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Cognitive Distortions and their Restructuring in the Social Rehabilitation Process of Socially Maladjusted Adolescents

Abstract: In light of cognitive concepts, a significant cause of adaptation problems are maladaptive cognitive distortions, consisting in assigning meaning to one's experience in an inaccurate or distorted way. The identification of cognitive distortions in social misfits enables social rehabilitation educators to identify their problems in the process of adaptation to the environmental conditions and to understand the nature of their social functioning. At the same time, it allows to adjust methods of social rehabilitation interaction to the committed distortions.

Key words: social maladjustment, cognitive distortions, cognitive restructuring.

Introduction

Social neurobiology, a dynamically developing science, focuses on exploring the biological mechanisms of the brain's functioning, which are responsible for human behaviour. It is not a science confirming the assumptions of biological nativism, claiming that it is innate and genetic factors that determine human development, and experience and education are secondary factors, only complementary and slightly modifying biological predispositions. On the contrary, social neurobiology proves scientifically that the brain is plastic and changes throughout a person's life; what is more, these changes occur under the influence of environmental

factors and human activity, so a person can consciously control them and has an impact on their course. In 2006, Daniel Goleman, the author of *Emotional Intelligence*, published his book *Social intelligence*, in which he provides evidence that the brain is directed by social behaviour, and the social world affects our brain and biology (Goleman 2013, p. 17). The findings of the meanders of the brain's functioning, during social interactions and under their influence, show how interpersonal relationships can "damage" the brain, but also "heal" it. It all depends on their quality, strength and durability, and above all, on how an individual interprets experienced stimuli (internal and external) and what meanings it gives them.

A person can decide what kind of people surround him, with whom he enters into long-lasting relationships, and what relationships he resigns from when they are not satisfactory for him. Maybe... but very often he does not take advantage of these possibilities, because he is afraid of changes or does not have the inner strength for change. He also often chooses subsequent toxic relationships, because he is unconsciously following what is known to him and constantly repeats the same mistakes, even without being aware of it. A person is capable of making the right choice, but only if he knows what he wants. For this purpose, he must learn to read his emotions.

Joseph LeDoux, engaged in research on the brain mechanisms of emotions, especially fear and anxiety, justifies the thesis that emotions, like vegetative and behavioural reactions, are the product of complex, evolutionarily produced brain mechanisms aimed at defending against dangers, prolonging life and the species. Mostly, these nervous processes are not available for human consciousness. A person experiences only their "products" (emotional arousal, tension, trembling, sweating, heart beating, etc.), he must evaluate them, name them, understand, and he does so usually based on the situational context and previous experiences. In the process of "becoming aware" of emotions, he can make many mistakes. "In all mammals, the nerve pathways leading from the amygdala to the cortex overshadow and remove the roads that lead in the opposite direction. Although thoughts can easily trigger emotions (through activation of the amygdala), they are not very effective in their turning-off (by deactivating this body). Telling ourselves that we should not be afraid or feel depressed does not do much" (LeDoux 2000, p. 360). In view of the studies cited by the author, one cannot disagree with these sentences, but they can be used to search for another path leading to taking control of emotions. Namely, by not denying that one feels what one feels, other emotions can be generated by thoughts, which will be strong enough to drown out and consequently expel negative emotions. For when feeling depressed for some specific reason (e.g. the experience of rejection by an important person for us), thanks to cognition, we can get involved in such activities that will deliver such experiences of joy, satisfaction, success and pleasure, that psychological wounds will be "cured" relatively quickly. In contrast, staying idly in a situation

of dominant negative emotional states leads to the self-strengthening mechanism of amplifying mental suffering, called rumination.

Therefore, LeDoux also proves the thesis that “emotions [...] are the result of cognitive interpretations of the situation” (LeDoux 2000, p. 55). This is consistent with the assumptions of cognitive concepts and cognitive therapies, focusing on the restructuring of mental presentation of emotional arousal, which always depends on the individual interpretation of the social context. We assess emotional arousal that occurs in the unconscious part of the emotional brain, we realize the outcome of the assessment (carried out by the conscious part), but often we cannot justify or explain why we feel this emotion and not another (e.g. why we like one person, and not another). We try to understand the reasons for the perceived emotion; however, this is often only intuitive, we interpret reality so as to give it meaning, to introduce some logic. Therefore, one can acknowledge the validity of the idea that the human is not a rational being, but rationalizing. The importance that an individual assigns to one’s experiences, or rather subjectively experienced external factors, determines the quality, strength and durability of internal emotional experiences and generates a tendency for specific behavioural responses.

