

PATHS TO THE PERSON

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PATHS TO THE PERSON

COMMUNITY ASSIGNMENTS IN ACHIEVING
INDIVIDUAL PREVENTION GOALS

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*To the Holy Father John Paul II
- Servant of the dignity of the human person -
the Founder of the Pontifical Council for Health Care Workers*

Twenty-Five Years at the Service of Love for the Suffering: The Pontifical Council for Health Care Workers

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Introduction

It is my great joy to see that in the year of the 25th Anniversary of the foundation of the Pontifical Council for Health Care Workers we are launching this series entitled ‘The Human Person and Health.’ This is a joint venture between the Pontifical Council established by the Venerable John Paul II and the John Paul II Catholic University of Lublin, where he was once a professor and which actually bears his name. Moreover, we are doing this in his homeland.

In his apostolic letter on the Christian meaning of human suffering, *Salvifici Doloris*, John Paul II, affirms that ‘in Christ “every man becomes the way for the Church.” It can be said that man in a special fashion becomes the way for the Church when suffering enters his life’ (*Salvifici Doloris*, 3).

The Venerable Father also calls for an integral approach in the care of the sick and suffering. He therefore asserts that “in her approach to the sick and to the mystery of suffering, the Church is guided by a precise concept of the human person and of his destiny in God’s plan. She holds that medicine and therapeutic cures be directed not only to the good and the health of the body, but to the person as such who, in his body, is stricken by evil. In fact, illness and suffering are not experiences which concern only man’s physical substance, but man in his entirety and in his somatic-spiritual unity’ (*Dolentium Hominum*, 2).

On her part, the Pontifical Council for Health Care Workers ‘shows the solicitude of the Church for the sick by helping those who serve the sick

and suffering, so that their apostolate of mercy may ever more effectively respond to people's needs' (*Pastor Bonus*, 152).

To help our readers know more about the Pontifical Council for Health Care Workers, I would like to recall some important dates and the activities of this Dicastery of the Roman Curia.

During its deliberations, the Second Vatican Council was not directly concerned with the question of pastoral care in health as such. This does not mean, however, that one cannot find precise references and allusions to the constitutive concern of the Church for the suffering and the sick in the various documents of that Council.¹ In *Lumen Gentium* (*LG*), for example, we can read this significant and profoundly eloquent statement about our subject: 'Christ was sent by the Father "to bring good news to the poor, to heal the contrite of heart" (Lk 4:18), "to seek and to save what was lost" (Lk 19:10). Similarly, the Church encompasses with love all who are afflicted with human suffering and in the poor and afflicted sees the image of its poor and suffering Founder. It does all it can to relieve their need and in them it strives to serve Christ' (*LG*, n. 8). And in *Gaudium et Spes* (*GS*), before offering a small but authentic tract on Christian theological anthropology (*GS*, nn. 12-22), the Council begins the document with the following solemn and almost programmatic declaration: 'The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. Indeed, nothing genuinely human fails to raise an echo in their hearts' (*GS*, n. 1).

These very important declarations go beyond simple affirmations of principle and were destined to be taken up and translated into various initiatives and action programmes that were permanent and institutionally coordinated at various levels of the action of the Church.

1. The Creation of the Dicastery for Health Care Workers

The first and real response to the highness of these noble words of the Second Vatican Council was certainly the creation by the Venerable John Paul II, by his *Motu Proprio Dolentium Hominum* of 11 February 1985, of the Pontifical Commissions for Pastoral Assistance to Health Care Workers, which three year later would become the Pontifical Council for

¹ Cf. *AA*, 8,3; *AG*, 38,3; *CD*, 30,7; *LG*, 41,5; *OT*, 8,1; *PO*, 8,3.

Pastoral Assistance to Health Care Workers (Apost. Const. *Pastor Bonus*, 28 June 1988). In this founding document the Supreme Pontiff referred in the following way to the history and the interest of the Church as regards the world of the suffering: ‘over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim to fostering, organizing, improving and increasing help to the sick. Missionaries, on their part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with the help and care of the sick’ (*Dolentium Hominum*, n. 1).

The *reasons* for such a strong founding gesture were many in number. The Holy Father listed the principal ones, amongst which were the constitutive interest of the Church for man who suffers, the great advances achieved by medical science, and the need to coordinate all the bodies concerned with the world of health and health care in order to be able to respond in an adequate way to the new challenges of the world of suffering, of illness, and of care. Given that individual action was not sufficient for such a task, in a compelling way the need imposed itself for joint, intelligent, constant, and generous work.

The principal *tasks* assigned to the Pontifical Council were those of stimulating, promoting, coordinating, and working with local Churches and carefully following national and international health-care programmes as well as their repercussions for the pastoral action of the Church.

