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EDUCATION OF STUDENTS WITH A CHRONIC DISEASE IN A TREATMENT FACILITY IN THE LIGHT OF PARADIGMATIC CHANGES*

Introduction: Recently, there has been a change in the perception of education of children with chronic illnesses in the medical facility. The researcher conducted an extensive analysis of literature as well as legal acts allowing to show key moments for the education of students with chronic disease in Poland, various positions, theories, concepts and ideas that can be attributed to the status of a paradigm.

Research Aim: The aim of this article is to outline the historical context of paradigm shifts and their determinants in the field of educating children with chronic illnesses in a medical facility situated in Poland. The examination of specific pedagogical approaches, as outlined in the literature, pertains to pivotal shifts in the education of children with chronic illnesses within medical institutions in Poland, as well as paradigmatic changes in therapeutic pedagogy.

Evidence-based Facts: The ongoing discussions relate to how to care for and educate a child with chronic illness and point to significant changes in this regard. Currently changing paradigms within the theory, methodology and conducted research on chronic diseases determine the practice of educational activities towards children with chronic illnesses. The development of therapeutic pedagogy, as is also the case in other areas related to the functioning of people with disease, is now driven mainly by the humanist paradigm.

Summary: The results of the analysis provide valuable insights and improve comprehension of the educational situation of students who suffer from a chronic illness. Moreover, the theoretical analyses conducted suggest that the educational paradigm offered to students in medical institutions, based on the operational theories and concepts, requires alterations that prioritize subjectivity, autonomy, self-sufficiency, and self-governance.

Keywords: student, chronic disease, paradigm, education, therapeutic pedagogy

* Suggested citation: Konieczna, I. (2023). Education of Students with a Chronic Disease in a Treatment Facility in the Light of Paradigmatic Changes. *Lubelski Rocznik Pedagogiczny*, 42(3), 119–135. <http://dx.doi.org/10.17951/lrp.2023.42.3.119-135>

INTRODUCTION

A person afflicted with a chronic illness falls within the purview of interdisciplinary inquiry for scholars in the humanities, social sciences, medicine, and technical fields. The circumstances of minors and young adults afflicted with a persistent ailment are distinct. It depends, e.g. on the type of disease, the severity of its symptoms, the course of treatment, as well as on prognosis and consequences in the form of various limitations in everyday functioning and activity (Małkowska-Szcutnik et al., 2018; Larsen, 2023).

The performance and behaviors of children and adolescents are closely linked to their role as students. A chronic illness, with all of its associated circumstances and consequences, presents exceptional challenges in meeting academic demands. This can be demonstrated through both academic and developmental accomplishments.

The widely discussed topic of education of a child with a chronic disease concerns primarily education in mainstream schools (see, among others: Mazur and Małkowska-Szcutnik, 2010; Woynarowska, 2010; Zareba, 2014; Cybulska et al., 2017; Małkowska-Szcutnik et al., 2018; Berkowska et al., 2019; Hohn et al., 2020). This is related to inclusive education, in which the basic belief is that in the current (diverse) social reality, one school for all students, regardless of their diversity, is needed and possible (Szumski, 2011). Children who suffer from chronic illnesses receive education in medical facilities that offer the same curriculum as traditional schools, but are situated within a medical setting. A medical facility is a designated space where a student with an illness can receive treatment while also fulfilling their academic responsibilities. This arrangement allows the student to remain in a safe and supportive environment while managing their health condition. Once the student's health has improved, they can return to their family environment. Hence, such facilities serve as an intermediary space in the education of children who suffer from a chronic illness (Antoszevska and Ćwirynkała, 2007; Moczia, 2017).

RESEARCH PROBLEM AND GOAL

The objective of this article is to provide an overview of the underlying factors and paradigmatic shifts related to the education of children with chronic illnesses in a medical institution in Poland.

The following questions were addressed throughout the presentation of the analysis: 1) What are the most significant changes and critical events in the field of student education at medical institutions in Poland, and what are the paradigmatic shifts in this subject?, 2) What are the conditions and effects of the paradigm shifts occurring in the teaching of chronically ill students in medical institutions?

