

Paradigmatic divergences between Polish special education and contemporary psychiatry in the care of individuals with intellectual disability

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ABSTRACT

After the fall of communism, Polish psychiatry and special education underwent profound transformations, adopting different paradigmatic assumptions in their approach to intellectual disability. The aim of this study is to compare the theoretical foundations of both disciplines and analyze the effects of these discrepancies. Contemporary psychiatry and clinical psychology are based on the biopsychosocial paradigm, integrating biological factors with the environmental model and quantitative research, which ensures their presence in international scientific discourse. Polish special education, on the other hand, has adopted a humanistic paradigm, favoring qualitative methodologies and rejecting the biomedical perspective, which results in its methodological isolation and the neglect of the medical aspects of disability. Despite the converging practical goals of community psychiatry and pedagogy, there is a fundamental divergence between the disciplines that hinders cooperation. In conclusion, there is a need to establish a dialogue and develop a common conceptual framework that combines the medical basis of neurodevelopmental disorders with the humanistic dimension of support.

KEY WORDS: psychiatry, special pedagogy, paradigms, disability

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INTRODUCTION

Intellectual disability constitutes an area of scholarly and professional interest for representatives of multiple disciplines, including primarily psychiatry, clinical psychology, and special education, and to a lesser extent professionals from other fields such as physicians engaged in somatic medicine (specialists in pediatrics, internal medicine, and surgery, as well as their respective subspecialties), social workers, occupational therapists, nurses, medical caregivers, and numerous other allied health and support professions [1]. The perspectives of psychiatry, clinical psychology, and special education in the field of intellectual disability should be mutually complementary, forming a coherent continuum both in the domain of social practice

and at the level of underlying paradigmatic frameworks [2]. However, contemporary Polish special education for individuals with intellectual disability is currently grounded in paradigmatic assumptions that differ fundamentally from those adopted in psychiatry and clinical psychology [3–5]. In particular, Polish special education has become substantially embedded in postmodern modes of thought, displaying notable affinities with the currents of antipsychiatry [4, 5]. In contrast, contemporary Polish psychiatry and clinical psychology are constructed within the biopsychosocial paradigm, which assumes the equal importance of biological, psychological, and social factors in understanding the etiology, course, and consequences of mental disorders [6, 7].

AIM

The aim of this article is to compare the theoretical foundations of contemporary Polish special education for individuals with intellectual disability with the conceptual framework of modern psychiatry, and to a lesser extent, clinical psychology.

REVIEW AND DISCUSSION

CONTEMPORARY PSYCHIATRIC AND CLINICAL PSYCHOLOGICAL PERSPECTIVES ON INTELLECTUAL DISABILITY

Contemporary psychiatry and clinical psychology conceptualize intellectual disability as a neurodevelopmental disorder characterized by an intelligence quotient that is at least two standard deviations below the population mean, accompanied by significant limitations in adaptive functioning [8]. Intellectual disability is formally recognized in all major diagnostic classification systems, including the ICD-10, DSM-5, and ICD-11 (where it is classified as disorders of intellectual development) [9]. According to the biopsychosocial paradigm that underpins modern medicine, every mental disorder emerges from the complex interaction of biological, psychological, environmental, and social factors [7]. Only an integrative consideration of these dimensions provides a comprehensive and scientifically valid understanding of the phenomenon of intellectual disability. The assessment of intellectual functioning and adaptive abilities is conducted using standardized psychometric instruments designed to identify an individual's capacities and resources rather than merely their deficits. Across all three classification systems, intellectual disability is stratified into mild, moderate, severe, and profound levels of impairment [9]. Polish psychiatry has historically remained largely independent of Soviet ideological influence, and the scientific contributions of Polish psychiatrists have consistently been represented in international scholarly literature [10, 11]. In the 1960s and 1970s, Western psychiatry experienced the emergence of the antipsychiatry movement, influenced by postmodern philosophical currents and challenging traditional conceptions of mental illness [12]. This movement contributed to a profound transformation in psychiatric practice, including a reduction in long-term hospitalization within total institutions such as psychiatric hospitals, in favor of community-based models of care emphasizing treatment and support within the patient's social environment [12]. The resulting concept of community psychiatry represents a Hegelian synthesis of twentieth-century biological psychiatry with the critical postulates of

antipsychiatry [13]. Contemporary psychiatric reform in Poland is progressively oriented toward the community psychiatry model, which empirical evidence identifies as the most effective and efficient framework for supporting individuals with mental disorders [14]. Parallel to the development of community psychiatry, the concept of neurodiversity has emerged, framing individuals with intellectual disability as a minority group characterized by atypical neurodevelopment relative to the majority population [15]. The neurodiversity framework encompasses a range of phenomena included in psychiatric classifications, such as intellectual disability, autism spectrum disorder, attention-deficit/hyperactivity disorder, and numerous related conditions. In addition, it extends to traits such as left-handedness, non-heteronormative sexual orientation, and gender non-binary identity - phenomena that are no longer classified as psychiatric disorders and are now regarded as variations within the broad spectrum of human normativity [16,17]. In summary, within the biopsychosocial paradigm, intellectual disability is understood as a neurodevelopmental phenomenon formally recognized in psychiatric classification systems, which under specific social conditions may become functionally disabling for the individual. This functional impairment necessitates appropriate environmental support and, in certain cases, targeted medical intervention.