The present *structure* of the Pontifical Council is made up of a governing body made up of the President, the Secretary, and the Under-Secretary, helped by a permanent secretariat made up of officials and by a group of volunteers. In addition, this dicastery has about thirty Members, representatives of the various dicasteries of the Roman Curia and health-care religious institutions, together with a group of forty Consultors who come from all the continents of the world. The governing body, the Members, and the Consultors are appointed by the Pope; their mandates last for five years and can be renewed. Since its foundation, the Pontifical Council has had three Presidents: Cardinal Fiorenzo Angelini (1985-1997), Cardinal Javier Lozano Barragán (1997-2009) and Archbishop Zygmunt Zimowski (2009-).

As regards the *activities* of the dicastery, its daily work involves:

- a permanent secretariat;
- administration;
- numerous meetings;

- relations with the Bishops' Conferences and health-care bodies – visits to the dicastery, for example;
- pastoral visits or visits involving representation of the dicastery (the international sphere);
- the publication of the review *Dolentium Hominum* in four languages;
- the publication of a great deal of support material such as the *Charter for Health Care Workers*, a handbook on drugs and drug addiction, an Index which catalogues health-care centres owned by the Church or in which the Church is active, etc;
- the organisation of an annual international conference on a topical subject connected with questions and issues related to the health-care world;
- the organisation of various conferences and seminars in large measure on subjects connected with pastoral care in health;
- the World Day of Health, which is celebrated every year on 11 February, the liturgical memorial of Our Lady of Lourdes.

2. The Direction of the Pontifical Magisterium as Regards Pastoral Care in Health

2.1. John Paul II

The creation of the Pontifical Commission for Pastoral Assistance to Health Care Workers did not take place in a totally unexpected way. It was prepared for by certain very precise historical events which suitably refined thought about the Gospel of suffering: the election of John Paul II to the Chair of St. Peter (1978); the assassination attempt on the Pope (1981), which made him a particular participant in the suffering of other people; the World Congress of Catholic Doctors (1982); and, lastly, the Synod of Bishops during the year of the Jubilee of Redemption (1983). However, it was above all the difficult situation of hospitals in general and of Catholic hospitals in particular that generated special pastoral attention and concern as regards this important sector of human life. By way of example, one may quote what Br. Pierluigi Marchesi observed after the emergence of the new pontifical dicastery: 'On receiving the news, so much hoped for, of the creation of the Pontifical Commission for Pastoral Assistance of Health Care Workers, the euphoria at the news, which covers authentic anxiety

within the whole health-care world, and especially the Catholic health-care world, may have led us to focus our attention above all on the last part of the founding document, that relating, that is to say, to the functions and tasks of this new body': Br. Marchesi, *DH*, n. 1 (1986/1) 14.

Even then the author of this article drew attention to the existence at the basis of this hope of a series of 'problems which for a decade have held Catholic and religious hospitals in particular in a kind of clamp' (*ibid.*). Amongst the causes behind this clamp were listed the radical technical and technological development of medicine and correlatively of health care; the permissive legislation of various European countries in the health-care field; and the absolute absence of policy directions in this field in poor countries. In addition, Br. Marchesi called attention to the situation of near exhaustion in all the areas of the world of the role of back-up of religious institutes in the field of health care, and the policy of competition with state or private hospital structures. All of this, he concluded, 'leads to authentic temptations to engage in abandonment for varied and fundamental reasons which impede the concrete pursuit of the institutional goals of hospital centres' (*ibid.*). The reasons in question were the constant process of rarefaction of investments in hospitals works, the increasingly reduced number of vocations, the breaking down of health care into small segments, the emptiness of the apostolic dimension following technological and sociological developments, and so forth. Later on, the author observes that the teaching of the Church in the field of health care cannot be confined within a ring fence of Catholic health-care institutions alone but is addressed to the entire sector because 'if 'the glory of God is living man' then we take part in the primary function of being the people of God, which is to render up to God perennial love and glory, each time that our pastoral action and, above all, the pastoral action of the Church has as its goal the restoring to man, wounded by illness in his physical, mental, and moral fabric, of those existential conditions that really make him a 'living being' with an operational response intended to bring that 'sacrament of salvation' which is the Church in the history of man' (*ibid.*).

It is in this context that the election of the Venerable John Paul II to the Chair of St. Peter on 16 October 1978 impressed a decisive turning point on pastoral care in health. In the programmatic encyclical letter of his pontificate, *Redemptor Hominis* (4 March 1979), he was already writing: 'Man in the full truth of his existence, of his personal being and also of his community and social being – in the sphere of his own family, in the sphere of society and in very diverse contexts, in the sphere of his own nation or people (perhaps still only that of his clan or tribe), and in the sphere of the whole of mankind – this man is the primary route that the Church must

travel in fulfilling her mission: he is the primary and fundamental way for the Church, the way traced out by Christ himself, the way that leads invariably through the mystery of the Incarnation and the Redemption' (*RH*, n. 14). This unequivocal statement about the sublime dignity of the human person – one of the most central statements of the first encyclical of John Paul II – is not at all accidental. It is the personal synthesis of his experience of suffering, which was intimately experienced, long thought about, and serenely transformed.

