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The need for, and the possibilities of, inspiring hope in the socially maladjusted in light of cognitive theory

Abstract: This article draws attention to the necessity of developing hope in socially maladjusted individuals as a cognitive structure of personality. Hope is defined as an individual's system of beliefs that in the future they will achieve a desired target with a certain degree of probability. Hope, as opposed to fear, is important in formulating the motivation required to undertake various forms of activity and decides on a person's openness to change. On the basis of cognition theory, the author points to the theoretical determinants of hope with particular reference to rehabilitation work aimed at rebuilding the style in which successes and failures are explained, increasing the sense of self-efficacy and restructuring cognitive distortions. **Keywords:** hope, socially maladjusted, cognitive theory in social rehabilitation.

Introduction

The theory of rehabilitation pedagogy is focused on discovering why the socially maladjusted do not act in their own best interest. They make such decisions that they often end up hurting themselves, becoming the perpetrators of their own misfortune. Why can't they break out of this vicious circle of powerlessness and futility? Why do they stay in a world that they perceive as evil, threatening and unfriendly? Why do they not make the effort to change their situation? For many socially maladjusted individuals one can answer these questions very generally: these people are characterized by a sense of hopelessness. Assessing their

situation as hopeless, they lose motivation in any activity aimed at improving their fate (they say: what for? It's no use.), they do not believe in themselves and their ability to influence reality, they do not trust others and, above all, that they can get any help from others, so they usually do not ask for any. This state is the source of the psychological distress they experience, which is often dulled by stimulants, aggression, auto-aggression, and various forms of withdrawal from social life.

Can hope be learned? If it can be, in what way can one work on awakening hope in one's wards? How does one overcome a sense of hopelessness? The answers to these questions are crucial for finding effective ways to help many pupils resolve their individual problems. In order to analyze the ways in which clues might be found for rehabilitation, aimed at raising hope, I will make use of the mechanisms discovered by cognitive psychology.

Cognitive psychology asserts that orientational-cognitive processes dominate in humans and permit an individual to understand himself, the outside world, and the causal relationships that determine 'me – world' interactions, in order to predict the future and make the most effective decisions leading to the achievement of their life goals. Knowledge about themselves, the world and the future is actively organized by people's cognitive patterns (structures), so they not only save acquired information in memory but process it, interpret it, and give it personal meaning in accordance with their own needs and values, which they themselves have created. Factors associated with cognitive processing of information have an impact on the learning process. The Cognitive perspective assumes that people actively create their personal reality by creating their own interpretation of the elements of the world around them and assigning meanings to them. The importance that the man gives to a situation affects his emotions and behavior. Thoughts that arise in the mind are a representation of the external and the internal world, so these are always subjective. They are not reality in themselves but only a reflection of reality. The mind is a mirror, through which we perceive and understand the world, but it can often become a distorting mirror, and all the more so, the more our thoughts generate negative feelings and emotions that begin to dominate reason. Negative feelings and emotions, such as fear, anger, hatred, and resentment, are a source of cognitive distortions that hinder normal functioning and prevent the achievement of well-being.

A person who is socially maladjusted because of the experience of many traumas, such as unfulfillment of basic psychological childhood needs, social rejection, parental neglect, and even experiences of psychological and physical violence, sees the world through the prism of negative emotions and therefore cognitive distortions are so frequent, severe and persisted, as to lead to loss of contact with reality. Socially maladjusted reactions are inadequate and, instead of leading to an improvement of a situation through the realisation of individual life goals, become a source of additional mental suffering/distress.

Hopelessness in the socially maladjusted – a need for change

Hope, according to Joseph Koziellecki, is a multidimensional cognitive structure of personality, in which “the central component is the belief that in the future one will achieve the desired objective within a certain degree of probability”.¹ The structure also encompasses emotions, time, affiliations and ability. Belief in the possibility of achieving the desired goal (or the absence of such a possibility) is saturated with strong emotions and brings joy, contentment, pride (or, in the absence of hope – aversion, fear, sadness, despair), which stimulates and motivates the individual into action (or in a state of hopelessness paralyzes these activities). Hope is classified as a personal resource that has a significant impact on thinking and action, determines its psychological resistance, achievements, sense of well-being. Koziellecki says that hope is the opposite of fear, because it is a positive force “to” and the fear is the force “from”. “Who kindles hope extinguishes fear.”²