PARADIGMS OF CONTEMPORARY POLISH SPECIAL EDUCATION

Special education for individuals with intellectual disability (formerly referred to as oligophrenopedagogy) has undergone continuous evolution with respect to its paradigmatic foundations, applied terminology, teleological assumptions, and forms of education, rehabilitation, and revalidation [4,5]. Within this field, ongoing efforts are devoted to the identification of new research domains and the development of pedagogical practices that are optimally suited to the needs of individuals with intellectual disability. During the communist period in Poland, the dominant paradigm in special education was dialectical materialism in its Soviet interpretation. The political and social transformation of 1989 brought about a fundamental change in the conceptualization of intellectual disability [3, 18]. The abandonment of dialectical materialism was followed by a phase of methodologically fragmented empirical research conducted on small samples within a positivist framework. This form of academically isolated "micro-research," largely devoid of coherent theoretical grounding, generated significant tension within the community of special education scholars [3,18].

The introduction of postmodern educational theory into Polish pedagogy in 1993 by Tomasz Szkuclarek marked a decisive turning point. As Polish special education increasingly adopted postmodern epistemological assumptions, it shifted away from quantitative methodologies toward qualitative research grounded in social constructionism [19, 20]. These transformations were systematically synthesized by Amadeusz Krause - drawing on analogous analyses within German-language scholarship - through the formulation of the so-called humanistic paradigm of special education, composed of four interrelated microparadigms [3-5]. The paradigmatic transformation was further reinforced by the activities of non-governmental organizations and public discourse, including emerging online forums [21]. Equally important was the growing role of persons with disabilities and their families, who began establishing foundations and associations exerting substantial influence on public opinion. Parallel processes of social self-organization occurred among previously marginalized groups, including women, gay, bisexual, lesbian, and transgender individuals, who publicly asserted their normality, autonomy, dignity, and claims to rights, recognition, and respect. These movements developed spontaneously, largely independent of grand ideological frameworks, established academic authorities, or traditional institutions of social legitimacy. Postmodern philosophy proved particularly adept at capturing this emergent social transformation by responding to the needs of newly forming identity groups. Changes in Polish special education extended beyond paradigmatic assumptions [21]. They encompassed substantial modifications in professional terminology (including the renaming of the subdiscipline itself), a broadening of the scope of pedagogical influence, the inclusion of individuals with severe and profound intellectual disability in educational and rehabilitative interventions, and a gradual transition from segregated schooling toward integrative and, increasingly, inclusive educational models [4, 5]. It was further recognized that in many cases the development of intellectual disability could potentially be prevented, or its impact substantially mitigated, provided that appropriate developmental conditions and supportive social environments were established [4, 5]. Within the humanistic paradigm of special education, four principal microparadigms are distinguished: the social model of disability, the normalization paradigm, the emancipatory paradigm, and the qualitative (interpretative) paradigm [3-5]. The social paradigm conceptualizes disability as a socially constructed condition arising from adverse social circumstances, thereby transforming individual

impairment into a social problem [3-5]. The normalization paradigm emphasizes the necessity of adapting the environment of the individual with intellectual disability, rather than coercively adapting the individual to the standards of the able-bodied majority [22,23]. The emancipatory paradigm advocates the genuine emancipation of persons with intellectual disability [3-5], while simultaneously raising critical questions regarding the appropriate scope of autonomy and self-determination that can realistically be exercised by individuals with varying levels of cognitive functioning [22, 23]. The contemporary conceptualization of intellectual disability within this framework is inherently dynamic and affirms the fundamental right of each individual to self-determination [4, 5]. However, persons with moderate to profound intellectual disability are frequently deprived of meaningful opportunities for autonomous decision-making and rendered excessively dependent on others, a process that may lead to objectification and social marginalization [4, 5]. Numerous studies have demonstrated that well-intentioned caregiving practices may inadvertently inhibit personal development. Emancipation thus applies simultaneously to individuals with intellectual disability as a social group and to each person as a unique individual [4, 5]. The interpretative (qualitative) paradigm reflects a departure from quantitative methodologies in special education research in favor of qualitative approaches. Within the humanistic paradigm, biomedical research in special education has been criticized as positivist, non-hermeneutic, and insufficiently contributory to the understanding of disability as a social phenomenon [3]. The emergence of the humanistic paradigm in Polish special education - including special education for individuals with intellectual disability - represented a transformative development in the discipline [4, 5, 21]. It catalyzed significant improvements in the care and support of persons with intellectual disability, stimulated new research trajectories, and fostered innovative practical solutions. The contemporary departure from positivist discourse constitutes a central feature of current pedagogical transformation and a rejection of the previously dominant tradition of fragmented empirical "micro-research." This turn toward postmodernity also represents an intellectual resistance to the historically submissive and, at times, professionally compromising compliance of pedagogy with the grand ideologies of the twentieth century [3]. Ideological systems such as dialectical materialism, national socialism, and certain forms of confessional pedagogy sought to subordinate educational discourse to their utopian visions of society, often invoking the rhetoric of scientific method to legitimize their claims [3].

