

# Studia Socialia Cracoviensia



Uniwersytet Papieski  
Jana Pawła II  
w Krakowie

Anna Klim-Klimaszewska, Bożena Muchacka,  
Maria Huchrak

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listening supports a child's self-organisation  
in a complex social world*

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BETWEEN LISTENING AND ACTING

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Uniwersytet Papieski Jana Pawła II w Krakowie  
Wydział Nauk Społecznych

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## Studia Socialia Cracoviensia

Czasopismo Wydziału Nauk Społecznych  
Uniwersytetu Jana Pawła II w Krakowie

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### REDAKTOR NACZELNY

Grzegorz Godawa (Uniwersytet Papieski Jana Pawła II w Krakowie)

### SEKRETARZ REDAKCJI

Katarzyna Wojtanowicz

### RADA NAUKOWA

Małgorzata Duda (Uniwersytet Papieski Jana Pawła II w Krakowie, Polska), Tomas Hangoni (Prešovská univerzita v Prešove, Słowacja), Piotr Krocze (Uniwersytet Papieski Jana Pawła II w Krakowie, Polska), Arturo Lavalle (Università degli Studi Guglielmo Marconi, Włochy), Janusz Mastalski (Uniwersytet Papieski Jana Pawła II w Krakowie, Polska), Wojciech Misztal (Uniwersytet Papieski Jana Pawła II w Krakowie, Polska), Peter Olekšák (Katolícka univerzita v Ružomberku, Słowacja), Elżbieta Osewska (Państwowa Wyższa Szkoła Zawodowa w Tarnowie, Polska), Ulrich Pätzold (Technische Universität Dortmund, Niemcy), Gabriel Pala (Prešovská univerzita v Prešove, Słowacja), Marco Rimanelli (Leo University, Stany Zjednoczone Ameryki), Stephan Sting (Alpen-Adria-Universität Klagenfurt, Austria), Stanislav Vojtko (Katolícka univerzita v Ružomberku, Słowacja)

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Adres redakcji: 31-002 Kraków, ul. Grodzka 40

Wydawca: Uniwersytet Papieski Jana Pawła II w Krakowie

E-mail: [ssc@upjp2.edu.pl](mailto:ssc@upjp2.edu.pl) • Telefon: +48 12 422 10 83


Online: <https://czasopisma.upjp2.edu.pl/studiasocialiacracoviensia>

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**Anna Klim-Klimaszewska**

 <https://orcid.org/0000-0001-7418-9983>

Państwowa Akademia Nauk Stosowanych w Nysie

**Bożena Muchacka**

 <https://orcid.org/0000-0002-2851-5693>

Uniwersytet Papieski Jana Pawła II w Krakowie


 <https://ror.org/0583g9182>

**Maria Huchrak**

 <https://orcid.org/0009-0006-8769-2020>

Państwowa Akademia Nauk Stosowanych w Nysie

## **Listening to childhood: How understanding listening supports a child's self-organisation in a complex social world**

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**ABSTRACT**

*Listening to childhood: How understanding listening supports a child's self-organisation in a complex social world*

The article explores the issue of self-organization in preschool-aged children as a key developmental competence influencing the functioning of cognitive, emotional, social, and executive domains. It presents the multidimensional nature of self-organisation, considering sensory preferences, thinking styles, personality types, and gender differences. Particular emphasis is placed on the role of empathetic and understanding listening as a foundation for effectively supporting the child's individual organisational style. The author argues that attentive and empathetic communication between adults and children not only fosters autonomy and essential life skills but also builds trust and contributes to long-term psychological well-being. Recognising and respecting the individual developmental needs of children is presented as a prerequisite for creating educational and caregiving environments that support holistic development.

**KEYWORDS:** children's self-organisation, understanding listening, child autonomy, individualised education

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A child cannot comprehend why the same beloved mother who is so worried about the lightest runny nose, cooks deliciously and helps with commitment, sometimes fails to show understanding of his inner world (Alice Miller, 2008).

Modern childhood functions in paradox – on the one hand idealised and surrounded by worship, on the other – neglected and quickly abandoned. In this context, two extreme adult attitudes emerge: some children drown in an excess of stimuli, responsibilities and toys, while others – deprived of attention and support – are trying to cope with the surrounding world on their own. It is increasingly rare to find adults who find time to genuinely listen to the child – to his needs, emotions and dreams. Instead of conversation and attentive presence, there is control, overprotection or, on the contrary, indifference. Meanwhile, it is listening, understood as openness to the other person, that is the basis for building relationships and an environment that supports development.

The complexity of the modern world poses many challenges for children. For them to find their way in it, they need not only rules and structure, but also space for self-expression and a sense of being heard. It is through dialogue that it becomes possible to jointly develop systems of organisation that are compatible with the child's individual style – his temperament, sensitivity and rhythm

of life. Parents and teachers should therefore not so much impose solutions as accompany children in their search. This is helped by attentive listening – the kind that allows one to understand the causes of a child’s distraction, messiness, or withdrawal. By supporting a child in learning to plan and self-organise, adults build a sense of security, agency, and belonging. It is not the pile of boxes of memorabilia that proves the value of childhood, but everyday life filled with tenderness, attention and conversation. Home and kindergarten can be places that, by listening to the child, become a source of inspiration, motivation and balance. True listening is an act of caring – it is seeing the child in his or her uniqueness. It is also the basis for parenting in a changing world that requires us not only to act quickly, but also to have a deep understanding of the other person.

This study is based on a literature review and an analysis of recent research findings, providing both theoretical insights and practical implications.

## The concept of self-organisation

According to Susan Kovolik and Karen Olsen, self-organisation is “planning, arranging, storing things in an orderly fashion and ready for use.” (Kovolik & Olsen, 1994) This definition stems from the fact that children want their parents and teachers to be satisfied with them. They want to exemplarily fulfil the responsibilities with which they are charged. Self-organisation not only teaches responsibility and cooperation but also strengthens the child’s sense of competence, self-respect and independence. Self-organisation is meant to help lead a better, easier, and more informed life. It teaches tolerance towards other ways of thinking and, consequently, for another way of life. Being aware of his own value, his own abilities and his own needs, the child lives a full life in a conscious and successful way. Adults must learn how to spot and nurture a child’s innate talents so that years later they can watch with joy as happiness and a positive attitude towards the world emanate from him. It seems legitimate here to quote the words of John F. Kennedy: “Each of us has different talents, but we should all have the same opportunities to develop them.” (JFK, 1960) This is what self-organisation is for. Self-organisation, understood as the conscious shaping of space and daily habits, can only develop when adults listen with attentiveness and empathy to the child’s needs, abilities and rhythms – recognising his individual way of thinking, acting and experiencing the world.

## Components of self-organisation

Knowledge of a child's individual patterns of self-organisation enables adults – both parents and teachers – to better understand the child's personality and interpret behaviours that may seem incomprehensible in everyday observation, such as intense ruminations on the loss of seemingly insignificant objects, chronic lateness or disorganisation of personal space. Recognising these patterns makes it possible to design adequate support strategies tailored to the real needs and functioning of a particular child. However, this process requires not only observation, but above all, understanding listening, which is a prerequisite for accurately reading and interpreting children's messages, both verbal and non-verbal.

One of the key elements that determine how a child organises his environment and time is the type of his mentality. According to Stefan Szuman's (2014) approach, mentality is the totality of an individual's intellectual capabilities and the level of his mental development. This author distinguishes four basic types of mentality, of which one of the most commonly observed in the context of high levels of self-organisation is the so-called "Worker."

### Mental type: "Hard worker" (mascot: penguin)

Children described as "Busy" are characterised by a high level of need for order, routine, and predictability. They prefer activities based on structure and clearly defined rules, which corresponds to the dominant activity of the left basal quadrant of the brain – the area responsible for routine and logical activities. These children exhibit a high degree of self-discipline, but need support in understanding the social and emotional aspects of interacting with peers.

Hard workers tend to prefer intellectual play over physical activities, which is reflected in their interests: collecting objects, solving logic puzzles, playing cards, or putting together models. They avoid situations with a high degree of unpredictability, such as loud parties or casual play in large groups. They derive mental comfort from having a clear plan of action and being able to complete tasks alone or in a well-ordered environment. The characteristic of the "workaholic" is a strong attachment to property and a reluctance to share it, stemming not from a lack of empathy but from a need for control and security. Excessive stimuli, multitasking and failure to follow rules by the environment

can lead to feelings of confusion, tension and withdrawal in this type of child. They are also highly sensitive to the lack of fairness and inconsistent social messages. Despite their limited flexibility in peer interactions, these children are generally sincere, loyal and committed to tasks to which they give meaning and purpose. They need a clearly defined framework for action and the ability to anticipate consequences. In their relationships with others, they often strive for order and adherence to rules, which may be perceived as a need for control, but actually stems from their natural need for structure.

From a pedagogical perspective, successfully fostering the development of a child with a “workaholic” profile requires special attention to the child’s inner needs and perception of the world. An indispensable tool here is understanding listening, which allows adults not only to see patterns of behaviour, but also to interpret them correctly, considering the child’s unique emotional and cognitive context. In this way, it becomes possible to create an environment that fosters both independence and a sense of security – key prerequisites for the development of the ability to self-organise.

### **Mental type: “Sensitive” (mascot: dog)**

Children belonging to the mental type described as “sensitive” are characterised by a strong need to build emotional relationships and a sense of belonging to a group. Their cognitive functioning is dominated by the area of the right basal quadrant of the brain, which is responsible for the development of harmony, empathy, and deep connections with the environment. According to this neuropsychological profile, sensitives best develop self-organisation skills in environments that enhance interpersonal relationships and offer a sense of stability and emotional security. Children with this mental type tend to focus on the needs of others, often marginalising their own needs. They manifest a high level of emotional sensitivity and the ability to form strong bonds – both with peers and with objects that carry sentimental value. They often accumulate mementos, toys, and other objects to which they ascribe personal meaning. Removing them can cause anxiety for the child, unless they are given the opportunity to pass on these items in a way that is meaningful and emotionally acceptable to them.

In the context of play, “sensitive” children prefer activities with a high social and expressive charge, such as cooperative role-playing, dancing, singing, theatrical activities, or manual work. For them, free play is a space not only for

self-expression but also for establishing relationships and building a sense of closeness. Dialogue and the opportunity to share experiences play a special role. In families where verbal communication is not developed, children of this type often seek emotional contact outside the home environment, such as among peers, teachers, or other adults showing interest in their inner world.