EVIDENCE-BASED REVIEW

Paradigm in science – paradigm in special education

The origins of comprehending the paradigm ought to be sought in the philosophical outlook on knowledge creation and scientific advancement. The term was first used by Kuhn in *The Structure of Scientific Revolutions*, published in 1968. This author combined the understanding of the paradigm with the development of science, thus, assuming the existence of a scientific community in terms of the meaning and importance of key concepts and theories in a given discipline. According to Kuhn (2001), science has evolved in two ways through what he calls “normal science”, which aims to explain existing research uncertainties. The fundamental type of transformation in science, as per Kuhn, is the paradigm in both its narrow and broad connotations. According to the author, a paradigm, in a limited sense, refers to a particular pattern, scientific accomplishment, revelation, or a definite resolution to a perplexity (Kuhn, 2001, p. 193). In a broader sense, it is “an ordered set of various types of elements describing a common position for representatives of a given discipline regarding basic theorems, theories and concepts” (Kuhn, 2001, pp. 193–194).

Since the inception of the paradigm concept, it has possessed an ambiguous nature, as evidenced by subsequent interpretations, and as highlighted by Masterman, a scholar of Kuhn’s works (Masterman, 1965, cited in Krause, 2022, p. 30). Kuhn (2001) provided a definition of a paradigm as “the concept of a pattern and a matrix or a disciplinary matrix” (p. 195). It is important to acknowledge that the concept of paradigm has evolved to encompass various interpretations since Kuhn’s initial proposal. According to Klus-Stańska (2018, p. 38), a paradigm refers to “a collection of concepts, theories, and methodological assumptions that are acknowledged by scientists during a specific historical period as being scientific and capable of effectively explaining reality”. Kwieciński (1990) states that a paradigm refers to a shared framework of thought within a particular community. At the same time, which is crucial to the subject of this article, the author presented the notion of an educational paradigm. It is referred to pedagogy and includes social philosophy in its structure, i.e. the dimension of radical, moderate or conservative beliefs. Conversely, they can also adopt a positive connotation, encompassing concrete recommendations for resolutions, objectives, principles, and methods for their execution. The author highlights that every pedagogy encompasses an ideology, epistemological presumptions, psychological hypotheses, knowledge about human beings, and recognition of psychological and sociological facts. Additionally, it includes a particular perspective on education and an approach to change and change strategy (Kwieciński, 1990, p. 102). In the academic literature, there are numerous works discussing the nature of paradigms (see, e.g.: Kulesza, 2010; Szwabowski, 2014; Wlazło, 2015; Zaorska, 2015; Cuprjak, 2016; Starnawski, 2016; Śliwerski, 2017, 2020; Olechowska, 2018; Baker et al., 2021; Krause, 2010, 2014,

2019, 2021, 2022). The paradigm represents a particular perspective on the reality within which humans operate, providing the opportunity for scientific elucidation.

In the field of special education, paradigms typically refer to the fundamental concepts, objectives, approaches to learning, modes of thinking, and occasionally, principles, goals, and appropriate conduct towards individuals with disabilities or illnesses (Krause, 2010). According to Krause (2022), certain paradigms engage in a “paradigmatic conflict” that involves not only dominance, but also the exclusion of theorems, concepts, and patterns that operate within a particular scientific field. In the field of special education, as well as in general education, there is an ongoing discourse regarding current and outdated paradigms.

In the realm of special education, within the framework of paradigm analysis, the approach advocated by Obuchowska (1987) is frequently cited. The author enumerates ten paradigms that underscore the social aspect of the disability phenomenon, as well as the necessity to examine an individual with a disability within the broader context of their functioning, life history, and personal encounters. Obuchowska (1987) lists such paradigms as: 1) the paradigm of the biographical approach to disability, 2) the paradigm of positive orientation of disabled people, 3) the paradigm of self-revalidation, 4) the paradigm of helping the helper, 5) the paradigm of subjectivity, 6) the paradigm of prevention in family, 7) anti-stigma paradigm, 8) conceptual paradigm, 9) ignored paradigm, 10) existential paradigm (Obuchowska, 1987, pp. 30–33). Krause (2010) highlights current trends in the field of humanities and social sciences, specifically in pedagogy and special education. He identifies several paradigms, including the humanistic, social, environmental normalization, emancipation, subjectivity, autonomy, and integration paradigms.