Hope according to many authors is identified with optimism but Koziellecki, noticing similarities and interdependence between these, also highlights the differences between them that prevent recognition of these concepts as identical. He believes that whereas hope is associated with the future, optimism applies to the present tense, and sometimes even to the past. Hope is more saturated with emotion than optimism. Emotions, the current structure of hope, together with its other components (affiliate relationships, determinacy) contribute to the “unique and pleasant mental experience which actuates hope and affects the effectiveness of achieving objectives. Such an experience does not seem to accompany optimism”.³

Hope is not an emotion (although it is saturated with emotion), but a cognitive structure, so it can be developed in a way similar to how one develops, for example, memory and creative thinking. A belief in the possibility of achieving a desired objective in the future is subject to constant change due to:

- Social interactions (contact affiliated with others is a source of hope for man);
- One’s own actions (the experience of small successes raises assessment of the likelihood of achieving other, greater successes);
- Self-development, i.e. working on oneself (exercising character, strength of will, but especially work involving thinking based on hope).⁴

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¹ J. Koziellecki, *The psychology of hope*, Wydawnictwo Akademickie “Żak”, Warsaw 2006, p. 42.

² Ibidem, p. 73.

³ Ibidem, p. 51.

⁴ Ibidem, p. 134.

For children with a strong sense of hopelessness, the most important thing in breaking this vicious circle of impotence seems to be healing contact with another human being, as a source of the psychological satisfaction of material needs, which along with other qualities of re-socialisation gives hope, since hope is infective, i.e. something you can “catch” from others. In literature on the subject, the importance of interpersonal relations in the process of rehabilitation is sufficiently well-described, so I will not cover this thread here. Instead I will focus on the second determinant of hope: a person’s own actions which re-socialising educators should motivate and direct, in other words I will look at the need to organize educational situations in such a way as to provide a means of experiencing success, which then significantly affects levels of hope.

Educators are aware that they should by adapting goals to the individual abilities and skills of pupils in order to enable them to succeed in various spheres of activity, however, the task of re-socialisation cannot end there. How pupils interpret their gained experience is equally important, so it is necessary to work on the ways used to explain/ successes and failures and which directly influence perception of personal efficacy (an approach introduced to psychology by Albert Bandura⁵ while the learning of optimism in life was described by Martin Seligman.⁶ Awareness of personal efficacy, as well as optimism in life, significantly impact on the perceived level of hope, that is, the formation of the belief that within a certain probability (which never equals certainty) a person’s desires will be achieved.

A key question for everyone is what can be affected and to what extent is that which happens alongside a result of his own activity and to what extent a result of various external forces. Everyone wants to understand the world around them and answer the question about the reasons for their successes and failures in their own specific way. Determinants of success and failure are often difficult to grasp, as the scope of their analysis includes a lot of personality and situational variables. Consequently, mechanisms described in the theory of attribution are often employed to achieve this, which results in the subjective attribution of cause only to those factors that are believed to be of utmost importance.

The style a person uses to explain their own successes and failures results not only from the words spoken in front of others and themselves. It results from the way of thinking about oneself that was fixed based on childhood experience, and it is this that decides whether a person has an opinion about himself and his capabilities to change their situation. It is this that determines perceptions of oneself on a worth/worthlessness scale. The style of explanation determines whether a person is an optimist or a pessimist, and whether they break down as a result of failure or find the strength to continue to overcome adversity.

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⁵ A. Bandura, *Social learning theory*, PWN, Warsaw 2007.

⁶ M.E.P. Seligman, *The optimistic child*, Media Rodzina, Poznan 1997.

The style of explaining successes and failures consists of three dimensions/ /aspects: stability, scope and personalization.⁷ Stability refers to an assessment of the duration of the observed causes, which means that the person sees the failure as having a lasting nature, and this entails the belief that “it will always be this way”, and “it will never end.” This interpretation of adverse situations and unpleasant events in terms of “always” and “never” generates a pessimistic style of explaining/understanding, which can lead to a learned helplessness being established. The opposite end of this dimension is the tendency to perceive the causes of failures as temporary, transient, which means that a person does not lose hope that effects of his actions will become more positive, he recovers quickly from failures, which perpetuates an optimistic way of looking into the future. However, in the interpretation of the reasons for success the opposite happens. Pessimists see their success in momentary causes while optimists see them in persistent causes.