One can perceive in the magisterium and the ministry of the Venerable John Paul II various moments that emphasise, in a crescendo fashion, the pre-eminent relevance given to pastoral care in health as well as to the role of hospital chaplaincies.

From the beginning of his pontificate John Paul II expressly wanted to connect the efficacy of his pastoral action with the support of the prayers of the sick and the offering up to God of their sufferings.

Secondly, in none of his general audiences and his innumerable apostolic journeys did he fail to meet the sick; these assiduous meetings were an occasion for a rich and valuable series of actions that marked out a completed notion of pastoral care for the sick. His last journey was to Lourdes; he even wanted to stay, as a sick man, amongst the sick...

However, the prophetic aspect of the magisterium and the ministry of John Paul II on suffering and care for the sick found a singular personification in the events of the grave assassination attempt on his life of 13 May 1981 and in the circumstances which accompanied it. From that moment onwards the sensitivity of the Pope towards suffering acquired a more vigorous credibility, and the Holy Father became a greater witness because of the fact that nothing modified his courageous presence amongst the people of God, confirming that either one draws near to man in his pain at an individual level or one does this at the level of the universal Church in the field of health care and health.

The twenty-five years of the existence of the Dicastery for Health Care Workers have confirmed beyond every prediction that the fields of health and health care represent a factor of a greater predisposition to encounter with people independently of their ideological, cultural, political, and other identities. And this is highly significant during a period of history when, as John Paul II wrote in his apostolic constitution *Ex corde Ecclesiae* (15 August 1990), 'the dialogue of the Church with the cultures of our times is that vital area where "the future of the Church and of the world is being played out as we conclude the twentieth century"' (n. 3). The magisterium and the ministry of John Paul II, as well his constant and impassioned interest in the questions and issues connected with suffering, made the

action of the dicastery that he wanted and created possible and more incisive in this sphere.

What has been observed above allows us to state that John Paul II drew up an authentic theology of suffering. It begins with an assumption and moves along two very clear lines. The assumption is that if man is 'the way for the Church,' he is so 'in a special fashion...when suffering enters his life' (*Salvifici Doloris*, n. 3).

As a consequence, 'Assuming then that throughout his earthly life man walks in one manner or another on the long path of suffering, it is precisely on this path that the Church at all times...should meet man. Born of the mystery of Redemption in the Cross of Christ, the Church has *to try to meet* man in a special way on the path of his suffering. In this meeting man "becomes the way for the Church," and this way is one of the most important ones' (*ibidem*).

Priests, therefore, who directly continue the mission of Christ, are first of all called to be the promoters of, and witnesses to, this pastoral care which in our epoch even more than in the past assimilates man who suffers to the whole of the rest of the creation which is sorely tried by scientific and technological progress that often has lost and is losing the pathway of authentic civilisation. Only, in fact, through attention being paid to the problems of the weak and the suffering and of what marks man in pain is authentic service to civilisation and freedom achieved because man moves towards freedom through the civilisation of love.

2.2. Benedict XVI

The Holy Father Benedict XVI has also placed the world of suffering at the centre of his magisterium. It is not possible in a few words to illustrate his commitment to the sick and to health-care workers. To realise what it has been one needs only to go through a recent publication entitled 'Thoughts on Illness.'² I am referring here to two texts which directly concern hospital chaplains but whose contents are directly addressed to every disciple of Christ, the divine Physician who 'came into the world so that they may have life and life in abundance' (Jn 10:10). The first text, taken from the Message of Benedict XVI on the occasion of the twenty-eighth World Day of the Sick (11 Feb. 2010), is addressed to priests in general: 'In this Year for Priests, my thoughts turn in particular to you,

² Benedict XVI, *Pensieri sulla malattia*, Libreria Editrice Vaticana, Città del Vaticano 2010.

dear priests, “ministers of the sick,” signs and instruments of Christ’s compassion who must reach out to every person marked by suffering. I ask you, dear presbyters, to spare no effort in giving them care and comfort. Time spent beside those who are put to the test may bear fruits of grace for all the other dimensions of pastoral care. Lastly I address you, dear sick people and I ask you to pray and to offer your suffering up for priests, so that they may continue to be faithful to their vocation and that their ministry may be rich in spiritual fruits for the benefit of the whole Church.’