The theoretical frameworks presented by Obuchowska are formulated as postulates, however, some of them also highlight fundamental issues. Obuchowska (1987) proposes a dichotomy between the existing and non-existing paradigms in the field of special education. Her exposition aims to stimulate contemplation and delineate pathways for modifying practices in response to evolving circumstances. The categorization of paradigms suggested by Obuchowska pertains to the recognition of significances, and as underscored by Krause (2010, 2022), holds significance for educators specializing in special education. Hence, acknowledging this form of dichotomy, I shall also allude to it by delineating the genesis of paradigmatic shifts and their catalysts in the milieu of instructing juveniles afflicted with a persistent ailment in a healthcare institution, towards the humanistic paradigm. This shall be the principal objective of this manuscript. Recognizing that the author’s propositions regarding the postulative-diagnostic nature of the study highlight practical challenges in relation to the pedagogical activity being pursued, the paradigmatic category is employed to underscore the significance and relevance of the issues which I undertake.

In the field of therapeutic pedagogy, which is a sub-discipline of special education, there exist various positions, theories, concepts, and ideas that can be considered as paradigms. The current discourse pertains to the methods of providing care and education for a child with a chronic illness and highlights noteworthy transformations in this domain.

Education of children with a chronic disease in a medical facility in the light of theory and practice

The humanistic approach in the advancement of special education, including therapeutic education, does not alter the fact that defining paradigms is a challenge. The advent of the rehabilitation paradigm in special education during the latter half of the 20th century was linked to the characterization of chronic illness from an individualistic and biological perspective. Both conceptually and practically, the primacy of treating and rehabilitating a child with a disease and its essentiality for adequate functioning in society was prioritized over other pursuits. Furthermore, during that period, two comparable notions of revalidation and rehabilitation were operational in the field of special education. In the book *Pedagogika rewalidacyjna* by Hulek (1980), which was used as a foundation for special pedagogy during those times, the author explains that the selection of terminology is influenced by various factors, including the customs and practices of individual experts and practitioners. The choice between the two terms is typically influenced by the starting point: the historical development and orientation of the various forms of healthcare, services, and educational systems for individuals with health impairments (Hulek, 1980, p. 12). The term “rehabilitation”, as defined by Hulek, typically refers to the process of restoring physical, mental, or social abilities of individuals who have undergone an accident or illness. Rehabilitation was associated with the instruction and nurturing of children with abnormalities (Hulek, 1980). Lipkowski (1977) introduced these concepts in a comparable manner. In this framework, the crucial objective of therapeutic pedagogy was the process of revalidation. Revalidation success determines the objectives and methodology of pedagogical practices in educational, caregiving, and therapeutic establishments. Elaborate documentation and validation assignments were intended to fulfill these objectives. The involvement of caregivers in the treatment process, as well as in the personalized development plans of a child with the illness, aims to enhance the reintegration of the child into society. Godlewski and Starkiewicz were pioneers of the pedagogical methodology for children with chronic illnesses in Poland. The scholars contended that apart from healthcare, these minors ought to be provided with specialized educational attention. Therefore, in 1922, Starkiewicz established the inaugural educational institution at the “Górka” Sanatorium located in Busko-Zdrój. Subsequently, in 1923, Godlewski founded schools within the therapeutic facilities situated in Bystre, Zakopane, and Witkowice, near Kraków (Sękowska, 2001).

The initial educational interventions for children with illnesses residing in medical facilities can be traced back to the 1950s. During that period, the implementation of educational programs in sanatoriums and pediatric hospital wards commenced, along with the recruitment of educators and private instructors who arranged remedial and instructional sessions for children (Maciarz, 2001).