Social maladjustment in light of cognitive concepts

Personality disorders, according to the cognitive theory, are understood as maladjusted, maladapted operations fulfilling cognitive, emotional and motivational functions, which have been attributed excessive value, which is typical for primitive strategies (Alford, Beck 2005, p. 22). The frequent use of these dysfunctional forms of action in the past served adaptation or survival, but their repetition at the moment is a source of social maladjustment. Based on experiences, specific patterns of thought (schemes) are formed, which are the result of hypersensitivity to selected environmental stimuli (i.e. those that are assigned too much importance), such as: rejection, threat, injustice, loss, ignoring, lying. Emotional sensitivity to the chosen, unconsciously of course, external stimuli is activated by an internal detector set to track exactly those stimuli, which causes attention and memory selectivity – a person more often detects, receives and remembers information compliant with that scheme of thought, reinforcing and perpetuating it. Moreover, the individual actively looks for information that will confirm his way of thinking. And he finds it...

Irrationally perpetuated thought schemes lead to the development of specific personality disorders. For example, an avoiding personality develops in environmental conditions in which emotional coldness, emotional rejection, lack of a secure attachment model dominate, which the individual adapts to, assigning too much value to self-centered motivation and avoiding close

emotional relationships, because he treats them as a potential threat and source of psychological distress. During childhood, this method of behaviour minimized negative experiences, while in adulthood it is the source of maladjusted behaviour. In contrast, a dependent personality is a result, to simplify, of adapting to life in a family applying authoritarian parenting methods by assigning relationships with other people too much value, resulting in subordination, submission, resignation from autonomy and sociotropy, i.e. a sense of Self is determined by close relationships with other people. During childhood, this method of behaviour had adaptive values, while in adulthood it generates problems in interpersonal relations (Alford, Beck 2005, p. 22).

Therefore, environmental factors trigger genetically programmed functions serving survival, activating the selection of the most appropriate, for a given individual, process of information processing, called schemes. These schemes are conscious and unconscious “structures of meanings”, which serve survival, but in changed environmental conditions they lose their functionality. However, they are resistant to changes and modifications due to their rigidity. Full-blown maladjustment disorders reveal themselves then (Alford, Beck 2005, p. 22).

The cognitive theory assumes that psychopathological disorders are the result of abnormalities in cognitive processes, which are associated with cognitive distortions or deficits, being the result of an individual making biased interpretations of experiences. Alvaro Q. Barriga, John C. Gibbs, Granville B. Potter and Albert K. Liao (2005, p. 3) define cognitive distortions as a phenomenon consisting in paying attention to what one experiences and assigning one’s experiences meanings in an inaccurate or skewed way. Therefore, they are irrational attitudes, thoughts and beliefs concerning one’s own or other people’s social behaviour.

Cognitive distortions on the one hand can promote adaptation, on the other hand – entail significant costs. Even at the level of memorizing information or events – the first deformations occur, as studies show that selection is carried out in this process – not all information can be remembered, and not all are remembered with equal ease. It is easier for a person to remember information that is consistent with that previously accepted, while information that is inconsistent is often rejected. However, most errors occur at the stage of reconstructing information.

Aaron Beck (2005), considered the founder of cognitive-behavioural therapy for people with depression, presents the view that maladjusted thoughts about oneself, the world and the future lead to cognitive distortions, which in turn contribute to the formation of inadequate emotions. This is the so-called Beck’s cognitive triad – beliefs about oneself, the world and the future. These beliefs are formed on the basis of specific experiences taken out of the family home, school, contacts with the wider social environment, and new information and experiences are evaluated in the context of these beliefs. A person creates cognitive schemes which are responsible for the individual assigning maladapted meanings, which

refer to himself, the surrounding world and the future. These dysfunctional beliefs are the result of interactions of genetic predispositions and harmful influences of others and experienced traumas.