Sensitive children value social toys, such as plush mascots, dolls or board games, that promote the simulation of interpersonal relationships. They can play out scenarios involving toys for hours, creating story structures that meet their current emotional needs. Equally important to them as objects are the people – both real and symbolic – around whom they organise their world.

From a pedagogical and educational perspective, children with a “sensitive” profile require special attention in terms of emotional security and relationship quality. Their self-organisational development proceeds most effectively when adults not only provide them with structures and tools for organising the world but also demonstrate understanding listening – open, empathetic and without disturbing the child’s delicate emotional balance. Only in an atmosphere of trust and attentiveness do sensitives learn not only to manage space and time but also to regulate emotions and consciously form social relationships.

### **Mental type: “Visionary” (mascot: horse)**

Children representing the “visionary” type are characterised by a high level of creativity, spontaneity, and the need for autonomy and freedom of expression. Their cognitive functioning is dominated by the activity of the right frontal quadrant of the brain, which is responsible for the ability to anticipate, spatial imagination and initiate change. Visionaries manifest a difficulty in conforming to rigid schemes and routines; they prefer flexible, non-structured forms of organisation that enable them to act in accordance with their inner dynamics and creative impulse. The characteristic of children of this type is a strong connection between thinking and visual perception – they need to have all objects of importance to them in sight, according to the principle that what is invisible ceases to function in their consciousness. They eagerly engage in artistic, spatial, and manual activities, such as drawing, building, and creating fictional stories. Their high aesthetic sensitivity and need for individuality mean that their play and learning spaces are often improvised, but consistent with their personal style.

Visionaries are prone to frequent changes of interest – they engage intensely but briefly. Their cognitive development is largely through intuition and

experience. In relationships with peers, they are sometimes misunderstood – on the one hand, they attract attention with their originality, humour and ingenuity; on the other hand, they may manifest a lack of sensitivity to group needs and rules, due to their strong focus on their own inner world. They need an environment that not only does not stifle their natural expression, but also supports the development of social competence through understanding listening – adults should interpret their unconventional behaviour with care, recognising their potential instead of imposing normative patterns. Visionaries prove themselves as initiators and creators, but require empathetic accompaniment in the process of self-organisation – not by imposing rules, but by creating space for exploration and reflection. Understanding listening plays a key role in building a relationship based on trust and acceptance of the child's individuality.

### **Mental type: “Strategist” (mascot: lion)**

Children with the “strategist” profile exhibit high goal orientation, logical thinking, and the need to control their environment. They prefer to use the left frontal quadrant of the brain, which is responsible for planning, analysis, decision-making and effective implementation of the intended actions. They tend to dominate a group, take initiative and organise activities around clearly defined tasks and goals. Strategists function well in an environment with minimal but clear structure. They like to take on challenges and take an active role in organising daily activities, such as planning the course of play, managing group tasks, or organising family activities. They are eager to engage in games of logic, construction and competition, where they can demonstrate their knowledge, agility and decision-making skills. Their approach to play is often characterised by the need to compete and achieve success, which can lead to an excessive focus on the outcome at the expense of relationships with peers.

In social interactions, these children do not always recognise subtle nonverbal signals, and their communication style can sometimes be directive. They choose some play partners with whom they can perform their plans and who accept their dominant position. In conflict situations, they may show low empathy, which requires special work on the part of adults to develop emotional-social competence.

For effective support of strategists, it is essential to combine a clear framework for action with elements of understanding listening – these children need to feel that their need for control and agency is noticed and respected, but

at the same time they learn that effective leadership requires sensitivity to others. Therefore, the role of adults is to support them in developing not only organisational skills, but also the ability to dialogue, compromise and respond empathetically to the needs of those around them.

A child's mental type can be determined using Lanna Nakone's *What is your child's thinking style?* test (Nakone, 2005).

The diversity of children's mindsets – both in terms of their dominant cognitive functions and individual preferences in organising action-points, reflects the need for flexible yet intentional educational strategies. Each of the four identified types – “Hard Worker,” “Sensitive,” “Visionary,” and “Strategist” – reveals a unique way of perceiving the world, forming relationships, and engaging in activities. This means that effective developmental support, including the ability to self-organise, cannot rely on uniform methods. Instead, it must consider the internal logic of each child's functioning.

In this context, a key competence for adults – whether teachers or parents – is attuned listening. This does not mean passively receiving the child's messages. Rather, it is an active cognitive and emotional process aimed at deeply understanding the meanings a child assigns to their experiences, behaviours, and needs.

Only through attentive, empathetic listening can we identify the true sources of a child's organisational strategies – whether it be the need for structure and stability (as seen in the “Hard Worker”), closeness and relationships (in the “Sensitive”), creative freedom (in the “Visionary”), or control and efficiency (in the “Strategist”). Attuned listening creates the conditions for the adult not to impose ready-made solutions, but to co-create, with the child, a personalised life management system aligned with their cognitive and emotional style.

Only within this dialogical model is education based on mutual respect possible. It supports autonomy, self-worth, and relational safety. Despite the challenges of modern childhood – often overloaded with stimuli, demands, and achievement pressure – attuned listening is not a luxury, but a necessity for building a nurturing developmental environment. It is also a diagnostic and supportive tool: it enables adults to discover, accompany, and guide rather than judge, correct, or reshape.

A child's model of self-organisation and their ability to effectively manage their environment largely depend on their individual sensory preferences. The manner in which a child receives, processes, and interprets external stimuli significantly affects all areas of functioning, including the development of organisational competencies. Research literature emphasises that around the age

of five or six, one of the brain-registered senses – visual, auditory, or kinesthetic – tends to become dominant, thus forming the child’s primary perceptual channel (Nakone, 2005).

According to estimates, approximately 60% of the population prefer the visual channel, 20% the auditory channel, and another 20% the kinesthetic channel. Importantly, gender-related differences have also been observed – most boys tend to prefer visual processing, whereas girls are more likely to show auditory dominance. Identifying the dominant sensory channel allows for creating a more accessible, supportive, and effective developmental environment. Such tailored environments promote not only learning processes but also the formation of individual strategies for self-organisation.

### Children with visual sensory preference

Children with a dominant visual sense perceive their surroundings primarily through observation. They are particularly sensitive to colours, shapes, and the aesthetic qualities of objects. These children absorb information most effectively when it is presented visually – through illustrations or demonstrations of actions. Their everyday language often includes visual metaphors (e.g., “let’s look at this,” “now I see your point”).

A visually organised environment – featuring colour-coded containers, clear spatial layouts, and visually pleasing colors, supports their sense of security and operational efficiency. For children with this sensory preference, it is essential to design spaces that align with their need for visual orientation. Organisational tasks such as sorting items, planning room layouts, or designing their own labels serve not only as learning opportunities but also as a source of enjoyment. Colour, as a stimulating visual cue, can influence both the concentration and emotional well-being of visually oriented children.

### Children with an auditory sensory preference

Auditory-oriented children exhibit high sensitivity to sounds, both in terms of content and acoustic features such as volume, timbre, rhythm, and intonation. They process information most effectively through listening to explanations and engaging in conversations, rather than through observation or independent action. These children thrive in environments where verbal communication is well-developed and activities are based on dialogue.

Auditory learners prefer settings that allow them to engage in conversations, participate in discussions, listen to stories, and comment on events. Their heightened sensitivity to sound stimuli can serve as both a source of motivation and a potential distraction; some children function better in silence, while others require background noise (e.g., music) to maintain concentration. In both educational and home environments, organising spaces for auditory children requires attention to acoustic comfort and opportunities for verbal expression.

### Children with a kinesthetic sensory preference

Kinesthetic children acquire information through action, touch, movement, and sensory experiences involving the body. A fundamental aspect of their functioning is the need for physical comfort and direct engagement with educational materials. They often prefer toys with pleasant textures, food at appropriate temperatures, and activities that involve motion and manual manipulation.

In educational contexts, these children learn most effectively through hands-on experience: they need to touch, construct, move, or perform actions to internalise concepts. Their high sensitivity to physical stimuli can sometimes be misinterpreted as hyperactivity or difficulty concentrating, when in fact it reflects an inherent need for movement and kinesthetic involvement. These children thrive in environments that allow for mobility, hands-on tasks, and physical exploration of space.

Identifying a child's sensory preferences is a crucial component in supporting their psychosocial and educational development. It enables the adaptation of didactic and organisational methods to the child's individual learning style and mode of functioning. Particularly important in this process is the role of attentive observation and empathic listening, defined as the adult's ability to adopt the child's perspective, interpret behavioural cues, and recognise the complex system of needs, emotions, and stimuli that guide the child's actions.

Empathic listening allows for appropriate support in helping the child develop effective self-organisational strategies aligned with their unique sensory and cognitive profile. The identification of sensory preferences can be facilitated by the *What is my child's sensory preference* test, developed by Taylor (2005).

A child's personality type significantly influences the way they function in both social relationships and interactions with the physical and cognitive environment. Who the child becomes, how they form relationships with others,

how they respond to their surroundings, and how they develop self-organisational strategies largely depend on whether they exhibit predominantly extraverted, introverted, or ambiverted traits. Identifying the dominant personality characteristics allows for a more precise adaptation of the educational environment and support strategies to the child's individual needs.

### Extraverted personality type

Children with an extraverted personality type exhibit a strong need for external stimulation. They often function in environments rich in sensory input, such as listening to music or having the radio or television on. They draw energy from social interactions and their surrounding objects and situations, eagerly engaging in activities with high sensory intensity. Due to their multitasking tendencies and heightened need for interaction, these children may be perceived as impulsive or easily distracted; however, such behaviours stem from a natural drive to dynamically engage with the world around them.

Extraverted children express their emotions and thoughts openly and energetically, and their mood often improves in the presence of others. A lack of social contact may lead to mood deterioration, irritability, or withdrawal. Their inclination to possess objects does not stem from low self-esteem, but rather from their mode of organising the world and constructing identity through relationships with people and things.