It is noteworthy that during the period of 1955 to 1964, the initial scientific publications which referred to children afflicted with the disease and residing in diverse medical and therapeutic-educational establishments were released. The initial articles were authored by Doroszevska and Grzegorzewska (1955, 1960). They provided a rationale for the implementation of therapeutic and educational interventions in medical facilities and enumerated the factors that promote the proper functioning of the nervous system in children with illnesses. Furthermore, it is noteworthy to mention two publications authored by Doroszevska (1957, 1963). The author addresses the topic of educational therapy and explores the role of a teacher-educator in a healthcare setting. The aforementioned works served as the foundation for a novel subfield within the realm of special education, presently recognized as therapeutic pedagogy. It can be inferred that during this period, the dominant conceptual paradigm emphasized the need for terminological updates in the field of special education, as well as the incorporation of theoretical models (Obuchowska, 1987). At that time, the primary concept was the theory of personality traits of children with the disease, which was developed by Doroszevska (1963). According to Obuchowska, each disease causes the formation of “specific mental images, and thus marks a specific imprint on the child’s personality” (1987, p. 45). Similarly, Maciarz (2001, p. 12) asserted that ill children exhibit “distinctive indications of cognitive variations, specific to a particular ailment”.

The utilization of clinical terminology and the association of rehabilitation with the restoration of health in the context of prolonged illnesses have strengthened the notion of chronic diseases as a condition of biological irregularity within the body. Therefore, educational publications from the 1950s and 1960s primarily focused on the adverse impacts of the ailment and pedagogical interventions within the confines of a healthcare setting. The objective of the therapeutic and educational interventions carried out by educators and mentors in these establishments was to reinstate the children’s sense of “normalcy”, “the capacity to integrate into the flow of the surrounding social milieu” and “adjust to this milieu” (Grzegorzewska, 1964, p. 88). Those activities were gradually moving towards the adoption of the existential (now referred to as normalization) paradigm. The existential paradigm highlights issues which are significant for individuals with the illness pertaining to their social being (Obuchowska, 1987). Nonetheless, the segregation of children affected by the illness led to their social marginalization. Issues pertaining to the consequences of a prolonged stay of a juvenile in a medical facility and the

influence of family and peers on their growth and societal performance were not deliberated, as stated by Grzegorzewska (1964).

The concentration of pedagogical activities on the individualized process of revalidating a child with a disease resulted in a focus on educational work. The role of an educator in a medical facility, as stated by Doroszevska (1963), should be therapeutic in nature, with treatment objectives and tasks being subordinated and integrated into the child's treatment plan. It has been acknowledged that the interaction between the tutor and the treatment, involving the sharing of information on the child's medical condition.

Based on this modification, it should be noted that there are two fundamental responsibilities for educators of children with special needs: 1) protecting the child from excessive effort, saving unnecessary, harmful stimuli from the outside world in order to accumulate mental energy to fight the disease; 2) increasing the immune forces, primarily by preventing unnecessary effort, as well as by supplementing any mental deficiencies that interfere with the proper functioning of the nervous system.

The significant development during the 1970s and 1980s was the inclusion of dedicated sections in pedagogy textbooks focused on children with chronic illnesses (Hulek, 1977; Sękowska, 1982; Doroszevska, 1989). The authors persistently addressed the challenges of instructing and educating children receiving medical care in institutional settings. Furthermore, textbook authors promote the idea of children addressing issues related to their interactions with their non-affected peers.

The 1980s witnessed the widespread acceptance of the concept of inclusive education, which aimed to integrate children with disabilities or illnesses into mainstream classrooms alongside their non-disabled or healthy peers. Furthermore, the researchers' scope of activities has been expanded to encompass matters pertaining to the performance of children in the peer setting, their social interactions with non-affected children, and their potential for social integration within both the academic and extracurricular environments. Thus, the adoption of the standardization paradigm was being reinforced.

In the field of special education, there is a strong belief in the necessity of integrating individuals with disabilities into mainstream society (Krause, 2010). A comprehensive examination of this phase of therapeutic pedagogy's evolution is available in Maciarz (1987) publication, where she scrutinized the novel circumstances of social inclusion for individuals with chronic illnesses. She established the foundation for educational integration within the new school system and addressed the matter of normalization by implementing significant modifications in the realm of therapeutic pedagogy.