According to the author of the emotional-rational therapy, Albert Ellis (1999), a person is himself the cause of his unnecessary suffering, leading to irrational and dysfunctional thinking. He believes that emotions and behaviour are the result of how we perceive events. Therefore, in the treatment of people with adaptation problems, and so also in social rehabilitation interactions, emphasis should be placed on cognitive restructuring, i.e. rebuilding maladapted beliefs, especially in the scope of assessing oneself, other people and one's future.

Automatic thoughts stem from assumptions and key beliefs about oneself, others and the world, and if the latter are wrong, distorted and irrational, then emotions and behaviours appear which are inadequate to the situation, which are a source of adaptation problems. Key negative beliefs are generally divided into two categories: the belief about helplessness and belief about being undeserving of love (Opora 2009, p. 108). These beliefs imply automatic thoughts that may be subject to various distortions and are combined with negative emotional states.

The belief about helplessness affects the quality of an individual's functioning in various spheres, as it reduces the activity of the individual in undertaking measures aiming to improve one's situation. The belief about helplessness stems from low self-efficacy, a concept introduced by Albert Bandura (2007) to his theory of social learning, and it means the belief of an individual that he can effectively cope in a given situation, which affects perception, motivation and level of task performance in many ways. Judgments about self-efficacy influence making decisions on whether it is worth undertaking a task, on the amount of the effort and perseverance in the face of difficulties encountered in various social situations. The development of self-efficacy depends on the experiences of the individual and on how he explains his successes and failures to himself. This attribution is made up of three components: assigning causes to internal or external factors, fixed or variable, global or specific. Maladapted forms of functioning of an individual usually connected with assigning internal, fixed and global causes to his failures, and external, variable and specific causes to his successes, which predisposes an individual to depressive disorders and to learned helplessness (Seligman et al. 1997, p. 77 et al.). These attributions are the result of learned cognitive processes, and therefore, they are susceptible to changes.

The belief about being undeserving of love primarily touches people, who during childhood, did not experience a safe model of attachment with an adult (mother or other guardian) or these bonds were significantly disturbed (e.g. through the traumatic experience of emotional rejection). This leads to an impaired sense of security and the inability to satisfy the need for acceptance, belonging,

and use of support of other people in later life. Meanwhile, emotional distance towards others appears, the lack of trust and suspicion of people presenting a positive attitude towards the individual. This makes it difficult to establish emotional contact with others and often, for this reason, there are interpersonal conflicts and contacts are broken, which consolidates the individual in the belief that he actually does not deserve love.

Cognitive distortions characteristic of socially maladjusted adolescents

Barriga et al. (2005) divide cognitive distortions (thinking errors) into egotistical and self-degrading. In socially maladjusted adolescents, egotistical cognitive distortions are most frequently observed, among which the most common are self-centeredness, blaming others, belittling (change of meaning, minimizing) and fatalism (anticipating the worst, catastrophizing).

Self-centeredness is “putting one’s own views, expectations, needs, rights, feelings and desires ahead of the views of others (and even above one’s own far-sighted interest), to the extent that the latter are considered to a very small extent or not at all” (Barriga 2005 p. 9). As a result, the surrounding reality is adapted to one’s own point of view, and the point of view of others is completely ignored. The minor is so absorbed in the realization of his own desires, that he does not care what others think or feel, so he hurts them – even those who care about him. He concentrates only on himself and he does not care whether something is legal or not. Such self-centeredness is an appropriate stage of development for a small child, who, according to Jean Piaget’s theory of cognitive and moral development, is at the level of morality of self-interest.

Blaming others consists in assigning blame for one’s anti-social behaviour to external factors, e.g. innocent people, psychoactive substances, difficulties at school, fate, destiny, and even momentary aberrations (I was in a bad mood). These factors serve to justify oneself for inappropriate behaviour, in order to protect one’s own self-esteem, neutralize the sense of guilt, shame or prevent the feeling of remorse. Minors have a strong conviction about the rightfulness of their own opinions, hence they do not feel responsible for their behaviours. It is difficult for them to understand that even if they were provoked to negative behaviour, they are solely responsible for their reactions (Barriga 2005).