### The introverted personality type

In contrast to extroverted individuals, introverted children derive their energy from solitude or from interactions within a small, trusted social circle. Their mode of functioning is characterised by introspection, a need to internally process ideas before verbalising them, and an increased sensitivity to excessive external stimulation. In overstimulating environments, they may experience fatigue, frustration, and a decline in task performance.

Introverted children are sometimes misperceived as withdrawn or shy; however, such behaviour typically reflects a natural need for cognitive processing and emotional restoration rather than a lack of social capacity. These children benefit significantly from environments that offer quiet, calm, and opportunities for solitary activity. Within such contexts, they demonstrate a remarkable capacity for forming deep and enduring interpersonal relationships.

A critical component of their well-being lies in the freedom to disengage from group activities without external pressure, as well as the autonomy to structure their activities in accordance with their intrinsic pace and rhythm.

### The ambiverted personality type

Ambiverted children exhibit both extroverted and introverted traits, depending on the situational context, mood, or level of arousal. They function optimally under moderate levels of stimulation, capable of tolerating high sensory input for limited periods, followed by a need for recuperation. This balanced profile allows for flexible adaptation to changing environmental conditions; however, it also necessitates careful observation of the child's responses and an individualised daily rhythm that aligns with their unique needs.

Both the introverted and extroverted tendencies influence how the child learns, processes information, and organises daily activities. For instance, a child with predominantly introverted traits may require a period of rest after attending preschool before engaging in tasks such as tidying up. Conversely, a child with dominant extroverted features may thrive in contexts that promote self-expression and social interaction. Recognising these patterns enables caregivers and educators to adjust the learning and caregiving environment to match the child's sensory processing style and preferred pace of activity.

According to the literature, approximately 15% of children display strongly extroverted personality characteristics, another 15% exhibit a high degree of introversion, while the remaining 70% fall within the intermediate range, characterised predominantly by ambiversion (Nakone, 2005). For children within this majority group, fostering a balance between activity and recovery is particularly important, along with supporting their ability to manage time and energy flexibly.

Identifying a child's personality type and the associated needs for stimulation and social interaction serves as a foundation for developing individualised educational and caregiving strategies. A crucial prerequisite for the effectiveness of these strategies is *empathetic listening* – the caregiver's attentiveness to behavioural cues, openness to emotional needs, and willingness to adapt the environment in accordance with the child's evolving capacities and predispositions.

Assessment of dominant personality tendencies can be facilitated using the Arlene Taylor Child Extroversion–Introversion Assessment (Nakone, 2005).

## Gender differences in the development of self-organisation competencies

In the development of self-organisation competencies, gender differences play a significant role, stemming from both biological predispositions and socio-cultural influences. Girls and boys differ in terms of brain structure and function, developmental pace, cognitive preferences, and modes of participation in social relationships. These divergent developmental pathways, characteristic of each gender, should be acknowledged and respected from the earliest stages of education to avoid misinterpretations of children's behaviours and the resulting educational conflicts.

Neuropsychological studies show that differences in hemispheric brain development are already evident during the prenatal stage; girls tend to exhibit earlier development of the left hemisphere, which is primarily responsible for language functions, while boys show faster development of the right hemisphere, which is associated with spatial orientation and strategic thinking. Furthermore, the corpus callosum – the structure connecting the two hemispheres – is generally thicker in girls, facilitating more integrated information processing and divided attention. Girls more often engage in conversations, form social bonds, and participate in activities grounded in empathy and communication. In contrast, boys demonstrated a greater need for physical exploration and interaction with their environment.

In terms of self-organisation, girls were more likely to display emotional involvement in organising and storing objects. They also tended to plan ahead and exhibit higher levels of self-discipline in completing tasks. Boys, on the other hand, often require a more external support in structuring their activities. They respond more positively to specific, short-term goals, and their motivation tends to increase in the presence of an adult or peer. From a neuropsychological perspective, boys more frequently employ lateralised thinking focused on goal attainment, whereas girls are more inclined towards long-term planning and global thinking.

Although these differences are statistically supported, they should not lead to oversimplified generalisations. Every child possesses a unique style of self-organisation shaped by the interaction of biological predispositions, the educational environment, and the individual personality profile. The role of

adults—both parents and educators—is not to impose universal behavioural frameworks but to engage in *empathetic listening*: recognising, accepting, and supporting children’s needs regardless of gender, through a presence grounded in empathy and a willingness to revise one’s own expectations for the sake of the child’s well-being.

## Empathic listening as a foundation for developmentally attuned educational practice

Empathic listening, understood as a relationally rooted process, enables adults to move beyond their own habitual patterns and behavioural frameworks to attentively attune to the unique developmental rhythm of the child. Gaining insight into the child’s dominant personality traits, sensory preferences, learning style, and responses to environmental stimuli facilitates the construction of an educational environment that not only supports self-organisation, but also reinforces the child’s sense of identity, agency, and emotional security.

The practical application of this knowledge in educational and caregiving contexts allows for more precise modulation of environmental stimulation, more appropriately tailored support strategies, and the development of the child’s individual potential in a balanced and sustainable manner. Only when the adult is capable of listening to the child with genuine attentiveness—perceiving their needs, emotions, and ways of structuring experience—can conditions be created for the child’s full and harmonious development.

## Conclusions

Self-organisation constitutes a fundamental developmental competence in preschool-aged children, encompassing action planning, time and space management, as well as the development of autonomy, responsibility, and social relationships. This period is characterised by particularly intense physical, emotional, social, and cognitive development; therefore, introducing children to structured forms of activity yields tangible benefits, both for their daily functioning and in the long-term preparation for adult life.

The early formation of self-organisational skills supports the development of planning and anticipation abilities, teaches children to allocate time for play,

learning, and rest, and introduces them to routines and tasks requiring independence. Importantly, these competencies contribute to the development of a sense of agency – children who are empowered to make decisions and manage their own activities tend to develop a stronger sense of control over their lives, thereby enhancing their self-confidence and intrinsic motivation to act.

At the same time, self-organisation does not operate solely on the individual level. Within the context of preschool groups, children learn to cooperate, share tasks, negotiate roles, and make joint decisions. Such experiences foster the development of social competencies, teaching responsible group participation and communication rooted in empathy and collaboration.

Self-organisation also plays a significant role in cognitive development. It facilitates logical, critical, and causal thinking while also supporting creativity. Activities such as planning block constructions, organising play spaces, or structuring their own day using simple tools (e.g., task cards) stimulate children's imagination, teach strategic thinking, and promote experiential learning.

However, a child's full engagement in the process of self-organisation is possible only when parents and educators practice empathic listening – a stance involving active, empathetic, and non-impositional reception of the child's needs, ways of thinking, preferences, and emotions. It is empathic listening that allows adults to relinquish their own expectations in favour of truly supporting the child's individual organisational style – regardless of personality type, sensory preferences, or gender differences.

Empathic listening is not only essential to effectively accompany the child in their development, but it also forms the basis of a relationship built on trust, security, and the nurturing of independence. A child who feels heard begins to hear themselves more clearly – their needs, their pace of action, and the goals they are striving towards. In this way, the child acquires the ability to consciously structure their own emotional and physical reality.

By supporting children in acquiring self-organisational competencies through attentiveness, dialogue, and empathetic presence, parents and educators invest in the development of independence, maturity, and adaptive capacity. Thus, they prepare children not only for effective participation in educational environments, but more importantly, for responsible, reflective, and engaged participation in social life.

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**Joanna Szczepanik**

 <https://orcid.org/0009-0000-7645-6627>

Jezuickie Centrum Edukacji w Nowym Sączu


**Ewa Dybowska**

 <https://orcid.org/0000-0002-0454-772X>

Uniwersytet Ignatianum w Krakowie

 <https://ror.org/009j14p05>

## **Empowering children in early childhood education to be reflective based on Ignatian pedagogy**

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**ABSTRACT***Empowering children in early childhood education to be reflective based on Ignatian pedagogy*

In the face of modern civilisation and globalisation, one key educational challenge is to foster reflexivity and critical thinking from an early age. While adolescents are expected to reflect on educational and social issues, children aged 7–10 are rarely supported in developing this competence. Ignatian pedagogy—based on context, experience, action, reflection, and evaluation—emphasises introducing children to reflection in a developmentally appropriate way. This article presents practical methods inspired by the Ignatian model to foster reflection in four areas: conceptual, metacognitive, socio-emotional, and spiritual. Drawing on literature analysis, observation, and educational innovation, the paper shows how early childhood educators can implement reflective activities in daily practice. The teacher's role is crucial, as they model reflective attitudes. Despite the belief that children are not ready for reflection, the article demonstrates that well-designed pedagogical strategies can support the development of reflective habits.

**KEYWORDS:** reflexivity, early childhood education, Ignatian pedagogy

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In a reality dominated by volatility, uncertainty, complexity and ambiguity, a world that synergizes the real and the virtual, reflexivity is an essential competence. In the document *The definition and selection of key competences published by the OECD*, reflexivity has been called the ‘heart of key competences’ (OECD, 2010, p. 8) It seems that the reflexivity of students is equally important in the era of artificial intelligence and access to the Internet where gaining knowledge is easier than ever. However, at the same time, it is critical thinking and reflexivity that allows us to distinguish opinions from facts and to build a network of interconnections between them. In the analyses undertaken, it is assumed that an important role of the teacher from the early childhood stage is to form key competences, including reflexivity, in their pupils. Setting the analyses in the context of Ignatian pedagogy, it was assumed that adopting the Ignatian model of education gives the teacher the tools, as well as the theoretical basis and practical approach, to develop this important competence in pupils.

The topic of reflexivity in education is present in the studies of didactics and early childhood education literature, and there are also studies that deal with teachers’ (Szymczak, 2017) or university students’ (Perkowska-Klejman, 2014) reflections. It seems that relatively little is said about the reflexivity of pre-school and early school-age children, so the aim of this article is to present

methods and forms of working with early school-age children that are to support and help implement them into reflexivity. The specific context for the analyses in the article will be the Ignatian model of education.

An understanding of reflectivity is adopted based on reflective thinking as outlined by John Dewey (1938, 2002) and reflective practice as outlined by Donald Schön (1987). In relating the role of reflection in the Ignatian educational model, reference was made to two documents: *Characteristics of Jesuit Education from 1986* and *Ignatian Pedagogy. A Practical Approach from 1993* (Podstawy edukacji ignacjańskiej, 2006).