The pace of changes in therapeutic pedagogy and the dissemination of the integrative concept, the consensus as to its essence and the possibility of its imple-

mentation, intensified after 1989. The 1980s brought the popularization of the idea of integrating children with the disease with their healthy peers. Consequently, this led to an increased interest among special education professionals in issues pertaining to the growth and education of children with chronic illnesses, both in their families and in public and hospital schools. Furthermore, the scope of interest has broadened to encompass matters pertaining to the performance of children within the peer milieu, their affective and communal connections with non-affected children, and the potential for their societal assimilation in both academic and extracurricular settings. The conceptual and theoretical advancements establish these assumptions as the fundamental paradigm of modern special education – the integrative paradigm (Krause, 2010).

In the 1990s, scholars, including special education experts and psychologists, observed the challenges faced by families with children who have chronic illnesses. At that time, there were theories positing that the disease is a traumatic phenomenon. Many researchers from that period believed that the illness alters the family dynamic, creating a challenging situation not only for the child but for the entire family. The publications of Ossowski (1993) and Chodkowska (1995) should be mentioned in this context. During this time frame, various works were published by notable authors such as Gasiulowa (1993), Kurzawa, and Wyczesany (1995), as well as Maciarz (1996, 1998, 1999). Educators have started seeking solutions to assist families with a child who has a chronic illness. An approach that can be characterized as family-centric has surfaced (Pisula, 1998). The anticipations of parents to engage in rehabilitation endeavors are associated with the prevention paradigm within the family (Obuchowska, 1987).

In the 1990s, educational therapy was the term used to describe the pedagogical approach to working with a child who had a medical condition. Among its fundamental assumptions, several can be discerned: 1) all educational activities must be tailored to the child's circumstances, taking into account their compromised biological strength and reduced efficiency; 2) the primary requirement of a sick child is recuperation, thus educational efforts must be aligned with the medical treatment plan and the recommendations of physicians; 3) pedagogical activities should consider the child's capacity to work during different stages of illness; 4) the substance, techniques, and extent of the curriculum should be adjusted to the specific requirements of the child (Lipkowski, 1997).

The evolution of the concept of inclusive education in subsequent years, particularly in Europe, popularized the various forms of pedagogical support for children with illnesses. Teaching those children placed greater demands on educators. The aforementioned requirements pertain to the structuring of the pedagogical process, the curation of curriculum materials, and the modalities and techniques employed in educational instruction. The paradigm of subjectivity in operation (Obuchowska, 1987) highlights, among other aspects, the need for personalized

instruction when educating children with chronic illnesses (Maciarz, 1996, 2001). Educators implementing this pedagogical approach should strive to tailor didactic demands to the exercise tolerance and psychomotor proficiency of a child with the condition.

A pediatric patient with an illness frequently views their condition as arduous. Hence, it is necessary to consider this aspect while engaging it in educational endeavors with a child (Sękowska, 2001). In hospital school teaching, the primary objective is not merely to execute the school curriculum, but rather to assist in the treatment process by arranging engaging activities that do not overly tax or exhaust the child.

Students who have chronic illnesses are considered to be part of the special education needs population. Most often (if they are not burdened with other developmental disorders) they do not have a statement on the need for special education. Individuals with medical conditions have the entitlement to receive education in regular schools and classes. In situations where they are admitted to medical facilities, they can meet their educational requirements through hospital schools. According to the 2017 Regulation, educators are required to offer psychological and pedagogical support to this particular cohort of pupils (Journal of Laws of 2020, item 1280 and 2022, item 1594).

A significant transformation in the structure of care, nurturing, and education of children with chronic illnesses in Poland has recently occurred. Despite the formal and legal provisions for comprehensive inclusive education, which entails providing children with the disease full access to mainstream schools in their place of residence, as well as during hospital treatment and education at school and in the hospital, many children still receive individual tutoring (Antoszevska, 2020). This form is closely linked to hospital-based education owing to the frequent hospitalizations of children.