Belittling (change of meaning) are thoughts thanks to which an individual downplays the significance of his anti-social behaviour, presents them as basically harmless, accepted and even justified, as he assigns degrading and dehumanizing labels to the victims. Minimizing the significance of one’s own actions is combined with disputing damages which resulted from them, and in a situation when they are presented as legitimate and desirable, there is a tendency to duplicate them.

This way of thinking also neutralizes moral sentiments, which causes that the individual does not see that he has made a mistake, therefore, he does not draw conclusions and does not learn from his mistakes (Barriga 2005).

Fatalism (anticipating the worst, catastrophizing) is a constant tendency to predict the worst-case scenario for a given social situation and treating it as inevitable, as well as assuming that the improvement of this situation is impossible. These thoughts are the result of unjustifiably assigning others hostile intentions. Even ambiguous, or even objectively, an individual assigns hostility and “impure” intentions in the neutral behaviour of others (e.g. in the eyes of other he reads a desire to attack). As a result, there is increased willingness to respond with fear to occurring factors, perceived as a direct threat or attack, which impedes the objective perception of the surrounding reality. Such an individual overly focuses on signals associated with threats and looks for them where they do not exist. Additionally, he believes that the best defence against these threats is to attack. In theory, such an attitude is described as hostile attribution (Barriga 2005).

The above-listed cognitive distortions are divided by authors into primary and secondary. A primary distortion is self-centeredness, and the three others (blaming others, belittling and fatalism) are secondary distortions, because they support the egocentric perspective of a minor, serve rationalization and reduction of unpleasant emotional states (low self-esteem, feelings of guilt, shame and remorse), are therefore a protection for positive self-image (Barriga 2005, p. 10–11).

Egocentricity, a primary cognitive distortion, results from the impaired development of the “Self” structure in childhood. Personality development is inhibited when the conditions do not arise to discover one’s “Self”, which prevents the further stage of development, consisting in separating the “Self” from the “Non-Self”. The transformation of primary egocentricity into the ability of decentration requires the differentiation: I – others, thanks to which awareness of different beliefs and perspective grows, as well as the ability to understand and accept other people (Jarymowicz 2001, p. 112).

Consequently, self-knowledge and the discovery of one’s own individuality enables one to get to know others, notice the similarities between oneself and others, discover common goals and get involved in emotional relationships with others. The other person becomes the same value as the “Self”. A positive attitude to others, similar to oneself, occurs only when the individual has a relatively positive, adequate self-esteem formed. Without individualization, he does not have the ability of decentration, or premises to care for others, to involve himself in non-personal matters. Thus, egocentricity is in fact defence of one’s own, undeveloped “Self” against alleged attacks of unknown, because misunderstood, others. In light of the above, a key issue which one should focus on during therapy, as well as in social rehabilitation, is minimizing thought errors of egocentricity, as a way of processing information about social reality, which requires a fundamental

reconstruction of self-image, the image of others and the world, and learning decentration skills.

For minors, according to Robert Opora (2009, p. 113), the following distortions are also typical:

- false compliance – the essence of this error lies in the fact that minors, more strongly than others, are convinced that others think like him, they recognize similar values, have the same needs and dreams. He believes that what he does is common and shields himself with the fact that everyone lies, steals, is selfish, bad, etc., and consequently draws the conclusion that there is nothing wrong with what he does, because it is normal;
- anchoring – is resistance to change in one's way of thinking even when all evidence shows that his is mistaken. Minors have a difficult time accepting the arguments of others; they are characterized by a strong reluctance to change. Even if he is proved inconsistent or not being right, he can continue to deny and stand by his own, he is stubborn;
- generalization – an assessment of the given situation is transferred to the assessment of broader, more global situations. The consequence is the misuse of the words: always, never, everything. In this way, he goes beyond the current situation and generalizes so much, that the image of reality is distorted;
- dichotomous thinking – derives from generalization. It is the tendency to make extreme assessments: all or nothing, white or black;
- underestimation or avoiding positive information – focusing on negative information.