The scope meanwhile concerns the spatial aspect of adverse events, hence the conviction as to how extensive the consequences of a negative event are and will be. If the person assigns universal scope to an event, they are convinced that the failure affects all aspects of their lives, weighing on their entire future. The perception of a “universal” scope means that the experience of failure in one sphere of activity results in the abandonment of activities in other spheres of life, as it is considered all encompassing life catastrophe. They form a pessimistic view of themselves, the world and the future. In contrast, a perception that the scope/is “limited” only to the sphere in which there has been failure does not disorganize overall functioning. On the contrary, failure in one sphere can be compensated by success in another, which increases satisfaction with life. So a pessimist considers a failure as an event of universal substance, while successes are seen as having a limited range. Conversely for the optimist – he believes that failures have a limited reach, but considers success as universal thereby increasing self-esteem with the result that he also operates more efficiently in other areas/.

Personalization is the third dimension of style used to explain successes and failures. When something bad happens, one can blame oneself for this incident (internal personalization) or something outside themselves (external personalization). People who tend to blame themselves do not like themselves and this lowers their self-esteem, they think they are worthless, hence their ability to act is reduced and this has a negative influence on how they are perceived in society. However, people who blame external factors (other people or situations), do not lose their good opinion of themselves in the event of failure, so their perception of the situation is less emotional, thanks to which their assessment of the situation in terms of stability and scope may be more rational and realistic.

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⁷ Ibidem.

A pessimistic style of explaining failures and lack of success increases the likelihood that at the time of experiencing life's failures a person will learn helplessness, which is a doorway to depression. Indeed, the belief that nothing can be done to change one's fate and that all actions are futile, because one is unable to influence what is happening and that there is no escape from the misfortunes of life, can lead to feelings of passiveness, apathy, and a sense of meaninglessness which are confirmed on the basis of a self-fulfilling prophecy. However, in people characterized by an optimistic style of explaining failures and setbacks, there are only short-term disruptions after such experiences, and they quickly deal with any bad moods and return to normal operation.

Seligman argues that optimists meet just as many setbacks and tragedies in life as pessimists do, but optimists cope better, because they quickly return to form after a failure and begin work afresh. However, in a similar situation, the pessimist gives up and falls into depression. Optimists are more successful in school, at work and at play, enjoy better health, live longer and have more life satisfaction as compared to pessimists. Pessimists fear a crash, even if all "going well".⁸

Seligman believes that pessimists can achieve an optimistic view of the world by controlling their thoughts in such a way as to identify any difficulties (event) and beliefs (thoughts on this event) that they generate and the consequences (feelings that arise under the influence of thoughts) which they entail. The ability to noticing a causal effect linking difficulty, conviction and result, allows one to control one's own thoughts (beliefs, interpretations of difficulty) in such a way as to eliminate pessimistic explanations, which lead to passivity and discouragement, and to use an optimistic explanation for constructive action. Developed techniques of optimistic learning are based on the principles of cognitive therapy. Seligman lists among these: distraction, the questioning of intrusive thoughts, distancing oneself, relying on evidence, searching for alternatives, decatastrophisation.⁹

Seligman has developed an optimism learning program for children, which at the same time can be used to build hope since optimism is important part of hope's backbone, in the same way that pessimism is the backbone of hopelessness. Transforming the ways of interpreting the causes of success and failure is possible at any age, as evidenced by the researchers involved in social neuroscience. It turns out that the human brain is much more plastic than previously believed and changes throughout a person's life. Moreover, these changes occur due to human activity, so they can be consciously controlled and this has an impact on their development. Daniel Goleman cites evidence that the brain directs social behavior, but also that the social world affects the brain and biology. The discovery of the meanderings of brain operation in the course, and under the influence of social interactions, shows how interpersonal relationships can "damage" the brain,

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⁸ Ibidem.

⁹ Ibidem.

but also how they can “heal”. Everything depends on their quality, strength and durability, and above all on how an individual interprets experienced stimuli (internal and external) and what gives meaning to them.¹⁰

Turning to the third aspect in the formation of hope, that is, working on oneself, and in particular on the ways of thinking about oneself, the world and the future, it should be noted that, according to the cognitive theory psychopathological disorders are the result of abnormalities in cognitive processes that are associated with distortion or cognitive deficits, which are the result of a person making biased interpretations of experiences. Alvaro Barriga and his colleagues define cognitive distortions as the phenomenon of drawing attention to what you are experiencing or assigning meaning to one’s experiences in an inaccurate or distorted way.¹¹ These are imprecise thoughts or beliefs about us and other people based on a rationalizing approach. Cognitive distortions can on the one hand promote adaptation, but on the other hand involve significant costs, since the decisions arising under their influence can lead to inadequate responses, and are a source of additional mental suffering. They arise as a result of specific, negative, even traumatic experiences taken out of the family home, school, and wider social environment, and cause new information and experiences to be evaluated in the context of these distorted beliefs.