The second text is taken from his homily on the occasion of the above-mentioned World Day and also of the twenty-fifth anniversary of the foundation of the Pontifical Council for Health Care Workers. The following are the words of the Holy Father: ‘Dear friends, as I wrote in the encyclical *Spe Salvi*, ‘The true measure of humanity is essentially determined in relationship to suffering and to the sufferer. This applies both to individuals and to society’ (n. 38). By instituting a dicastery dedicated to health care ministry, the Church also wished to make her own contribution to promote a world capable of receiving and looking after the sick as persons. In fact, she has wished to help them to live the experience of sickness in a human way, without denying it, but giving it a meaning. I would like to end these reflections with a thought of the Venerable Pope John Paul II, to which he gave witness with his own life. In the apostolic letter *Salvifici Doloris* he wrote: ‘At one and the same time Christ has taught man to do good by his suffering and to do good to those who suffer’ (n. 30). May the Virgin Mary help us to live this mission fully. Amen!’

3. Pastoral Challenges or Prospects?

The Pontifical Council for Health Care Workers has just reached the age of twenty-five. As regards the history of the Church, this is not a long period for making an assessment but it is enough to allow us to ask ourselves if its founding intuition, its goals, and its mission have been confirmed in concrete historical reality. Hence the reference to the pastoral challenges that this dicastery has to address in the present and in the future. The goals of the Pontifical Council, pointed out in the founding Motu Proprio *Dolentium Hominum*, are ‘pastoral’ goals. Thus, the challenges for the action of the Church, and thus also for the Pontifical Council for Health Care Workers, are present in that field in which this pastoral care has to be carried out in practical terms, that is to say of health and illness,

of the whole of the health-care world with its dizzying technical-scientific development, the complexity of its structures and individuals, with consequent social changes and ideologies about life, health, illness, and death. It is specifically here that the field of action of the Pontifical Council for Health Care Workers is to be found, and at the same time it is from here that there come the questions and the appeals to thought with a view to the incarnation of gospel values in contemporary medical culture. To understand things well, however, the challenges in question are at the same time new prospects which open up and stimulate the intelligence and the creativity of the people of God.

3.1. The Challenges

3.1.1. The first challenge is *cultural*. After *Evangelium vitae* there has often been discussion about two phrases that were made famous by the Venerable John Paul II: ‘*culture of life*’ and ‘*culture of death*.’ The latter refers to all those forms of thought, practices, institutions and socio-cultural movements of a materialistic character. The domination of lifestyles that limit the horizon of human life solely to its earthly journey is a strong challenge of the contemporary age to the proclaiming of the Gospel in general and pastoral care in health in particular: permissive laws such as those on abortion and euthanasia, the transformation of hospitals and clinics into profit-making businesses, the contesting of public health care, or the attempt to reduce it to a self-service according to the real or purported needs of citizens, etc.

In this context, how can one assure the pastoral presence of the Church in health-care structures that are prevalently based on these cultures? How can one create the possibility that suffering and pain can receive a positive meaning, that they can be fecund and create interior riches and bear witness to the high values of the meaning of life, of love, and of solidarity rather than induce hopelessness?

3.1.2. *Care for the sick* and for those who suffer has been declared to be an integral part of the mission of the Church (*DH*, n. 1). How can we extend the pastoral presence of the Church in each health-care structure, whether small or large, that is present in the local area where the Church is at work?

3.1.3. *Catholic health-care institutions* are a valuable patrimony of the Church and of society inasmuch as they guarantee the values of freedom, equality, and solidarity. Faced with the phenomenon of the ageing of the category of men and women religious and the dizzying decrease in vocations, but also with no less serious problems of an economic and financial

character, how can we maintain and strengthen their existence, diffusion, and identity of bearing witness to gospel charity, always assuring the integral quality of services, above all to those most in need?

3.1.4. Thanks to the *advances* in science and technology, contemporary health care has been experiencing an exponential development. Faced with the contradiction between the continuance, in many poor areas of the world, of diseases that have been eradicated elsewhere, and the unequal use of the benefits of medical, scientific and technological progress, how can the Church keep up with technical developments applied to the health-care field in general and to medicine in particular, especially where the need to do this is compelling?

3.1.5. The contemporary world is dominated by the *phenomenon of communication*. How can the Church retrieve, once again in the health-care field, its ability to engage in pastoral communication that is both effective and prophetic at the same time, without allowing itself to be involved in useless and unfruitful controversies?

3.1.6. *The secularisation* of medicine, with a consequent loss of the mystical and the ability to attract health-care personnel. Today people do not draw near to the sick principally out of a vocation to do so, out of a sense of mission. They do so for other motives. Hence the so much condemned phenomenon of the *dehumanisation* of medicine: a technical hypotrophy exists. Care is increasingly becoming technical and less human in character.

3.1.7. The lack of *ethical training in professionals* has a negative effect on subjects that are very important for life, such as genetics, euthanasia, abortion, and death, or upon subjects inherent in the profession: responsibility, respect, justice, and loyalty.