Literature on cognitive-behavioural therapy also provides other types of cognitive distortions. Robert L. Leahy (2008, p. 35) additionally mentions: mind reading (assuming that one knows what others are thinking about, though he has no evidence of this), labelling (attributing generally negative characteristics to ourselves and others), abuse of imperatives, duties (not focusing on how it is, but on how it should be), personalization (taking on a disproportionate share of responsibility for negative behaviour), unfair comparison (interpretation of events, assuming unrealistic standards), regret referring to the past (focusing on that something could have been done better in the past), emotional justification (reasoning) (emotions felt are considered to be evidence of facts).

So, in the process of interpreting events and facts, and giving them personal meanings, people make mistakes. The more frequent they are and the more they distort the real image of reality, the more they are predisposed to present specific adaptation disorders. Lawrence Pervin (2002, p. 372) notes that attributing hostility to the environment leads to aggression, while assigning oneself helplessness – to depression. In addition, through their own behaviour, people reinforce their distorted perceptions by unconsciously starting the so-called mechanism of self-fulfilling prophecies.

The possibilities of cognitive restructuring in social rehabilitation practice

Knowledge on the cognitive distortions discussed above enables to understand better the ways of thinking of social misfits and their emotions and behaviours resulting from it. It also allows to broaden the range of social rehabilitation interactions focused on change in perception, interpretation and feelings of charges. Therefore, it is necessary when working with charges to use the developed cognitive therapies more than before, in order to start cognitive restructuring. Cognitive restructuring is identifying distorted thoughts in a charge, and then help to correct them, i.e. subjecting them to analysis using evidence in order to develop alternative beliefs (Opora 2009, p. 127).

Cognitive social rehabilitation procedures use the laws of learning, such as imitation, positive reinforcement, extinction. It does not focus on eliminating fixed negative habits, but uses techniques based on information about rational ways to behave and teaches the use of new, more adequate ways of regulating their relationship with the social environment and satisfy their own needs. They are encouraged to experiment, explore alternative forms of behaviour, and check what consequences they shall entail. As innovative forms of behaviours are repeated, new neural paths are formed and consolidated, being the basis for changing habits. As beliefs on the higher value (utility) of new methods of behaviour are consolidated, the old are less and less frequently used, and the process of unlearning (extinction of reactions) occurs.

The basis of cognitive restructuring is, firstly, to understand that thoughts are not reality, because they are always the result of subjective interpretation (so also of evaluation) of the reality experienced; secondly, that other people perceive differently, interpret and give meanings to facts, what's more, they have every right to do so. A charge admitting that everyone has the right to think and feel differently than him is the cornerstone to changes in personality and behaviour. It opens the way for charges to attempt to understand the standpoint of another human being, to put oneself in his situation, and so to shape the skills of decentration and develop empathy. Therefore, the standard techniques of cognitive therapies aim at acquiring the skill of distancing oneself and accepting someone else's perspective (Alford, Beck 2005, p. 113), which enables to reduce the tendency for egocentricity as a cognitive distortion, i.e. a specific model for processing information, which simultaneously weakens egocentricity as a personality feature.

Distancing is the ability to treat one's own thoughts only as an interpretation of reality, and not as objective facts. By adopting the perspective of others, an individual can simultaneously see the possibility of different interpretations

existing, which are equally likely and rational. This leads to the discovery that there is a discrepancy between one's own point of view and the point of view of others, which can be justified objectively, and which should be respected and accepted. Understanding these differences leads to greater distancing of oneself to one's own thoughts, and additionally helps to solve conflicts interpersonally and discharge tension.

At the core of cognitive therapy are two elementary processes: therapeutic relationship based on cooperation and targeted investigation of the truth through the Socratic dialogue (Padesky, Greenberger 2004, p. 17). Comparing this assumption of cognitive therapy with the theory of social rehabilitation, it should be noted that consistency can be seen only in the first element. The requirement to establish internal dependence with a charge based on positive interpersonal relationships, and causing that contact with the educator becomes rewarding for the charge, is known to all social rehabilitation educators. This requirement is even more important in light of the results of the latest studies in the field of neurobiology of the brain. They explain the importance of healing relationships with others, which facilitate the learning process through observation and imitation (becoming infected with emotions, reflection and consonance processes, empathy), and even prove that human development requires interaction with another person (Żylińska 2013, p. 118–138). In fact, neurobiologists have discovered mirror neurons, which actually make the brain a social organ. These neurons, susceptible to exercise and changes, are genetically programmed to create relationships and mechanisms for tuning oneself and consonance with others. It is thanks to them that cooperation with others is a source of deep satisfaction, and “another person may become the strongest drug for us” (Żylińska 2013, p. 131). So, only in “lifting” interpersonal relations with the educator, therapist (or other significant person), the socially maladjusted individual can find conditions for solving his existential problems.