Barriga and his colleagues distinguish four kinds of basic cognitive distortion (thinking errors) in maladjusted adolescents: self-centeredness (matching the surrounding reality to their own points of view, expectations, intentions and needs), catastrophisation (anticipating the worst, as a result of hostile intent assigned another), blaming others (assigning blame for their antisocial behavior on outside factors), and minimisation (questioning damages that arose as a result of their behavior). The last three distortions serve the rationalization and reduction of unpleasant emotional states and support the egocentric perspective of the individual. In literature, there are many other types of cognitive distortions, e.g. false matching (the belief that others think as he himself), anchor (resistance to change your way of thinking), generalization (assessment of the situation moves to the more general assessment of the situation), dichotomous thinking (tendency to extreme evaluations), underestimation or suppression of positive information and communications, focusing on the negative. These distortions along with the methods and techniques for their cognitive restructuring, in the context of social rehabilitation practices, are described fully by Robert Opora,¹² so are mentioned here simply to point out this issue.

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¹⁰ D. Goleman, *Social intelligence*, Dom Wydawniczy Rebis, Poznan 2013, s. 17.

¹¹ A.Q. Barriga, J.C. Gibbs, G.B. Potter, A.K. Liao, *How I think – Questionnaire manual*, Instytut Amity, Warsaw 2005, p. 3.

¹² R. Opora, *The evolution of social maladjustment as a result of changes in psychological resistance and cognitive distortions*, Wydawnictwo Uniwersytetu Gdańskiego, Gdansk 2009; idem, *Resocialisation:*

All these cognitive distortions disturb the view of reality; however, it is catastrophisation that has the most destructive influence on hope, because, by definition, it only generates thoughts about the negative consequences of current and potential events. It is the total rejection of hope of a positive change. It comes from an ensconced negative view of other people, to whom hostile intentions and plans are ascribed, releasing stored up aggression towards them as a form of defense against the threat they represent in accordance with the principle that the best form of defense is attack. Moreover, catastrophisation is often the cause of the self-realising prophecy mechanism. The reconstruction of this cognitive distortion is therefore crucial in order to raise the level of hope.

The socially maladjusted, because of their baggage of negative life experiences, have a problem with the crystallization of life goals. Their vision of the future is hazy, saturated with lack of faith that it can be better than the past, and full of the lurking dangers. The dominance of hopelessness generates negative emotions and results in a person focusing on the “here and now”, because their life goals are limited to satisfy the hedonistic needs, which alone seem to be available to them. Often the goals and expectations are unrealistic, not taking into account their own abilities, nor those of other people, which in itself is a source of disappointment, frustration and blaming the whole world. This leads to what is known as wishful thinking, which does not require any constructive action. Therefore, an important task of social rehabilitation is stimulating juveniles to become aware of, and to crystallize, their goals in life in the short and long term.

Joseph LeDoux engaged in research on the brain's mechanisms of emotion, especially on fear and anxiety, justifies the idea that emotions, as well as autonomic and behavioral responses, are the product of complex brain mechanisms resulting from evolution to protect against danger, and for the prolongation of life and species. Most of these nerve processes are not perceptible to human consciousness. Man experiences only their “products” (emotional arousal, tension, trembling, sweating, heartbeats, etc.); he must evaluate, name, and understand them and does so based mostly on the situational context and previous experience, but in the process of “becoming aware” of each emotion he can make mistakes. “In all mammals, the nerve pathways leading from the amygdala to the cerebral cortex eclipse and outstrip any paths that lead in the opposite direction. Although thoughts can easily trigger emotions (through activation of the amygdala), they are not very effective in switching them off (by deactivating the body). Telling yourself that you should not be afraid or feel depressed does not help very much.”¹³ But instead of denying that you feel what you feel, you can use your

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education and psychocorrection of socially maladjusted juveniles, Oficyna Wydawnicza “Impuls”, Cracow 2010.