3.2. Prospects

The Second Vatican Council taught that care for the suffering is the task of the whole of the Church and called on bishops and priests to care for ‘the sick and the dying, visiting them and comforting them in the Lord’ (*PO*, nn. 6, 8; *LG*, n. 38). Developments of this teaching can be found in the Code of Church Law (Can. 529,1), where parish priests are reminded of their duty to care for the sick and to do so with generous charity. The Assemblies of the Synod of Bishops, especially in the apostolic exhortation *Cristifideles Laici* (nn. 53 and 54), laid especial emphasis on this.

3.2.1. Nonetheless, the prospects for constant work by the Pontifical Council for Health Care Workers to promote, coordinate, and animate pas-

toral care in health have their fulcrum in the tasks assigned to it by the apostolic constitution,³ which provide a broad and profound, indeed universal, vision as to the framework of action for our dicastery. Amongst the above-mentioned tasks we also find that of lending 'its assistance to the particular Churches to ensure that health care workers receive spiritual help in carrying out their work according to Christian teachings, and especially that in turn the pastoral workers in this field may never lack the help they need to carry out their work' (*Pastor Bonus*, n. 153, 2). Not losing from sight this universal horizon of its action of promoting, animating, and coordinating pastoral care in health is fundamental in the organisation and implementation of the programmes of the Pontifical Council for Health Care Workers. Thus, in addition to the organisation of initiatives and activities with an international profile such as the annual international conferences and the World Day of the Sick, this dicastery intends to place especial emphasis on the points listed below.

3.2.1. To be adequate, pastoral care in health, like every other form of action, needs a *pastoral project* at all levels of the national territory: the national level, the regional level, the diocesan level, the parish level, and even at a very local level or at the level of the structure itself. A new hospital or a new medicine must be matched by a new project, conceived for people in their various situations of illness; a pastoral project that takes into account, in particular, the animators and the modern media by which they can listen to God and His Gospel. Pastoral action therefore requires channels that give it breadth, efficacy, and constancy. In addition, one should bear in mind the contingency and mutability of all human work. Health-care structures are at the service of life and must be renewed with the exigencies of time and place, which are always mutable.

3.2.2. Thus, it is of fundamental importance to invest in *formation*. Many of the challenges listed above have aspects of great complexity and it is difficult today to think that one can engage in a new evangelisation without bearing this in mind and without health-care workers being

³ John Paul II, *Apostolic Constitution Pastor Bonus on the Roman Curia*, 28 June 1988, art. 153: § 1. The Council is to spread the Church's teaching on the spiritual and moral aspects of illness as well as the meaning of human suffering. § 2. It lends its assistance to the particular Churches to ensure that health care workers receive spiritual help in carrying out their work according to Christian teachings, and especially that in turn the pastoral workers in this field may never lack the help they need to carry out their work. § 3. The Council fosters studies and actions which international Catholic organizations or other institutions undertake in this field. § 4. With keen interest it follows new health care developments in law and science so that these may be duly taken into account in the pastoral work of the Church'.

trained in an adequate way which will allow them to face up to these challenges with great skill and consistency. The Second Vatican Council laid great emphasis on this (*OT*, n. 4) and drew up almost an identikit of formation. Formation must be first of all multifaceted, integral, and suited to the various forms of apostolate (cf. *AA*, nn. 16-19, 28-29, 31). As regards the instruments of formation, today they are many in number and differ from each other: one can begin from experience, from belonging to pastoral activities where good organisation, coordination, and assessment exist; one can be trained by attending lessons given by good teachers and *ad hoc* courses in seminaries and universities, in the same way as academic qualifications can be obtained in theology faculties, such as the *Camillianum* in Rome, that teach pastoral care in health.

3.2.3. Reference has also been made to the fact that being a health-care worker involves a missionary dimension. Today, every mission is a response to a calling. A vocation involves feeling called to evangelise this sector of the world of health care. The mandate, the sending out, is not enough. It is essential that the evangeliser feels attracted and has a vocation. From this 'vocation' will then be born a great desire for training, study, concern, and enthusiasm. If ardour is absent, pastoral integration and organisation are difficult; there is a concern only about 'keeping' the existent and neither creativity nor prophecy are fostered. The Pontifical Council for Health Care Workers stresses this aspect in its relations with the Bishops' Conferences and the religious Families that are active in the world of health care.

3.2.4. On 13 May 1992 the World Day of the Sick was instituted by the Venerable John Paul II. Amongst the purposes of the celebration of this Day there is also that of 'helping those who are sick to appreciate suffering at a human level and, above all, at the supernatural level. Involving the dioceses, Christian communities, and religious Families in particular in pastoral care in health; fostering the increasingly valuable role of volunteers; invoking the importance of the spiritual and moral formation of health-care workers; and, lastly, making the importance of religious assistance for the sick provided by diocesan and regular priests, as well as of those who live and work next to those who suffer, better known about.' Prayer is one of the ineluctable means by which to achieve this goal. When it is constant and persevered in, it constitutes together with conversion a powerful engine which provides strength, light, and enthusiasm to those who evangelise as well as to those who want to know and love the Lord. Without this, the risk is that the evangeliser, rather than being a pastor, mutates into a sociologist or a psychologist. Prayer is the root of the spiritual life. It is also the pre-condition for adequate pastoral care in health.