## Reflection and reflexivity in education

The distinction between the terms “reflection” and “reflexivity” is given, among others, by Ewa Dębska (Dębska, 2020, pp. 26–27). Reflection is related to a person’s thoughts about the things experienced. Reflexivity, on the other hand, ‘can be understood as a cognitive activity conditioned by the undertaking of reflection and as a reflexive, repetitive (reflexive) act’. (Dębska, 2020, p. 27). The author draws attention to the semantic difference between the terms ‘reflection’ and ‘reflexivity’, but also notes that in the literature, these terms are often treated interchangeably.

The concepts of reflection and reflexivity are quite complex. Reflection is the cognitive activity of becoming aware of one’s thinking and actions and analysing them in depth (Perkowska-Klejman, 2013). In Dewey’s terms (Dewey, 2002), reflection is closely related to learning and practice. Human beings do not learn from experience, but from reflection on experience. Moreover, Dewey clearly contrasts reflective thinking with routine thinking, typical of so-called traditional teaching, based on upholding tried and tested methods, guided by external authorities. Hence also the contrast between the ‘traditional school’ and the ‘new education’, which is based on the belief that the learning process is not based on past knowledge, but on the use of present educational experiences (Dewey 2002). Furthermore, Dewey strongly emphasises the importance of creating a structured thought chain, to which reflection leads. “Reflection involves not simply a sequence of ideas, but a consequence a consecutive ordering in such a way that each determines the next as its proper outcome, while each in turn leans back on its predecessors. The successive portions of the reflective thought grow out of one another and support one another; they do not

come and go in a medley. Each phase is a step from some thing to something technically speaking; it is a term of thought. Each term leaves a deposit which is used in the next term. The stream or flow becomes a train, chain, or thread” (Dewey, 1910, p. 2-3).

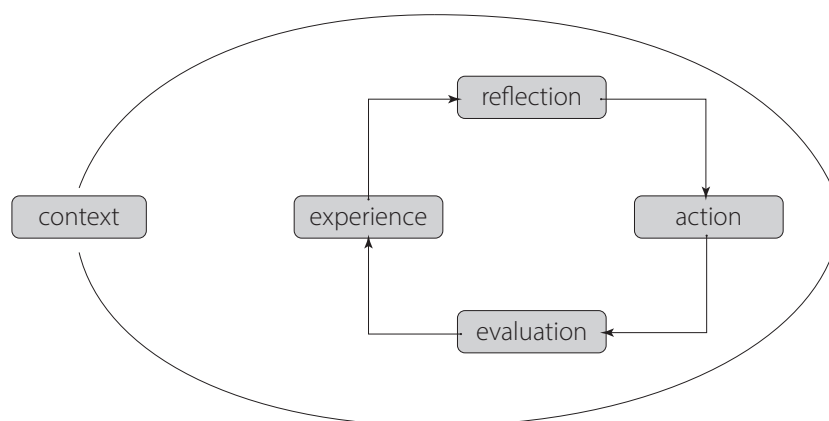
In addition, some of Piaget’s views fit into the model of reflective learning. From his observations of children, he concluded that the way a child thinks is age-related, is not innate, but is shaped by acquired experience – the interaction between the person and the environment (Piaget, 1966). Therefore, despite the fact that some researchers believe that reflection does not characterise a child’s way of thinking, but that it requires the individual to be mature in terms of intellectual transactions (Dębska, 2020, p. 28), it seems that, based on Piaget’s observations, we can assume that a child living in an environment that prioritises reflexivity and being among reflexive teachers is more likely to implement such reflexive thinking, learning and even creating structures of his or her personality.

## Importance of reflection in Ignatian pedagogy

Ignatian pedagogy, which has its roots in the Spiritual Exercises of Ignatius Loyola, presupposes the formation of the person in his or her wholeness (Dybowska, 2013; Kolvenbach, 1992). This ideal of holistic development is explained in two documents: *Characteristics of Jesuit Education* (1986) and *Ignatian Pedagogy. A Practical Approach* (1993). As a result of the reflection on educational practice, the handbook *Learning by Refraction* (Atienza & Go, 2023) was produced as a practical guide to Ignatian pedagogy. What Ignatian pedagogy emphasises is putting the learner at the centre of the educational process and the learner’s independence in exploring new knowledge through experience and reflection. The learning process depends more on active participation than on passive reception. The path to this active participation includes personal study, the opportunity for personal discovery and creativity, and an attitude of reflection (*Charakterystyczne cechy jezuickiego wychowania*, 45). The teacher’s role is to help the pupil become autonomous by organising the educational space in such a way that it creates the conditions for new experiences and reflection, which allows the pupil to perceive different aspects of phenomena and to perceive known-unknown things in a new way in order to react in a thoughtful and adapted way to the situation (Chrost, 2021; Dybowska, 2022).

Reflection is an integral part of the Ignatian pedagogy (education) model. It is seen as a fundamental element that dynamises the learning process (Pedagogia ignacjańska. Podejście praktyczne, 31). The term reflection here means the careful consideration of a certain topic, experience, idea, task or spontaneous reaction in order to be able to grasp their meanings more fully. Reflection is thus the process by which meaning is extracted from human experience (Pedagogia ignacjańska. Podejście praktyczne, 49).

Figure 1. Ignatian pedagogy (education) model



Source: Pedagogia ignacjańska. Podejście praktyczne, 68; Marek, 2021, Marek & Walulik, 2022.

The model of teaching based on memorisation of knowledge and more activity of the teacher than of the pupil is insufficient in Jesuit schools. According to the Ignatian principle of *magis* (Dybowska, 2013, 2022; Marek, 2021), the learner is expected to transcend the simple memorisation of facts in favour of understanding, the application of knowledge and the ability to analyse and synthesise it. Dewey wrote that “if our schools turn out their pupils in that attitude of mind which is conducive to good judgement in any department of affairs in which the pupils are placed, they have done more than if they sent out their pupils merely possessed of vast stores of information, or high degrees of skill in specialised branches” (Dewey, 1910, p. 101). Reflection allows pupils to grow as competent, aware and responsive individuals to the changes occurring.

In Ignatian pedagogy, with regard to reflection, its relationship to experience is strongly emphasised. It is assumed that a person learns by reflecting

on experiences, but reflection also includes some experiences – intellectual, emotional and spiritual. Reflection, in the Ignatian educational model, is also strongly linked to action. The pupil is not supposed to stop only at intellectual or emotional reflection, but this reflection is supposed to lead him or her to action – to put into practice what he or she has learned about the world or about himself or herself.

## Proposals for activities to make students reflective

Adopting the assumptions of Ignatian pedagogy leads to the creation of an educational and upbringing model in which the teacher himself undertakes reflection on his actions both in the educational and upbringing spheres, and more broadly on his development and ideals of life, which will allow him to accompany his pupils and care for their holistic development according to the principle of *cura personalis*, which means personal care and a personal approach to each pupil (Casalini, 2021; Dybowska, 2013).

Such an assumption requires a remodelling of the role of the teacher and the relationship he or she creates with the student. This is a change from seeing the role of the teacher at the centre of the classroom, whose main method of teaching is the lecture, giving homework consisting of completing page after page of exercises, and whose tools for verifying knowledge and possibly disciplining are tests and midterms. Learning with understanding through reflection and action cannot be based solely on lectures, working with textbooks and completing exercises or worksheets. The role of the learner cannot be seen as one who is a spectator, expected to absorb knowledge like a sponge and is a specific ‘product’ to be produced by the teacher’s actions (Tapscott, 2009). In the Ignatian pedagogy model, it is the learner who is the creator of his or her knowledge. The teacher cannot directly lead the learner to understanding; he or she can only create teaching and learning situations, teach the learner to reflect and support the learner in his or her access to knowledge. This is what lies at the heart of Ignatian pedagogy, called by some researchers a pedagogy of accompaniment (Marek, 2021).

This is especially true for the early childhood education teacher, who not only cares for the intellectual development of the pupil but also has a great influence on the emotional, social and spiritual development of the child. It is therefore worthwhile to implement reflection at the very beginning of a child’s school

journey. It is worth creating teaching and educational situations that will enable the learners to reflect on their lives, their role in society, their emotions and feelings, but most of all on the skills and knowledge they acquire, and – which is very important nowadays – on the ways of acquiring knowledge and skills, the processes that lead to the acquisition of knowledge and the techniques of remembering information, consolidating it and creating networks between information that make it possible to use the knowledge acquired in practice.

The following section describes methods and forms of introducing children to reflection and development through reflection in early childhood education implemented by a teacher who works based on the Ignatian model of education at the Jesuit Education Centre (Jezuickie Centrum Edukacji) in Nowy Sącz. The methods and forms of introducing children to reflection are grouped into four spheres/levels: conceptual, metacognitive, social (emotional) and spiritual (religious) (Atienza & Go, 2023).

## Conceptual reflection

Conceptual reflection is related to the educational sphere and makes it possible to connect the topic being explored with the knowledge already possessed, to systematise it and also to put it into practice (Atienza & Go, 2023). The teacher's task is first to ask the right questions – questions that make the students look at the topic under discussion in a broader perspective (Pedagogia ignacjańska. Podejście praktyczne, 55). It is therefore important to ask key questions in such a way that they arouse curiosity (e.g. 'What does an orange have in common with a music note?' – a question for a lesson on the rhythmic value of music notes) and the setting of objectives and criteria for lessons or individual tasks – initially by the teacher and later by the learners themselves.

An important aspect of implementing reflexivity is also obtaining information from pupils about what they already know about a topic, in the form of brainstorming or pupil questions. This allows students to engage more deeply in networking – new knowledge with what they already know about the topic.