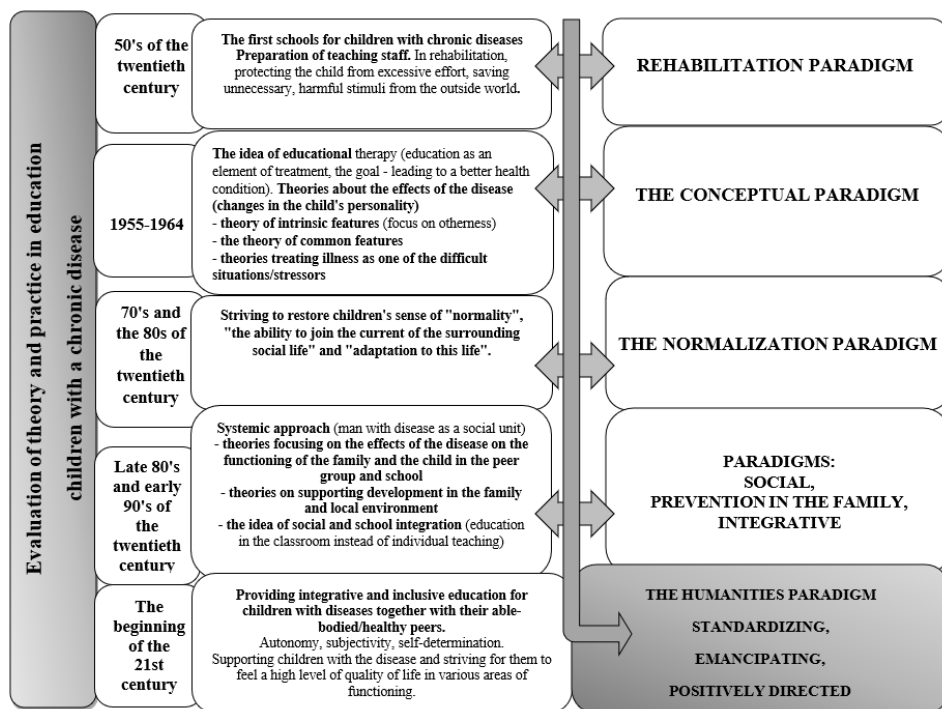
SUMMARY

Paradigmatic transformations in the education of students/patients with a chronic disease

At this point, referring to the presented diagram, I will describe the changes in the approach to the education of a child with a chronic disease in a medical facility. The primary objective of this article is to identify the paradigms in the field of therapeutic pedagogy and the significant transformations that have influenced them. Based on the diagram presented, I will now outline the modifications in the methodology for educating a child with a chronic illness in a medical setting.

Figure 1.

Evaluation of theory and practice in the field of education of children with a chronic disease in the light of paradigmatic changes



Source: Author's own study.

The diagram is a subjective representation of the analyses conducted previously in this article. The decisions and conclusions presented in this graphical representation are based on my interpretation of pivotal moments in the realm of education and the circumstances of a child undergoing treatment for a chronic illness.

The concept of providing education to children with chronic illnesses became evident during the interwar period, as illustrated in Figure 1. At that time, the initial educational institutions in Poland were founded. Thus, the rehabilitation paradigm in therapeutic pedagogy came into existence. Education emerged as a crucial domain following World War II, as delayed identification of tuberculosis and rheumatic ailments led to elevated morbidity rates among juveniles. Due to the necessity of children to remain in hospitals and sanatoriums, educational institutions were established within medical facilities.

Over time, certain theories have emerged in which authors have begun to address the impact of the disease, which can lead to alterations in the child's character. It can be argued that this was the era in which the conceptual paradigm

was operational. In this context, it is worth mentioning the theory of distinct and shared personality traits, which emphasizes variations and identifies enduring characteristics in the functioning of children afflicted with a particular disease entity (Doroszevska, 1963). This theory is currently rejected. Hulek (1977) already noticed that people with disabilities and illness have much more in common than specific features (pp. 462–465) and (3) theories presenting illness in terms of difficult and stressful situations. Notable pioneers in Poland's field of study include Reykowski (1971), Sękowska (1982), and Wielgosz (1991). Despite the variances among the aforementioned theories, they share a common recognition of illness as a factor that can impact a child's development and shape their personality and attitudes towards the world in comparison to their healthy peers, albeit to varying degrees and in diverse ways. This fact had an impact on the formation of the normalization (living) paradigm, which emphasizes the issues of social existence that are important for people with the disease (Obuchowska, 1987).