One can promote, administer, animate, and provide care only beginning with constant listening to the Word of God, from prayer and from contemplation. An evangeliser is an ‘expert’ on God because he has seen Him, he has touched Him, he lives Him, and he gives Him to other people – he evangelises, is a witness to God who lives amongst the sick, able to speak through illness itself. Thus, also the other people who are nearest – the sick, family relatives, and the health-care personnel – must see and hear the pastoral service as witness to the Good News of Jesus who passes by and heals, listens, and saves. They must feel in themselves that what the evangeliser transmits is not counterfeit but something that is real. Everything should be directed towards this goal: that the sick themselves are evangelisers. The Gospel needs simple, humble, ‘vulnerable,’ wounded, credible, enthusiastic men who are enamoured of the things of God.

Conclusion

As can be deduced from what has been said hitherto in this paper, the creation of the dicastery of the Pontifical Council for Health Care Workers was a brilliant prophetic intuition of the Venerable John Paul II. The universal horizon of his action, which was always at the service of man and specific and local Churches, can be summed up in the following words of the Holy Father Benedict XVI: ‘Individuals who care for those in need must first be professionally competent: they should be properly trained in what to do and how to do it, and committed to continuing care. Yet, while professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern. Those who work for the Church’s charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity. Consequently, in addition to their necessary professional training, these charity workers need a “formation of the heart”: they need to be led to that encounter with God in Christ which awakens their love and opens their spirits to others. As a result, love of neighbour will no longer be for them a commandment imposed, so to speak, from without, but a consequence deriving from their faith, a faith which becomes active through love (cf. *Gal 5:6*)’ (*Deus Caritas est*, n. 31).

Part I

**Humanistic Objectives
in Health Promotion**

Chapter I

Effective Resistance Resources

(IWONA NIEWIADOMSKA)

1. Psychological Stress: a Common Risk Factor in Behaviour Disorders

A complex system comprising the overall relationship between a specific person and their surrounding environment constitute a psychological situation (Tomaszewski 1984, p. 134). Special attention should be paid to the problems that the person experiences, which can be treated as difficult situations.

A difficult situation is characterized by a discrepancy between an individual's needs or their allocated tasks and the possibilities of meeting those expectations or completing those tasks.

Difficult situations most frequently experienced by human beings include the following (Tomaszewski 1984, pp. 134-135):

- deprivation of vital biological and psychic needs;
- strain caused by having to perform tasks beyond the individual's physical and/or psychic capabilities;
- experiencing painful situations resulting from the person's exposure to physical or psychic suffering (e.g.: insults, humiliation, harm);
- motivational conflicts connected with long-term decision processes involving negative emotions;
- physical security threats (concerning the risk of losing one's life or health) or social security threats (e.g.: a possibility of losing one's social status) – i.e. perception of the stimuli which are not dangerous themselves but which signal the appearance of unpleasant emotional states;
- difficulties resulting from the individual's limited intentional activity caused by the lack of elements necessary to perform that activity or by any obstacles to performing actions directed at achieving the individual's aim (frustration);

– experiencing new situations in which well-tried ways of action fail.

The above-mentioned difficulties are not mutually exclusive. They can arise simultaneously or overlap each other at a certain point of time or throughout a long period of time. For example, a given situation can, at the same time, be painful, dangerous and can bring about a motivational conflict. The frequent result of an individual experiencing difficult situations is psychological stress.

An individual suffers from stress when their psychic tension reaches an appropriate level – the so-called stress threshold.

Crossing one's stress threshold is connected with response syndrome occurring at three levels (Strelau et al, 2004, pp. 49-51):

1. non-specific changes,
2. specific changes,
3. modification of expressive action.

Re 1) **Non-specific changes** begin with an individual's heightened activity and improved fitness, then are followed by emotional tension and functional deterioration, leading to physical exhaustion, disorganized activity and loss of interest in the ultimate outcome of that person's activity.

Re 2) **Specific changes** take place when an individual's behaviour content is adjusted to an appropriate type of difficult situation. One can distinguish between two forms of specific response depending on "the stress threshold":

a) fighting an individual's stress appropriate to the type of destabilizing factor (e.g. removing the source of tension);

b) defence against an individual's stress which starts when fighting this stress has proved ineffective – defensive behaviour can take a real form (e.g. withdrawal from a stressful situation, avoidance of a stressful situation, attacking an obstacle) or a symbolic form (e.g. fantasizing or denial).