Conceptual (cognitive) reflection is also, and perhaps above all, enabled by active methods and forms of work. Every task that awakens the child's activity, allows him or her to create, to search for solutions and to arrive at knowledge and skills, implements reflexivity and reflection: what do I know, what have I learned new and how can I use it? Therefore, although it may not be easy,

especially at the beginning of the first grade, it is very necessary and worth the effort to involve children in creating their own notes (it is helpful to teach children the basics of sketchnoting (Karczmarzyk, 2015), lapbooks, or mind maps. In addition, children are often the creators of tasks – closed-type tasks where there is only one correct answer should be avoided, in favour of tasks that the children themselves come up with – either for each other or as ‘experts’ in a certain field. It is also a good idea to give children interdisciplinary tasks, challenging and involve them on many levels, e.g:

Figure 2. Example of a reflection-provoking task

Please make a note (in any way you like – it can be a written note, arrows, dots) in your Polish lesson notebook about a selected national park in Poland. The note should include:

- a drawing of the park’s logo/beam
- information about the location, size, year of establishment, and animal and plant species present
- possible interesting facts about the selected park
- among the animals and plants of the given park find 3 names with spelling difficulty, write them down in alphabetical order and then explain the spelling rule (if there is a rule).
- with each animal or plant, form a sentence containing at least: one count, one adjective and one verb. E.g., bison – two stately bison are lying on the grass.
- please find a mathematical task related to your chosen national park. The task could be about the distance from some place, the difference in temperature, the weight of some animal, and the time of the visit.

I am counting on your creativity. ;-)

Working with the project method is also very important, in which the teacher, instead of imparting knowledge, helps to discover it and also creates a friendly atmosphere and favours group work over individual work, using active learning strategies and techniques (Marek, 2016), working in groups and in pairs – allows the child to reflect – how to put a topic into words, not only to exhaust it, but also so that it is understandable to a colleague.

An important method of working with students is 'Ignatian repetition', i.e. periodic repetition of acquired knowledge and skills, but not in the form of a simple recall of the material learnt, but rather the practical application of what has been learnt in relation to the learner's own reflection – what has intrigued or discouraged the pupil in a given piece of subject matter. Ignatian repetition can take a variety of forms – sometimes tests, but with questions that require the student to use, to put into practice, the knowledge they have gained (Dybowska, 2013). Sometimes they are presentations, papers, lapbooks that summarise some larger section, combining knowledge from different areas. The best form of such a repetition is an open lesson or presentation to other classes. It allows students not only to repeat and apply the knowledge they have acquired, but also to share their knowledge with others and to communicate it in such a way that the largest possible group of recipients gains some new knowledge or a new perspective on the information they already have.

## Metacognitive reflection

Metacognitive reflection is also related to the intellectual sphere, but focuses on learning about the learning itself, the actions taken and the processes involved that make learning possible (Atienza & Go, 2023). 'Learning' is one of the key skills. Implementing reflection on one's own learning processes, the best ways of acquiring knowledge and learning styles, is very important, especially for children in early childhood, who are only at the beginning of their educational journey and who, on the other hand, neglect in this sphere often leads to school failure in the older grades. In Ignatian pedagogy, this kind of reflection is particularly important and emphasised because it is important to learn. But it is even more important to learn how to learn and to desire to learn throughout life (*Charakterystyczne cechy jezuickiego wychowania*, 46).

The implementation of metacognitive reflection is fostered above all by the use of feedback, formative assessment, self-assessment and peer assessment based on previously developed objectives and assessment criteria (the student reflects on whether he or she has met all the criteria and also gets feedback that helps him or her to realistically assess his or her knowledge gain). The collection of reflections – in various forms – after the completion of a topic, task or unit is also helpful in evaluating learning processes. The learners not only reflect on the knowledge and skills they have acquired but also on what helped

and what disturbed them in their learning, so they become increasingly aware of their learning style, their strengths and weaknesses. Pupils can also keep a portfolio or binder in which written assignments, tests or other important and valuable work is placed in chronological order, which shows the progress made by the teacher, parents and the pupil himself. Finally, an excellent way to allow the student to reflect on his or her learning is to organise tripartite meetings: Pupil–Parent–Teacher. At this meeting, the pupil talks about his/her own learning, what he/she is good at and what he/she still needs to work on. Usually, the student prepares for the meeting by looking through his/her portfolio or notebook, finding work he/she is particularly proud of and topics he/she finds particularly difficult. During a discussion with the parent and teacher, he or she can reflect together with the adults on what to do to learn effectively and overcome difficulties. The important thing is that the pupil undertakes this reflection independently, and the teacher only ensures that the conclusions are correct.

## Personal, social and emotional reflection

Personal reflection is related to self-knowledge and self-education, as well as discovering one's place in society and the role the pupil, as an individual, can play – how he or she can influence the world by reflecting on the value of what he or she has learned in relation to his or her life and the external world (Atienza & Go, 2023). In the Ignatian model, educating for gratitude, justice, and service to others in society plays a particularly important role (Charakterystyczne cechy jezuickiego wychowania, 82). Hence, it is particularly important to encourage children to reflect – first on their emotions, their strengths and weaknesses – through various workshops and activities and appropriately selected readings, so that the student can discover and name his emotions and know how to deal with them – what way of expressing them is safe and socially acceptable.

Another sphere in which it is important for pupils to be able to reflect is the sphere of social interaction – both in the classroom and at school, during lessons, activities and celebrations, but also during free play, during breaks, on the sports field or on excursions. For the teacher following the Ignatian educational model, this is a particularly important task – to create a community out of a group of first-graders – so that everyone feels that he or she belongs to

this class, can feel comfortable in it, accepts others and is accepted in his or her uniqueness and differences. In other words, one should strive to build unity in diversity. Here again, this cannot be achieved by one's own direct action; one can only give pupils tools that help them to reflect on group interaction, social responsibility and building a class community. Circle meetings in particular serve this purpose, not only in situations of conflict or problems but also in planned, weekly meetings focusing on selected aspects of class life. Reflection is also fostered through mini-projects, such as the 'silent friend' project, where children draw a person for whom they are supposed to be a 'friend' for the whole week, but cannot say who they have drawn. Throughout the project, reflection is undertaken on what it means to be a 'silent friend', what is difficult about it, what could be done better and, above all, whether one has felt the action of a 'silent friend', and whether one has made someone feel that one is their 'silent friend'.

Another way of building respect for diversity and sharing one's talents is through talent days, when children prepare a presentation about their hobbies or talents. Often the children spontaneously reflect on the fact that some do better in school, in Polish or maths, and others do less well, but have other talents, such as playing football, knitting or dancing. This is an opportunity to talk to the children – about the fact that everyone is good at something, but no one is better or worse than anyone else – we are different, we have different talents and this is enriching.

Finally, what probably comes the hardest these days is educating for gratitude. However, there are opportunities for children to undertake reflection in this area too. A good way to do this is to create a gratitude board or jar, where children can write what they are particularly grateful for today. It is important to let the children know that there are no 'wrong' answers with the children also not being forced, but encouraged to leave a mark.

A well-liked way for children to undertake reflections on classroom events is to have 'grey hours' to summarise in a circle on the last lesson of the week what has happened in our classroom. Sometimes the aim is to complete a sentence, e.g. 'Today I am thankful for...' or 'I am sad because...', and sometimes the children say what they want to share with the group. The rule is that the person who is currently holding the candle or other thing has the floor. Here, too, there is no compulsion – if a child doesn't want to say anything, they hold the candle for a while and pass it on in silence. This method is great for awakening social reflection. In this way, children have the chance to hear the voices of their peers,

to see that everyone has their own needs, but also that it is sometimes useful to look at different social situations from a point of view other than one's own.

## Spiritual/religious reflection

This type of reflection is most commonly understood in connection with religion and spirituality. In Ignatian pedagogy, which leads to the discovery of God in all things, it forms an important part of education and upbringing. Religious and spiritual formation is an integral part of Jesuit education. It is not some addition to the educational process or something detached from it (Charakterystyczne cechy jezuickiego wychowania, 34) Ignatian pedagogy, as a pedagogy of accompaniment, is part of one of the contemporary currents of the pedagogy of religion (Marek, 2021), and therefore the adoption of the Ignatian model of education results in developing in children also a sensitivity to matters of religion and spirituality. At the Jesuit Education Centre, this task is possible because spirituality and religiosity accompany the pupils in the everyday reality of school. The teacher's role is first to enable pupils to participate and accompany them in religious practices and events such as Easter breakfast, Christmas Eve, retreats, prayer or the rosary at break time.

Encouraging spiritual reflection is also facilitated by correlating the school year with the liturgical year, providing appropriate equipment and talking about, for example, the liturgical season and the practices arising from it. A good way to deepen the experience of Advent or Lent is to implement a project, such as the Advent or Lenten tasks, which enable the children to actively prepare for the festivities and to reflect more deeply on the nature of religious events.

An important event for children in early childhood education is joining their First Holy Communion, preceded by a retreat specially prepared for them, which enables them to gain a deeper understanding of the mysteries of faith. Activities can also be undertaken in this area that enable children to reflect on this event. This could be talking about the topic, making artwork showing what is most important to them in receiving communion, watching films, adapted to the age of the children, which show God's action in human life, preparing songs, accompanying the children to the solemn First Communion Mass, or finally, organising a post-Communion pilgrimage. These are activities that

make it possible to accompany the children to this important event and also to awaken a deeper reflection on religious formation.

## Conclusions

In early childhood education, the teacher plays a major role in efforts to implement reflexivity. On the one hand, his/her situation is advantageous due to the integrated nature of teaching. It is easy to undertake and induce reflection in cross-curricular correlations, without the constraints of being divided into different subjects in the older grades. Also a beneficial factor is the amount of time the early childhood education teacher spends with the pupils. This makes it possible to get to know the pupil well, to accompany him or her on his or her development, and to observe the reflections undertaken by the child. On the other hand, it is not possible to implement reflection on the pupils unless the teachers themselves are in the habit of reflecting on their work, their working methods and forms, their development, or the values and ideals that guide them in life. In addition, another difficulty for some teachers is the often prevalent myth of the low reflective capacity of early childhood children, as well as the attachment to the traditional model of education, in which the child is 'human material' to be shaped appropriately rather than an independent and reflective individual. In adopting the Ignatian model of education, the teacher should also accept the implications of this model. The teacher can accompany the child, and to a certain extent can be his guide on the educational path, but one does not have a direct influence on the construction of the pupil's knowledge and emotional and social competences.

The period of 7–12 years marks the rapid development of cognitive abilities, as well as the independence of thought processes. Therefore, it is worthwhile to implement children's reflexivity, as they are already ready for it and, in addition, practising certain competences reinforces their application. These activities on the part of the teacher are continuous, planned and purposeful. The effects of the implemented activities vary as not all children develop reflexivity equally.