As regards the second element necessary in the process of “healing”, i.e. the investigation of the truth, which means the need to rebuild dysfunctional beliefs, ideas and ways of thinking, then there are substantial differences between an approach consistent with the cognitive concept and traditional cognitive social rehabilitation. Cognitive therapy primarily uses the Socratic dialogue here, while in social rehabilitation interactions the method of persuasion is used. The educator “gives” the charge “objective truths”, and using unilateral argumentation (only pro arguments) or bilateral argumentation (pros and cons), convinces the charge that he is not right, but the educator is (Gorski 1985). Such a way of convincing the other person to his reasoning may raise legitimate resistance of the charge, lead to conflicts and form antagonisms (proving who is right from the point of view of cognitive science is a meaningless action, and even absurd). The Socratic dialogue, which is used in cognitive therapy, is a more constructive way for reconstructing the system of beliefs, as nobody imposes anything on anybody,

on the contrary, this dialogue focuses on the individual verifying his own views, providing evidence (arguments) supporting or against given convictions, assessing the reasonableness of this evidence and experimentally checking their credibility. The therapist only asks questions, and the patient himself comes to the truth – his truth. By skilfully asking targeted questions, the therapist allows the patient to define his own problems, a new look at those areas of his life that have so far been overshadowed by these “supervalues”, enables to notice alternative solutions to their life problems, which he had not noticed before, gaining psychological distance, and consequently, changing the perspective of assessing oneself, others and the future.

In social rehabilitation interactions, the Socratic dialogue can be effectively used by educators, especially working with young people with a lower intensity of social maladjustment disorders (those with severe personality disorders require professional therapy). The Socratic dialogue is also a much more adequate method of work than using classical methods of persuasion from the point of view of knowledge about the functioning of the brain. Social neurobiology proves that an individual learns most effectively (creating new neural connections) when he actively seeks and produces information, connects facts in a logical whole, and thus sees the cause-effect relationships, is innovative in creating new solutions backed by his own actions when he is emotionally involved in the solution of this problem, which he considers an important goal (intrinsic motivation). Verbal learning, providing ready knowledge is the least effective, because it is not brain-friendly. The strongest drive of learning, and this is what the brain was created for, is natural cognitive curiosity (Żylińska 2013, p. 243 et al.). And are we all not vitally interested in understanding ourselves and others? One must learn to use these natural human (or perhaps brain?) tendencies in the practice of social rehabilitation.

Summary

The identification of cognitive distortions in social misfits enables social rehabilitation educators to understand better the specifics of their social functioning and identify the causes of their problems in the process of adaptation to the environmental conditions. At the same time, it allows to adjust methods of social rehabilitation interaction to the committed distortions. It is needed, to a greater extent now than in the past, to use educational interventions based on knowledge in the scope of social neurobiology and on the rules of socio-cognitive therapy. Therapeutic cognitive models emphasize that the cause of all emotional and behavioural disorders is the cognitive functioning of an individual, who determines psychological and social adaptation. These causes are associated with cognitive deficits (e.g. lack of foresight) or cognitive distortion (i.e. dysfunctional

thought processes). Changes in the ways of thinking bring about changes in perception and behaviour. There have been many cognitive-behavioural therapy models developed, which are integrated; this means that they emphasize both the process of learning behaviours, and factors associated with cognitive processing of information that have an impact on the learning process. Therefore, it is aimed to change behavioural models, as well as cognitive content preceding this behaviour. They focus on correcting cognitive distortions, eliminating cognitive deficits and forming social and individual competences.

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