Re 3) **Reactions connected with changing an individual's expressive actions** are not meant to achieve any specific outside aims but to signal the state of their emotional tension in case of any difficulties (e.g. expressing their disapproval, verbalizing their unpleasant experiences, fury, panic).

It should be noted that the effects of an individual's stress burden can vary depending on its intensity. As a rule psychic tension does not disrupt their functioning so much as to lead to behaviour disorder. However, after crossing their individual 'stress threshold' strain is so tremendous that it can provoke disadaptation reactions aimed at defending themselves against too high psychic tension (Terelak 2008, pp. 228-229).

A typical example of stress 'strain' can be the feeling of loneliness experienced by social outsiders who withdraw from functioning in different communities in order to integrate with their 'companions in misery'. At the same time they suffer from an overwhelming feeling of inner emptiness caused by deficits in internal standards, impossibility of achieving success, a feeling of helplessness and a very poor sense of security (Rokach 1984-1985, p. 231; Ohme 1993, pp. 293-303).

As a result of establishing 'I'm a loser' standard within their group, the outsider does not notice any contrast between his or her social status and the situation of other people. This leads, on the one hand, to the person's identification with antisocial values and norms of behaviour as well as to their falling under the socialization influence of a deviant community and, on the other, to 'shaking off' their shackles which hinder their free aggression manifestation against their own environment (Ohme 1993, p. 298; Simon et al, 1998, pp. 646-658; Gray-Little, Hafdahl 2000, pp. 26-54).

Too intensive situational stress can bring experiences that are defined as critical life change events (Şek 2001, p. 252). This kind of phenomenon is very similar to a situation when someone experiences problematic circumstances. However, the main difference between the two is that (Şek 2001, p. 253):

Stress experienced in a difficult situation is easier to get over, while a critical life change event requires a change in the functional relationship between an individual and their environment.

Changes in the relationship between an individual and their environment can be constructive or destructive in nature. A constructive change takes place when this type of experience can boost that person's self-development through their discovery of higher values, directing their behaviour at more mature goals and/or initiating pro-social attitudes (Cekiera 1993, pp. 280-281).

It is frequently the case, though, that the circumstances contributing to a critical life change event can lead to negative consequences. The risk of these consequences becomes higher when an individual (Şek 2001, pp. 253-254):

- suffers a huge physical, psychic and/or social loss,
- suffers the consequences of a critical event in their different life aspects (e.g. loss of their job or experiencing a cataclysm),
- experiences a dramatic escalation of the feeling of helplessness and hopelessness,
- possesses scarce preventive resources.

Attention should also be paid to the phenomenon called chronic stress.

Chronic stress takes place when an individual experiences prolonged emotional tension which is negative in nature.

Different empirical analyses indicate that chronic stress increases to a great extent the risk of various disorders. At the psychic functions level the consequences can take the form of anxiety states, apathy or depression. At the physiological level they can lead to psychosomatic diseases or other health problems, and at the behavioural level they heighten the risk of aggressive and auto-destructive behaviours, including suicide attempts (Strelau et al. 2004, pp. 49-51).

Longitudinal research on the psychological effects of chronic stress has shown that the most frequent reaction to tension, apart from neurosis and psychosomatic diseases, is increased use of psychoactive substances, above all alcohol (Poprawa 1998, p. 62). Among the subjective factors heightening the risk of using chemical substances as a preventive strategy in the case of an individual's exposure to stress are the following (Poprawa 1998, pp. 65-67):

- lack of appropriate cognitive-behavioural skills necessary to deal with difficulties (their scarcity or rigidity), while at the same time the individual is convinced that psychoactive substances are an effective way of solving their problems;
- low sense of self-efficacy in handling difficult circumstances as well as positive expectations as to the effects of using a chemical substance in a given situation – treating it as, above all, a good way of reducing tension and getting away from the current problems;
- lack of motivation to struggle with their life problems – low tolerance of difficulties, accumulation of their failures, a tendency towards giving up on any effort and, instead, searching for ‘easy solutions’;
- following the recorded patterns of how to use psychoactive substances;
- intensive social training in runaway-addictive behaviours.

It is worth mentioning that if an individual suffering from chronic stress runs away from their stress through intoxication, this creates a paradoxical situation. That means that short-term use of psychoactive substances brings relief but long-term use of them leads to mechanisms of addiction which destroy the proper structure of that person's life aspirations (Niewiadomska 2001, pp. 165-177; Niewiadomska 2002, pp. 219-239).

Prolonged stress can also lead to one's crisis in the sphere of judging people. A personality assessment system should be understood as a set of elements of cognitive structure which constitute a relatively permanent organization of one's convictions on their preferred ways of behaviour or extreme states of existence arranged according to their relative importance.