By acknowledging the multifaceted impact of the ailment on the individual's functioning, a systemic approach has emerged. This approach not only concentrates on the child's personality but also addresses the issues faced by parents, siblings, and the child's interactions with individuals outside the family environment. This approach is in line with the principles of the integration paradigm (Krause, 2010, 2022). This represents the apex of the systemic approach to the concept of school and social integration, which underscores the social aspect of a child's competency development to effectively interact with others across various settings and stages of development. This does not alter the reality that the illness is perceived as a challenging circumstance not only for the child, but also for their family members, which is linked to the concurrent existence of the societal model of disability. The assumptions not only establish the reasons behind an individual's unfavorable circumstances, but also transform these circumstances into a societal issue (Krause, 2010). The widely acknowledged concept of integration, along with its conceptual and theoretical evolution, establishes it as the fundamental paradigm of contemporary special education – the integration paradigm. During that period, there was a noticeable surge in the expectations placed on parents, with a focus on implementing rehabilitative measures (in line with the prevention paradigm within the family) (Obuchowska, 1987).

The advancement of therapeutic pedagogy, as well as other fields pertaining to the functioning of individuals with an illness, is presently propelled primarily by the humanistic paradigm.

The humanistic paradigm includes:

1. Social paradigm. This presupposes that the primary cause of the issue does not stem from the constraints of an individual due to disorders or dysfunctions, but rather, the predicament is rooted in the societal milieu that generates diverse impediments. Thus, the objective of interventions should be

- to eradicate the aforementioned obstacles and align anticipations with the abilities of individuals with a chronic illness (Krause, 2010).
2. Normalization paradigm. This highlights the necessity of incorporating individuals with the condition into the definition of “typical” or “average”. The argument is that individuals with disabilities are entitled to the same opportunities for a typical existence as those who are able-bodied. The crux of the matter is to tailor the circumstances to the individual with the ailment, rather than conforming individuals to the demands of the surroundings, as conventionally perceived in the standard rehabilitation and therapeutic model (Krause, 2010).
 3. Emancipation paradigm. This concept highlights the importance of subjectivity, autonomy, and self-determination. Consequently, individuals have the ability to make autonomous decisions regarding their choice of educational forms, manifesting the desire to restore oneself, selecting a mode of social functioning, and making crucial decisions such as cohabitation, matrimony, or parenthood (Woynarowska, 2010; Wlazło, 2015).
 4. Positively oriented paradigm. In addition to addressing the sense of satisfaction and attainment of happiness among individuals with chronic illnesses across different domains of their lives, the Quality of Life Supports Paradigm serves as an exemplar for promoting the well-being of individuals with disabilities, including those with chronic illnesses (Gómez, Schalock and Verdugo, 2021). This novel methodology integrates the fundamental domains of “well-being” and “assistance”. Thanks to the implementation of effective planning and appropriate action strategies, it ultimately fosters the development and education of individuals with the disease, while also providing conducive conditions to enhance their functioning and overall well-being (Majewicz, 2021).

The humanistic origins of the paradigmatic changes described are undoubtedly demonstrated by the manner in which the paradigms of special education are presented in Poland by Krause (2010, 2022). The author highlights the humanistic aspect of the new paradigms, which include social, normalization, and emancipation. Additionally, the author suggests the necessity of integrating the paradigmatic shift into the theoretical framework of disability research, as previously noted (Wlazło, 2015).

The humanistic paradigm is a prominent feature of contemporary pedagogy, characterized by its participation in the trend of interparadigmatic and interdisciplinary research. This postulate posits that the focus of therapeutic pedagogy is the education of children with chronic illnesses, encompassing both educational processes and discourses. This paradigm aligns with the current trend of interdisciplinary research, which considers the cultural and historical context of the subject (Hejnicka-Bezwińska, 2007).

CONCLUSIONS

The notions of paradigm and the trajectories of paradigmatic advancement in special education and its subfield, therapeutic pedagogy, are not definitive conclusions. The systemization presented in this article is a proposition that contributes to the ongoing discourse on the theoretical and practical advancement of therapeutic pedagogy. According to Śliwerski (2017), the existence of multiple paradigms does not necessarily imply their equivalence, nor does it imply that it is impossible to identify a common element in each of them that would enable them to converge in shaping humanity. The reality that each of these threats necessitates distinct justifications, frequently drawing from diverse sources, does not preclude their potential interconnectedness in response to global challenges (such as military, climatic, ecological, economic, etc.) “for each of them” (Śliwerski, 2017, p. 40).