¹³ J. LeDoux, *The emotional brain: The mysterious underpinnings of emotional life*, Media Rodzina, Poznan 2000, p. 360.

thoughts to generate other emotions that will be strong enough to drown out and supplant the consequences of negative emotions. Feeling depressed state for some specific reason (e.g. experiencing rejection from a person dear to us), you can, thanks to the cognition involve yourself in such activities that will deliver such experiences of joy, satisfaction, success and pleasure that a relatively quick “healing” of mental wounds will occur. In contrast, idly remaining in a situation dominated by negative emotional states leads to that self-reinforcing mechanism called rumination which leads to increased mental suffering. In this sense, emotions are the result of a cognitive interpretation of a situation, an interpretation over which a person can have a conscious effect. However, it is necessary that individual life goals be consciously created (discovery, crystallization) such that they enable the individual to engage in constructive activities as an antidote to antagonistically destructive behaviour. In terms of rehabilitation pedagogy, the results cited by LeDoux are optimistic, because they can be used to seek constructive ways to aid the development of juveniles.

Conclusion

Change is a necessary element in the process of rehabilitation. However, in socially maladjusted individuals we observe resistance to change, because they associate them with a change for the worse, and burgeoning fear of this drowns hope, especially since they are convinced that they do not have any influence on what happens to them and around them. Since they do not believe that they can control their own lives, they focus on the present. Therefore, an important task of the rehabilitation is increasing self-efficacy through constructive interpretation of the causes of their failures and successes, which in turn increases the motivation to undertake increasingly difficult personal tasks. Through the positive effects of their own actions thinking based on hope can be shaped.

The next challenge for teachers of social reintegration is the identification of the cognitive distortions of those in their care, which helps achieve a better understanding of the specifics of their thinking and social functioning and allows the methods of social rehabilitation to be customized in respect to their cognitive distortions. There is a need, therefore, to use to a greater degree of educational intervention based on the principles of socio-cognitive therapy, aimed at restructuring cognitive distortions, especially the tendency to catastrophise. Changes in the way one thinks result in changes in feelings and behavior.

A variety of models of socio-cognitive therapy have been developed that are integrated in character. They emphasize not only the processes of learning alternate behavior but also the factors associated with cognitive processing of information that have an impact on the learning process. The endeavor is to change not only the behavioral patterns but also the cognitive content that is a precursor

to this behavior. The therapy models are aimed at correcting cognitive distortions, at the elimination of cognitive deficits and the development of social and individual skills. The goal of therapy is to improve adaptation and functioning in both the interpersonal and intrapersonal sphere as well as the re-education of maladaptive behaviors and various mental and physical ailments.¹⁴ Intrapersonal adaptation concerns the method of feeling and perceiving one's own self and one's own behaviours while interpersonal adaptation concerns adjusting to others and social interaction. Social and cognitive therapy is based on the integrationist perspective which involves taking into account the internal and external of the child's environment, i.e. it stresses the importance of behavior, cognition, emotion, and social factors, linking them together. This model places particular emphasis on learning processes, especially the modeling process, while at the same time emphasizing the crucial role of the individual style of information processing and emotional experiences in the course of development and of overcoming life's difficulties. Changes in thinking, feeling, and behavior occur within a social context; hence, this context cannot be avoided. Therapy puts the emphasis on learning an effective model of "managing by oneself" under different circumstances, in other words, the cognitive and social skills that a child can use in natural, difficult situations. Development and improvement of coping strategies is made during role-play and, "show that I can" (STIC) homework exercises. We might also mention other programs for improving confidence in one's abilities that encourage optimism and the ability to look to the future with hope: Kendal's "CopingCat" – for young people with anxiety disorders, "Friends" – a therapy for children with anxiety disorders based on family, "adolescents cope with depression" – training to strengthen initial and consequent self control (PASCET) (act and think).¹⁵

In contact with juveniles the focus should not be on the past but on the future. So we should not ask them: "why did you behave like that?", because such questions provoke a search for excuses and blaming others. More constructive questions are channeled at aim of the behavior, i.e. "what did you want to do?" This forces the youngster to think about what they want (wanted) to achieve and assess whether the chosen method is appropriate in achieving this goal. The conversation should be focused on the pupil verbalising what he wants to achieve (which is a very difficult task for him, because he himself does not often realize what he really meant), finding more adequate means of pursuing their goals and ambitions, and discovering more satisfactory ways of meeting their needs. Formulating clear, specific objectives, seeking alternative solutions and evaluating their usefulness (advantages and disadvantages, potential gains and losses) and choosing the best solutions and actions is the most economical way to achieve

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¹⁴ A.E. Kazdin, J.R. Weisz (eds.), *Evidence-Based Psychotherapies for Children and Adolescents*, Wydawnictwo Uniwersytetu Jagiellońskiego, Cracow 2006, p. 10.

¹⁵ Ibidem.

success. It opens the door to hope for a better future, allowing an individual to shape the future according to their own expectations, and enabling them to take personal responsibility for it.

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