The implementation of reflexivity in early childhood remains a space for further exploration. Particular attention should be paid to the factors that positively influence the effectiveness of introducing reflexivity. An interesting area of research could be to undertake longitudinal studies on the impact of the

implementation of reflexivity in early childhood based on the Ignatian model of education on their educational success in subsequent educational stages.

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Maroš Šip

 <https://orcid.org/0000-0003-3753-245X>

University of Prešov

 <https://ror.org/02ndfsn03>

## Communication as a tool in social work within an interdisciplinary approach to clients with health disabilities

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**ABSTRACT**

*Communication as a tool in social work within an interdisciplinary approach to clients with health disabilities*

Effective communication plays a key role in social work, especially in supporting clients facing serious health or social challenges. This paper emphasises communication as a tool enabling coordinated, quality care. Empathetic dialogue between the social worker, the client, and their close environment facilitates trust, emotional safety, and client participation in decisions. A sensitive communicative approach helps manage difficult life situations, reduces psychological burden, and supports autonomy. As a part of an interdisciplinary team, the social worker not only shares information but also fosters understanding and support, improving clients' quality of life during illness or crisis. The paper also underlines the need for the systematic development of communication skills as a core professional competence in social work.

**KEYWORDS:** communication, social worker, client, empathy, interdisciplinary team, care

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Effective communication is an essential competency in the professional practice of social work, particularly when supporting individuals facing serious health challenges. Within interdisciplinary teams composed of professionals from diverse fields, the social worker serves a vital role as a mediator between the client, their family, and the healthcare system. A central responsibility of the social worker is to identify the social determinants of health and assess the risk factors that influence the client's life circumstances.

In addition to supporting the client, social workers provide assistance to their close relatives, thereby contributing to a holistic and individualised approach to care. Clear, purposeful communication enables the accurate assessment of client needs, facilitates their active participation in decision-making processes, and helps alleviate the psychological distress associated with illness or medical treatment. Furthermore, effective communication supports the continuity of care and promotes coordination among all members of the professional team.

An empathetic, respectful, and sensitive communication style fosters trust, which is an essential foundation for successful intervention. In today's healthcare environment, which faces numerous challenges and an increasing reliance on multidisciplinary collaboration, the development of advanced communication skills is an indispensable component of a social worker's professional competence.

This article offers a theoretical contribution based on a descriptive approach, enriched with practical examples. It emphasises the essential role of communication in providing high-quality, coordinated, and comprehensive care in social work within healthcare. While it does not employ a formal analytical methodology, it delivers expert reflection and practical insights supported by case studies that illustrate the key challenges and dimensions of communication in practice.

## The role of communication in coordinating health and social care

Social workers play a vital role in supporting individuals with health-related challenges, acting as intermediaries between clients and the healthcare system. Within the framework of social assistance, effective communication within teams is not only necessary but also a critical factor influencing the quality of services delivered (Braicu & Drăghia, 2024, p. 27).

Communication forms the foundation of this support. It enables social workers to accurately assess clients' needs, build trusting and supportive relationships, and foster mutual understanding. Furthermore, it is essential for the effective planning and implementation of appropriate interventions.

Conversely, inadequate communication skills can result in a misinterpretation of client needs, poor decision-making, reduced client satisfaction, deterioration of the client's condition, and even the premature termination of support services.

According to Boykins (2014, p. 42), effective communication is a two-way, constructive dialogue between the client and the social worker, in which both parties actively participate. This process extends beyond the mere exchange of information; it involves active listening without interruption, asking clear and purposeful questions, expressing opinions, and striving for a shared understanding of the messages being conveyed. Henly (2016, p. 258) emphasises that effective communication is essential for successful social work interventions, particularly because clients often experience crises, loss, or marginalisation, all of which profoundly impact their quality of life. This underscores the need for a sensitive and intentional communication approach. Henly also noted that the emotionally challenging nature of clients' circumstances can create barriers to communication. In such contexts, a high level of empathy, patience, and

respect is required from the social worker. From his perspective, client-centred communication is not only vital for achieving positive social outcomes but also aligns with the core values of social work, including dignity, respect, and individualised care (Kwame & Petrucka, 2021, p. 2).

Communication in social work represents a highly complex and sensitive aspect of professional practice. It is primarily a dynamic process shaped by multiple factors, including the client's individual characteristics, the social worker's professional approach, and the context in which the interaction occurs. It is important to emphasise that effective communication skills are predominantly developed through direct experience within the client's environment. These skills cannot be fully acquired through theoretical study, attending lectures, or strictly adhering to protocol-based procedures. Communication in the care of clients with disabilities is particularly demanding, as it involves numerous specific and often emotionally intense situations. It constitutes an integral part of multidisciplinary collaboration and plays a crucial role across various professional contexts. Physicians use communication to convey serious diagnoses, the clergy provide hope and spiritual support, and social workers accompany patients and their families through difficult life moments and crises. Delivering bad news is among the most sensitive and complex facets of professional communication, and this responsibility extends beyond physicians. Social workers frequently participate in these difficult discussions, helping to interpret information in an accessible manner, acknowledging the emotional responses of clients and families, and facilitating participatory decision-making. Effectively managing such situations requires advanced communication skills, including the capacity for empathetic and clear dialogue, assessment of the client's level of understanding, responsiveness to emotional needs, and the promotion of open communication among all involved parties. The manner in which these communications are conducted significantly influences how clients and their families receive information, make decisions regarding subsequent steps, and cope with illness. Social workers play a pivotal role in this process, not only as mediators of information but also as sources of emotional support. They align client needs with available services while safeguarding individual rights, dignity, and autonomy. The communication process within healthcare also encompasses elements of participatory decision-making, where clients actively engage in selecting further treatment or support options. Professional and transparent communication additionally involves discussions surrounding advance care planning, potential medical errors, treatment side effects, and the

use of alternative or complementary therapies (Stiefel et al., 2024, p. 2; Gessesse et al., 2023, p. 411).

Building on the above, high-quality communication serves as a fundamental tool for establishing trust between the social worker and the client. Within such a safe and supportive environment, it becomes possible not only to effectively gather pertinent information but also to assist in decision-making, support advance care planning, and facilitate opportunities for personal growth throughout the course of illness.

Coordinated and transparent communication among the social worker, healthcare professionals, and the client helps prevent misunderstandings, frustration, emotional tension, and anxiety. In this process, the social worker serves a vital role as both mediator and guide, ensuring the delivery of accurate, clear, and honest information alongside appropriate counseling. They support the client in making informed decisions that align with their personal needs and preferences regarding their care.

Equally important is fostering two-way communication, which enhances collaboration among all parties. This collaboration improves the quality of decision-making and results in more positive experiences not only for the client but also for their family and the entire team of professionals engaged in their care.

Effective communication is a fundamental pillar of safe and high-quality social work worldwide (Griffiths et al., 2012, p. 123; Boynton, 2015; Šip, 2018, p. 56). The safety and well-being of clients throughout the entire social service delivery process closely depend on the social worker's ability to engage in coordinated, professional, and multidisciplinary communication (Kavanagh & Szweda, 2017, p. 59).

This necessity highlights the critical role of collaboration within multidisciplinary teams, where social workers frequently act as facilitators and intermediaries, bridging communication between clients, their families, and other professionals.

Active participation in decision-making processes significantly contributes to the adoption of informed, value-based, and professionally grounded decisions aimed at improving clients' social and health outcomes. Furthermore, effective communication supports continuity of care, enhances coherence among interdisciplinary team members, and facilitates the efficient operation of organisational and procedural structures within social service delivery (Chard & Makary, 2015, p. 332). Consequently, it fundamentally promotes the safety,

effectiveness, and overall quality of services tailored to the individual's needs (Emory et al., 2018, p. 286).

Communication plays a vital role in conveying information to clients and their relatives, particularly concerning the nature, progression, and potential consequences of illness or social challenges. A key function of communication is to ensure mutual understanding among all parties involved, whether between healthcare professionals, social workers, and clients or between clients and their families. The accurate, empathetic, and clear delivery of information contributes to better management of emotional distress, enhances comprehension of the illness or life situation, and facilitates coping for both clients and their loved ones in difficult circumstances. This process also supports clients and their families in balancing hope for improvement with acceptance of the limitations imposed by the illness or social condition. Equally important is the role of social workers in helping clients navigate the complexity of their social and health-related needs, while providing emotional and practical support that empowers them to confront life's challenges effectively (Rosa, 2015).

Similarly, Astudillo and Mendinueta (2005, p. 65) emphasise that effectively coping with a diagnosis and prognosis requires a mutual exchange of information, including active listening and empathetic communication. Active listening enables identification of what truly matters to the patient or client and clarifies their needs, thereby facilitating adaptation to illness. Empathy, conveyed through statements such as "This must be very difficult..." or "I understand that it is hard to accept the illness...", acknowledges the emotional aspects of care and reinforces the patient's sense of being understood. Acceptance, demonstrated by a sincere interest in the patient's feelings and experiences, is crucial for building a trusting and supportive relationship throughout the adaptation process (Šip, 2018).

In this context, Abiven (in Rosa, 2015) emphasises that even when a person is in an advanced stage of illness and their ability to communicate is severely impaired, support from social workers, other members of the multidisciplinary team, and family remains critically important. Such support plays a fundamental role in preserving the patient's or client's dignity, sense of security, and overall quality of life, even when verbal communication is no longer fully possible.

Care providers offer emotional support through continuous contact and communication, which fosters a sense of emotional fulfilment and closeness for the patient. This process plays a crucial role in alleviating feelings

of loneliness, reassuring the client that despite their difficult circumstances, they are not alone. Rather, they perceive that both their family and the care team remain actively responsive to their emotional and psychosocial needs (Šip, 2018, p. 59).

To illustrate the points discussed above, we present two specific case studies involving clients with cancer and their families: “When the family was informed of the father’s serious diagnosis, the news was profoundly painful and shocking for all involved. Such revelations are invariably difficult to accept, especially when they concern a loved one. Despite the initial shock, the family united, becoming an indispensable source of support throughout this challenging period. Their support extended beyond practical assistance to encompass emotional care, which was of extraordinary significance to the father. Through their collective efforts, they provided him with hope, strength, and encouragement, positively influencing his psychological and emotional well-being. Some family members drew strength from their faith, particularly the father, whose spiritual beliefs offered him comfort and inner peace. Simultaneously, the family remained attentive to his psychosocial needs, striving to create a stable, supportive, and loving environment that facilitated his coping at each stage of treatment. This demanding process impacted not only the patient but also profoundly affected family dynamics. Their mutual closeness and solidarity were reinforced, further uniting the family in their shared effort to confront the challenges posed by the illness.”