It is important to highlight that matters pertaining to the developmental and educational requirements of children with chronic illnesses are a crucial factor in shaping the educational approach towards such children in a medical setting. For numerous years, the topic of examination and investigation has been matters pertaining to the psychological and societal facets of the performance of this cohort of pupils in educational institutions. It is undeniable that children who suffer from chronic illnesses have educational needs that are comparable to those of their healthy peers. However, they require specific learning conditions and accommodations to fulfill the demands of the school system. The education of children in hospital schools can only be traced back to the early 20th century.

The education and upbringing system for children with chronic illnesses in Poland is governed by specific standards of educational law. Providing education to children undergoing treatment in institutional settings, taking into account both the institutional conditions and interpersonal interactions, can have significant therapeutic, educational, and developmental benefits for the child and their surroundings. This facilitates self-actualization and promotes the process of healing. The contemporary system enhances the growth of the child in accordance with the socially endorsed standard of nurturing and the humanistic model. Educational interventions implemented within a medical setting can provide a child with a sense of normalcy, thereby promoting their ability to adapt to the dynamic environmental conditions they may encounter. The intricacy of the circumstances surrounding children with chronic illnesses who are residing in a treatment facility necessitates the creation of therapeutic and rehabilitative strategies within the realm of a pedagogue-therapist. A teacher working with a child in a hospital should possess appropriate pedagogical competencies in the areas of instruction and child-rearing, therapeutic abilities, and valuable personal characteristics.

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EDUKACJA UCZNIÓW Z CHOROBA PRZEWLEKŁĄ W PLACÓWCE LECZNICZEJ W ŚWIETLE PARADYGMATYCZNYCH ZMIAN

Wprowadzenie: W ostatnim czasie nastąpiła zmiana w zakresie postrzegania edukacji dzieci z chorobą przewlekłą w placówce leczniczej. Badaczka przeprowadziła obszerną analizę zarówno literatury, jak i aktów prawnych pozwalającą ukazać kluczowe momenty dla edukacji uczniów z chorobą przewlekłą w Polsce, różne stanowiska, teorie, koncepcje i idee, którym można przypisać status paradygmatu.

Cel badań: Celem artykułu jest podjęcie próby nakreślenia tła paradygmatycznych przeobrażeń i ich uwarunkowań w kontekście edukacji dzieci z chorobą przewlekłą w placówce leczniczej w Polsce. Przeprowadzona analiza wybranych stanowisk pedagogicznych obecnych w literaturze odnosi się do kluczowych momentów zmian w edukacji dzieci z chorobą przewlekłą w placówce leczniczej i przeobrażeń paradygmatycznych w pedagogice leczniczej.

Stan wiedzy: Toczące się dyskusje odnoszą się do sposobów sprawowania opieki i kształcenia dziecka z chorobą przewlekłą i wskazują na istotne zmiany w tym zakresie. Aktualnie zmieniające się paradygmaty w obrębie teorii, metodologii oraz realizowanych badań nad chorobami przewlekłymi wyznaczają praktykę działań edukacyjnych wobec dzieci z chorobami przewlekłymi. Rozwój pedagogiki leczniczej, tak jak ma to miejsce również w innych obszarach związanych z funkcjonowaniem osób z chorobą, jest obecnie dynamizowany głównie poprzez paradygmat humanistyczny.

Podsumowanie: Wyniki dokonanej analizy pozwalają poznać i lepiej zrozumieć sytuację edukacyjną uczniów z chorobą przewlekłą. Ponadto z przeprowadzonych analiz teoretycznych wynika, że struktura edukacji oferowana uczniom w placówkach leczniczych na tle funkcjonujących teorii i koncepcji wymaga zmian uwzględniających w jeszcze większym stopniu podmiotowość, autonomię, niezależność i samostanowienie.

Słowa kluczowe: uczeń, choroba przewlekła, paradygmat, edukacja, pedagogika lecznicza

