact with beautiful surroundings, works of art,
— ergotherapy (occupational therapy e.g. in weaving, ceramic, sculpting sudios, etc., therapy through work),
— horticulotherapy: therapy through working or staying in the garden,
— ludotherapy: through games and plays,
— music therapy: through music,
— poetry therapy: therapy by reading, reciting or writing poetry,
— silvotherapy: through communion with the forest,
— thalassotherapy: through communion with the sea,
— choreotherapy and music therapy, sound therapy and even
— bibliotherapy: by reading books, writing your own literary works, writing diaries, and also through film.

As you can see, in the literature on the subject one can find views postulating the inclusion of many of the above mentioned techniques into the scope of art therapy, considered to be independent and rarely associated even with broadly understood art therapy. This is justified by the view that in the therapeutic (including rehabilitation) impacts drawing on the values of art, almost all of them, and certainly music, paintings, sculptures or dance are carriers of emotional content and as such meet the conditions for therapy (Koziełło 1997; Kran 2001). This is very important in the case of patients with a lower level of intelligence or a disturbed personality, in whom it is easier to impact the emotional sphere compared to e.g. the intellectual sphere of personality (Kaszczyszyn 1999, p. 187).

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apeutic framework"; drama understood as an auxiliary method of teaching various school subjects or a self-contained method of educating a person's personality by developing their imagination and sensitivity, teaching active creativity, teaching the ability to cooperate with other people; pantomime, or "a silent stage show in which events are transmitted by the actors solely by means of body movements, gestures, mimics".

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