The case of a family with a patient diagnosed with cancer illustrates the importance of comprehensive psychosocial support as an integral element of the treatment process. Upon receiving the serious diagnosis, all family members experienced an intense emotional shock, which is a natural reaction to the sudden threat to a loved one’s health. However, this shock can also impair their ability to respond adequately and provide support if it is not processed through effective communication.

In this case, the family system was adapted by consolidating emotional support and practical assistance, thereby creating a stable and secure environment for the patient. This family cohesion represents a crucial social determinant that supports coping with the illness. The study confirms that social support is directly correlated with better psychological resilience in patients and more positive treatment outcomes.

Special attention should be given to the spiritual dimension of care, which plays a role in the patient’s search for meaning and inner peace. Spiritual support

can be a significant protective factor in managing chronic and life-threatening illnesses, highlighting the need for its integration into a holistic care approach.

After the diagnosis, family dynamics deepened and mutual solidarity increased, laying the foundation for collectively coping with challenging situations. This case emphasises that effective social work intervention must also include support for the family, their education, and facilitation of communication among the patient, family, and healthcare team.

A similar need for emotional support and assistance arose in the case of another client, referred to here as Mr V. During his hospitalisation and after discharge, he consistently refused to communicate. Mr. V. experienced considerable stress, confusion, and disappointment due to inaccurate information provided by both his doctors and family concerning his health status and treatment plan.

One day, his physician informed him that he would be discharged the following day. On that day, Mr V. packed his belongings and awaited the discharge report. However, after some time, the nurses informed him that, due to the negative test results, his discharge would be postponed by an additional week. His reaction was marked by a range of emotions, including distrust, anger, and disappointment. He helplessly shrugged, raised his hands in frustration, and returned to bed. He refused to engage in communication and did not respond to basic questions from the medical staff that were necessary to assess his cognitive functioning. This attitude persisted even after his eventual discharge and return home.

Mr V. felt deceived and believed that everyone around him was being dishonest. Upon later reflection during our conversations, he expressed that he would have preferred if the medical team had explained that the decision regarding his discharge depended on the test results. Had he been informed of this possibility in advance, he could have mentally prepared himself for the potential delay. He felt that such transparency would have acknowledged his feelings and emotions, rather than treating him as merely an inconvenient case. As he stated, „Some people treat us mechanically. Another case... and another case. “No one cares about how I feel or how I carry my burden.”

The case of Mr V. highlights the severe negative consequences that can arise from insufficient and inconsistent communication within healthcare settings. A lack of transparent and accurate information regarding the patient's health status and treatment plan resulted in a loss of trust and increased stress, which manifested as a refusal to communicate and cooperate.

Inadequate notification about the patient's discharge, particularly the unexpected delay, triggered emotional overload in Mr. V., expressed through resignation, frustration, and a sense of helplessness. This state significantly impaired his ability to actively engage in treatment and to follow professional recommendations.

An analysis of the dialogue with the patient revealed his need to be actively informed and involved in decision-making processes, an essential factor in preserving his autonomy and psychological integrity. His remark, "Some people treat us mechanically...", underscores the absence of empathetic care, which represents a critical barrier to effective healthcare delivery.

This case underscores the necessity of multidisciplinary collaboration, where the social worker plays a crucial role as a communication facilitator and provider of psychosocial support. It is imperative that the healthcare team acknowledge and address the patient's emotional and psychological needs, thereby minimising the risk of communication conflicts and enhancing treatment adherence.

For practitioners, emphasising active and empathetic listening to clients and their families is essential to accurately identify their psychosocial needs. Transparent and timely communication regarding the health status and treatment plans fosters patient trust and cooperation. Social workers should systematically facilitate coordination between the healthcare team and the family, thereby strengthening comprehensive care and psychological support for clients.

Both case studies highlight the critical importance of effective and empathetic communication in contexts involving serious illness. Accurate information and consistent support from family members and the multidisciplinary care team are essential for helping patients and their loved ones navigate difficult life circumstances and find the resilience to confront the challenges posed by the illness. Without such support, patients may experience confusion, isolation, and feelings of being misunderstood, which can significantly deteriorate their mental well-being and reduce their willingness to engage cooperatively in their treatment.

Effective communication is a fundamental prerequisite for successful collaboration within multidisciplinary teams, particularly in cases where patient or client needs are complex and demanding. Such situations necessitate a coordinated effort among various professionals, including physicians, nurses, social workers, psychologists, and spiritual care providers (Boyle et al., 2018, p. 81). High-quality, systematic communication is essential for integrating diverse expert perspectives into a coherent, client-centred care model. This integration

significantly influences clinical outcomes, enhances patient and family satisfaction, and improves the quality of teamwork among professionals (Smith et al., 2024, p. 42; Cerqueira et al., 2024, p. 2).

In the context of caring for individuals with serious illnesses, where decision-making is often accompanied by intense emotions and ethical challenges, communication skills become even more critical. Effective communication within multidisciplinary teams extends beyond merely exchanging information; it serves as a vital tool for fostering interdisciplinary collaboration and facilitating informed decision-making (Jackson et al., 2018). Each team member brings specialised expertise: physicians concentrate on pharmacological management and symptom control, nurses deliver daily care to ensure patient comfort, and social workers address the psychosocial dimensions of illness and provide support during difficult times while facilitating access to essential social and material resources. Spiritual care providers attend to patients' spiritual and existential needs, irrespective of religious affiliation, thereby contributing to a holistic model of care (Lopez-Leon et al., 2021; Cerqueira, 2024, p. 4).

The communication skills of social workers are instrumental in providing comprehensive support and ensuring that the patient's or client's needs are effectively aligned with the available services.

In conclusion, it is crucial to highlight that effective communication extends beyond professional boundaries, creating opportunities for the exchange of expert knowledge and experiences through regular team meetings, case conferences, and informal interactions. This open and continuous flow of information fosters a comprehensive and coherent understanding of the patient's or client's needs, enabling the development of interventions that address their biological, psychological, social, and spiritual dimensions (Nguyen et al., 2019, p. 390).

Social workers play a vital role in this process by identifying and addressing the psychosocial needs of clients and their families and facilitating access to social services, financial support, and legal assistance. This ensures that the planned interventions adhere to a holistic framework and reflect the unique needs and preferences of both the client and their family. Consequently, coordinated and continuous care is maintained, respecting the individual values, preferences, and requirements of clients and their families, while upholding a holistic approach to care delivery (Cerqueira et al., 2024, p. 5).

## Key components of effective communication in client care

In contemporary social work practice, effective and continuous communication between social workers, clients, and their families plays a crucial role, especially when supporting individuals with serious illnesses (Li et al., 2020; Engel et al., 2023; Palanido et al., 2023). This process requires a sensitive and open dialogue that allows support to be tailored to the client's and their loved ones' current informational, emotional, and psychosocial needs. It is essential to respect their values, goals, and preferences throughout the care process, which places high demands on the communication skills of social workers.

Research (Li et al., 2020; Engel et al., 2023; Palanido et al., 2023) also highlights the importance of creating a safe space where clients can freely express their concerns and negative emotions. An empathetic and respectful response from the social worker not only improves the quality of communication but also fosters acceptance of the care provided. Inadequate or delayed communication that fails to consider the broader context of the client's life, including psychosocial, emotional, and cultural factors, leads to diminished support quality, increased client suffering, and moral distress among professionals.

As Sharkiya (2023) emphasises, actively involving clients in communication and decision-making processes strengthens their sense of control and responsibility over their situation. Mutual trust and respect create a safe environment in which clients feel accepted and understood, positively impacting their mental health and overall well-being. Therefore, the systematic development of social workers' communication competencies must include not only theoretical knowledge but also practical skills such as active listening, sensitive responding, appropriate questioning, and interpreting nonverbal cues. Cultural sensitivity and the ability to reflect on clients' diverse life experiences are also indispensable.

In conclusion, high-quality, culturally sensitive communication between social workers and clients forms the foundation of individualised, empathetic, and effective support. This approach not only enhances client satisfaction and sense of security but also helps social workers prevent burnout and maintain balance in their demanding professional roles.

## Active listening

Active listening and meaningful dialogue are widely recognised as essential components highly valued by clients, who consistently highlight their positive impact on the overall care experience (Azarabadi et al., 2024, p. 2). These communication elements are equally critical in social work practice, where empathetic approaches and attentive interactions help build trust, foster understanding, and promote psychological well-being as clients navigate illness and life transitions.

Beyond its traditional definition as a primarily cognitive act influenced by emotional disposition and attentional willingness, listening is increasingly recognised as an existential stance, a mode of being present in the world that reflects a profound interest in another person. This expanded perspective shifts the understanding of listening from a mechanical process of information reception, comprehension, and storage to the capacity to convey genuine positive intent and openness towards the speaker. Research indicates that such attentive listening can significantly enhance the speaker's autonomy and self-esteem (Lipari, 2020, p. 28). Lipari conceptualises "listening being" as the readiness to suspend one's habitual assumptions, beliefs, and knowledge in order to remain fully present and aware in the moment. In this way, listening becomes a state of existential connection where one both experiences and comprehends the essence of another. It transcends the mere exchange of information, embodying a deeper process of understanding (Bodie, 2023).

Active listening goes beyond merely hearing; it requires the social worker's full presence and focused attention on the client's words. It involves genuinely understanding the client, accurately interpreting their message, and responding appropriately to their narrative. This effective dialogue, built on mutual trust, fosters a more open and willing exchange. To enhance active listening skills, social workers should maintain eye contact, use verbal affirmations such as "I understand" or "I see," take brief notes during sessions, and practice patience by allowing clients to express their thoughts without interruption.

## Empathy and emotional intelligence

Client-centred care demands that social workers not only possess professional knowledge and practical skills but also demonstrate the capacity to respond

emotionally to their clients' needs and experiences. Empathy is thus recognised as a crucial professional competency that helping professionals must actively cultivate. Establishing an empathetic relationship between professionals and clients enhances collaboration in developing individualised therapeutic and social plans, which in turn increases client satisfaction with the care process. This approach improves the quality of care, reduces the incidence of errors, and raises the proportion of clients reporting positive experiences with therapy or social support (Bowlby, 2008a; Bowlby, 2008b). Moreover, research indicates that fostering empathy during care promotes better client adherence to therapeutic or social recommendations, thereby enhancing therapeutic and social outcomes (Fletcher et al., 2016, p. 1854).