CRITIQUE OF THE HUMANISTIC PARADIGM OF SPECIAL EDUCATION FROM THE PERSPECTIVE OF CONTEMPORARY PSYCHIATRY

The positive changes that occurred in Polish special education for individuals with intellectual disability following the collapse of the communist system and the adoption of the humanistic paradigm as the dominant framework are not free from significant limitations and negative consequences. The most important of these may be summarized as follows.

MARGINALIZATION OF THE BIOMEDICAL PARADIGM AND METHODOLOGICAL ISOLATION

The rejection of the biomedical paradigm and the near-exclusive preference for qualitative research in special education, at the expense of quantitative methods, has led to a growing divergence between medicine and special education [24]. Special educators have insufficiently recognized that contemporary medicine differs fundamentally from twentieth-century medicine, in which disability was conceptualized primarily in terms of defect and disease [13]. Modern community psychiatry has moved away from this defectological mode of thinking by adopting the biopsychosocial paradigm in the understanding of intellectual disability. Quantitative research remains the cornerstone of medical sciences and dominates international high-impact scientific literature [25, 26]. In contrast, Polish special educators—who focus almost exclusively on paradigms, discourses, contexts, and qualitative inquiry—rarely publish in internationally indexed journals [25, 26]. As a result, their scholarly output remains largely unknown beyond national borders, conferring a local and peripheral character on Polish special education for individuals with intellectual disability [25, 26]. Moreover, special educators seldom participate in psychiatric and psychological conferences, while psychiatrists rarely attend events organized by pedagogical communities. Despite frequent declarations of interdisciplinarity and transdisciplinarity within special education, there is in practice a clear deficit of genuine scientific cooperation between Polish psychiatry and Polish special education for individuals with intellectual disability. The field thus remains enclosed within a hermetic, domestically oriented academic circle, and its achievements are poorly recognized within the international scholarly community.

DENIAL OF THE MEDICAL DIMENSION OF DISABILITY

The denial of disability as a medical phenomenon constitutes, in effect, a rejection of the very essence of

special education itself [27, 28]. Disability is a conceptual category that emerges at the intersection of social sciences and medical sciences, and special education is “special” precisely because it addresses individuals with medical conditions [27, 28]. The rejection of this dimension therefore undermines the fundamental identity of the discipline. Disability develops as a social construct superimposed upon the individual’s primary medical condition—in this case, the neurodevelopmental disorder of intellectual disability [27, 28]. For persons with disabilities, medical problems invariably represent the central dimension of their life situation. Failure to acknowledge the interdependence between medical and social aspects introduces a partially illusory distortion of social reality [27, 28]. Podgórska-Jachnik aptly captured this problem through the metaphor of the “pursuit of the disappearing subject”: if the goal of pedagogy is the complete normalization of the environment and the full social participation of the individual, the individual paradoxically ceases to remain the subject of special educational concern.

DEFICIT OF PRACTICAL COMPETENCE IN PROFESSIONAL TRAINING

Pedagogical universities educating special educators—including professionals prepared to work with individuals with intellectual disability—place excessive emphasis on paradigms, discourses, contexts, and narratives [29,30]. While academic education necessarily requires solid theoretical foundations, these cannot replace the practical skills essential for effective work with persons with disabilities in real social environments [30]. Special educators require concrete professional competencies and social skills enabling them to respond effectively to the complex needs of individuals with disabilities. Yet methodological manuals are frequently dismissed by educators themselves as instruments of “coercive normalization.” This raises a fundamental question: if not methodology, then what should replace it? Paradigms, discourses, and contexts cannot substitute for professional practical competence [30].

CONCLUSIONS

Polish psychiatry and Polish special education conceptualize intellectual disability in fundamentally different ways. In our view, there is a critical absence of a broad and sustained forum for intellectual exchange between these two scholarly communities. Although the objectives of community psychiatry and contemporary Polish special education for individuals with intellectual disability largely converge, they are grounded in divergent

paradigmatic assumptions. It would therefore be highly desirable for representatives of both subdisciplines to develop a shared conceptual framework encompassing the full spectrum of intellectual disability - from its medical foundations to its humanistic dimensions. We fur-

ther express the hope that the scholarly contributions of Polish special educators working in the divergence from psychiatric perspectives, their work constitutes a valuable contribution that merits presentation to the global community of specialists.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

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