In the professional literature, empathy is recognised as a multifaceted concept encompassing both emotional and cognitive components. Emotional empathy refers to the capacity to share and experience the feelings of another person, whereas cognitive empathy involves the ability to comprehend and accept others' perspectives. Within social work practice, cognitive empathy is particularly crucial for fostering trust, facilitating effective communication, and accurately assessing clients' needs across diverse social contexts. Research indicates that social workers who demonstrate an empathetic approach contribute to higher client satisfaction, improved cooperation, and greater client motivation to actively participate in problem-solving processes. Moreover, empathy positively affects social workers themselves by enhancing psychological resilience, increasing professional fulfilment, and mitigating the risk of burn-out when managing emotionally demanding cases over time (Moudatsou et al., 2020, p. 2; Ardenghi et al., 2022, p. 2885).

The starting point for analysing contemporary approaches to interpersonal communication in the helping professions is the clear definition of key concepts that significantly impact the quality of the services provided. Among these concepts are empathy, emotional intelligence (EI), and interprofessional skills, all of which are essential for effective collaboration within multidisciplinary teams (Moudatsou et al., 2020, p. 2).

Empathy, as defined by Ioannidou and Konstantikaki (2008, p. 119), is the capacity to put oneself in another's position and understand their emotional and cognitive experiences. In health care and social work, empathy transcends mere emotional compassion; it serves as an active tool for recognising both verbal and non-verbal cues, enabling more accurate identification of client or patient needs. This process facilitates the development of a trust-based

relationship, which is fundamental for delivering effective care and alleviating the psychological distress associated with illness or life crises.

Emotional intelligence (EI) is widely recognised as a fundamental component of professional interaction. It encompasses a set of emotional and social competencies that enable individuals to respond effectively to emotional stimuli and regulate their own emotions (Batson, 1991). Today, EI is understood as a multifaceted ability that promotes emotional stability, enhances social adaptability, and fosters resilience to stress (Turner, 2009, p. 98).

In social work practice, where emotional engagement with clients constitutes a fundamental aspect of daily activities, competencies such as emotional awareness, adaptive stress management, and the capacity to navigate ethically sensitive decisions significantly affect the quality of interventions and overall client satisfaction. Interprofessional skills, which facilitate effective collaboration among diverse professionals, further highlight the necessity of a balanced, holistic approach to client care. When combined with empathy and emotional intelligence, these competencies not only enhance therapeutic and social outcomes but also promote the well-being of both clients and practitioners, fostering the development of a high-quality and sustainable environment within the helping professions (McNulty & Politis, 2023, p. 240).

According to Moudatsou et al. (2020, p. 3), empathy involves the capacity to understand and share another person's emotions, while emotional intelligence encompasses self-awareness of one's own feelings and the ability to accurately perceive and respond to the emotions of others. These psychological and interpersonal skills enable social workers to establish deeper connections with clients, fostering an environment characterised by trust, respect, and safety. Empathy can be intentionally developed through methods such as active listening, posing open-ended questions, reflecting clients' emotions, and engaging in role-playing exercises to gain a more profound understanding of others' perspectives.

The assessment process in social work should not be regarded as a mere mechanical collection of data. Instead, it constitutes a dynamic and complex activity that necessitates the establishment of a supportive, respectful, and trusting environment in which the client feels genuinely heard and accepted. The social worker's capacity for active and empathetic listening, sensitivity to non-verbal cues, and responsive engagement with the client's needs is paramount. This approach not only improves the quality of information obtained but also plays a vital role in building a trustworthy, collaborative relationship, an essential

foundation for effective intervention. A sensitive and empathetic response fosters client cooperation, strengthens their autonomy, and motivates active participation in addressing their circumstances.

## Nonverbal communication

From an early age, humans naturally communicate through nonverbal means such as gestures, eye contact, facial expressions, physical presence, body movements, and vocal tone (Šip et al., 2023, p. 3). These forms of communication continue to play a crucial role in adult interactions as well (Öhrling et al., 2024, p. 4).

Verbal and nonverbal communication are inherently interconnected, with research demonstrating that gestures are closely linked to language processing. Individuals interpret both verbal and nonverbal cues within the context of their interpersonal relationships, and the consistency between these signals fosters trust, enhances clarity, and supports the development of positive relational bonds (Hall et al., 2019, p. 276).

In some cases, nonverbal communication can be even more effective than verbal language in conveying thoughts and emotions, often operating at a subconscious or unconscious level (Pentland, 2008; Tversky & Jamalian, 2021, p. 754). Nonverbal cues, such as eye contact, facial expressions, gestures, posture, and vocal tone, play a vital role in expressing empathy, understanding, and support. In social work, professionals must be mindful of their own nonverbal behaviour and skilfully interpret clients' nonverbal signals to enhance communication effectiveness. For instance, maintaining appropriate eye contact and using affirming gestures can demonstrate engagement, while a genuine smile can increase the social worker's perceived approachability (Öhrling et al., 2024, p. 4).

Nonverbal communication encompasses nonverbal yet informative aspects of behaviour, such as head and body movements, that can be interpreted by a receiver and used to draw inferences (Hall et al., 2019, p. 276). Research indicates that people can quickly and accurately form social judgments based on nonverbal signals (Todorov et al., 2015, p. 521). For instance, individuals can recognise pain in others, which may trigger an empathetic response, or identify expressions of empathy in those around them.

Various forms of nonverbal behaviour have been associated with the components of empathy and related concepts such as warmth and compassion. Examples include maintaining eye contact, ensuring equal eye level, leaning

towards the other person, directly facing them, mirroring facial expressions and posture, displaying facial expressions of concern, smiling, nodding, using a gentle tone of voice, and offering a soft touch on the shoulder or hand (Lorié et al., 2017, p. 418; Marcoux et al., 2024, p. 5).

According to Novel (2013), several key aspects must be considered in non-verbal communication:

- Silence always carries meaning and should be interpreted accordingly. It can indicate a need for space to reflect or process emotions, or it may simply serve as a brief pause. It is crucial to understand what the other person is trying to express through silence.
- Gaze reveals the other person's comfort or discomfort and conveys self-confidence, interest, and support for the ongoing conversation. It demonstrates attention to both the individual and the relationship. The gaze is an important anchoring element and should be actively used in effective communication.
- Body movements and facial expressions provide valuable insights into emotional and dispositional states. The communicator should recognise and correctly interpret these signals to facilitate smoother and more effective communication.
- The physical distance between interlocutors can significantly influence the quality and intensity of their interaction. It is important to manage this distance sensitively, avoiding excessive proximity, which can feel intrusive and excessive distance, which can create barriers and disrupt the natural flow of communication.
- Spatial arrangement – the position participants assume within the physical space, plays a critical role in creating favourable conditions for effective communication. Maintaining good eye contact fosters trust and a sense of security. Ensuring that participants are at the same height avoids power imbalances and supports equal exchange. Additionally, ensuring comfort can help prevent physical discomfort or fatigue, which may otherwise interrupt or prematurely end the conversation.

According to Rakici (2023, p. 246), doctors and social workers should be thoroughly familiar with body language, the most powerful element of nonverbal communication. Such knowledge enables them to build trusting and stable relationships with patients, clients, and their families. By attentively reading nonverbal signals, they can more effectively provide relevant information and

address the concerns and needs of the other party. Body language serves as a rich source of data for social understanding and interpersonal interaction.

The eyes play a particularly important role in this process. They are the central features of the face and among the most expressive and accurate tools of nonverbal communication. For example, changes in pupil size can independently convey signals that reflect a person's physiological and emotional state. However, these expressions are usually inferred through observation, and their interpretation can be quite complex. Accurately identifying the meaning of various emotional cues and related nonverbal expressions, especially those involving the eyes, is a challenging task. Each person has a unique and limited behavioural repertoire, and the same nonverbal expression may have different meanings for different individuals. Furthermore, emotions often occur in combinations or can change rapidly, further complicating the reading and interpretation of body language.

Therefore, professionals in the helping professions, such as doctors and social workers, must approach nonverbal communication with sensitivity, an appreciation for individuality, and an awareness of the context in which the interaction occurs.

## Conclusions

Based on the findings presented above and according to Stiefel et al. (2024, p. 4), communication can be unequivocally regarded as a fundamental pillar of high-quality healthcare and social care. In the context of serious illnesses, effective, open, and empathetic dialogue between professionals and patients/clients is crucial not only for the therapeutic process itself but also for providing psychological and social support. Stiefel et al. (2024) highlights that quality communication reduces anxiety levels and increases satisfaction among both patients and healthcare and social work professionals. Similarly, research by Choi (2022) demonstrated that cancer patients satisfied with communication with their physicians showed better mental health outcomes. Another study by Świątoniowska-Lonc et al. (2020) confirmed that effective communication enhances patients' sense of self-efficacy in self-care and improves adherence to treatment, positively influencing their overall well-being.

The importance of open communication is further supported by international studies emphasising that the opportunity to discuss details of the illness,

prognosis, or the dying process leads to higher patient satisfaction (Curtis et al., 2018; Houben et al., 2015). Such communication also strengthens the trust relationship between patients and healthcare providers (Abdul-Razzak et al., 2016; Paladino et al., 2020), with well-informed patients experiencing greater control over their treatment and a sense of security, enabling them to make informed decisions (Brom et al., 2017; Epstein et al., 2017). Conversely, patients who perceive a lack of open information often feel isolated (Hilário, 2020; Rohde et al., 2019). Accordingly, Masefield et al. (2019) emphasise that open and transparent communication is a key factor enabling patients to better prepare for decision-making regarding their treatment (in Engel et al., 2023).

This intensive and empathetic collaboration between healthcare and social work professionals significantly contributes to improving the continuity of care and the quality of life of patients/clients throughout the course of illness. Empirical evidence clearly demonstrates that high-quality communication positively impacts not only health indicators and psychosocial aspects but also the professional satisfaction of specialists providing differentiated care.

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