Due to their subjective assessment system an individual makes choices directed at such goals which, in their subjective opinion, represent a vital value, giving in this way sense to their actions aimed at achieving those goals (Matusiewicz 1975 p. 9; Schwarz 1992, pp. 1-66). The symptoms of crisis in the individual's sphere of judging people can take the following forms (Oleś 1988, pp. 5-7):

- difficulties in forming a hierarchy of the values the individual possesses – the person cannot define the principal value in the system of their aspirations; this situation results in the person's lack of axiological orientation or in the conflict between their main values;

- significant redefinition of values – the individual discovers new values and, at the same time, gives up the ones they have acknowledged so far;

- lack of the integration of cognitive, affective and motivational processes constituting their assessment – the individual makes cognitive declarations but, at the same time, has a negative emotional attitude toward them and does not get involved in their realization; disorders of this type are defined as suppression of organismic valuing process;

- difficulties in passing judgments and in making choices on the basis of their internal standards – the axiological system does not perform a regulatory function; the causes of this type of disorder can be twofold. They can come as a consequence of the lack of the individual's clear hierarchy of values. They can also be caused by decisions which do not result from any internal standards but from some other premises (e.g. situational ones);

- the feeling of the individual's non-fulfilment of values – problems of this type arise when the individual realizes the discrepancy between their internal standards and their own behaviour; the lack of the regulatory function of the valuing orientation is most frequently caused by strong internal pressures (e.g. frustrated needs) or external pressures (e.g. social pressure).

The symptoms of an individual's crisis in their personality valuing sphere are frequently reflected in that person's problems with their moral behaviour and/or in problems with their social functioning.

The heightened risk of destructive behaviour displayed by an individual experiencing valuing crisis is caused by the fact that their actions are strongly influenced by their internal standards (values and behavioural norms).

Following one's internal standards brings satisfaction and enhances the person's self-esteem, while violating them brings about remorse and lower self-esteem. In this way those standards hold control over the individual's behaviour (Oleś 2005, pp. 218-223). In the case of a valuing crisis their internal standards are weakened, which, on the one hand, results in the

reduction of the individual's control over their own behaviour and, on the other, in the increase in their susceptibility to the influence of their environment.

The interpersonal problems of the people experiencing disorders within the axiological sphere can be manifested in their distrustful, unfriendly and too critical an attitude toward others, in their poor ability to establish close emotional relationships, in their tendency towards rivalry and, simultaneously, in their feeling the need to be accepted by others (Oleś 1989, p. 169). Those people's problems with their interpersonal relationships can be manifested through their various internal experiences, like:

- the feeling of having no intimacy, which reflects those people's deficit in close relationship with another person. This kind of state can be best illustrated through the following statements: *"There is not a single person to whom I could reach out my hand and touch. I have nobody to talk to, I have nobody to cuddle. There is nobody I could exchange my thoughts with. I was crying out for help but there was no one out there. There is not a single person who could understand my feelings"* (Rokach 1988, p. 536);

- the feeling of being separated from other people and social groups. The people experiencing such separation could express their feelings in the following way: *"I feel desperately lonely. I feel I'm an outsider. I can't feel that I'm part of my group"* (Rokach 1988, p. 537);

- the feeling of being passively rejected. This kind of conviction reflects a situation in which those people feel ignored by others. States of this type can be expressed through the following sentence: *"When I'm doing fine I can't get the feeling that anybody is helping me or is giving me any encouragement; nobody cares about me"* (Rokach 1988, p. 537);

- the feeling of being actively rejected, which implies that the people have been ostracized by others. The following statement can reflect the feeling of this kind: *"My boss is saying something to me and I feel as if he was saying: 'You don't exist. You're nonexistent'"* (Rokach 1988, p. 537).

The above-mentioned arguments – the consequences of one's situational and chronic stress as well as their experience of a critical life change event among others – support the idea that the person should seek effective subjective resources thanks to which they become more resilient in problematic situations.

2. Resources: Factors Forming one's Subjective Resilience to Stress

The problem of the ways in which an individual can form their subjective resilience to difficult situations will be discussed below on the basis of Steven Hobfoll's conservation of resources theory. The main assumption underlying this theory is the following (Hobfoll 2006, pp. 70-71):

People strive to obtain, retain, protect and promote their personal resources, i.e. what they regard as precious to them.

Various objects and states of reality that are precious to an individual can structurally be divided into four groups (Hobfoll 2006, pp. 74-75):

material resources – physical objects whose value can be directly (e.g. a house, means of communication, fetishes) or indirectly (e.g. diamonds, usually associated with one's high social status or their positive self-assessment) connected with the individual's survival;

– personal resources – their features of personality (e.g. leadership skill, optimism, hope, a feeling of being efficient), competences (e.g. in one's professional career) and skills (e.g. at the social level) contributing to their positive adaptation;

– resources of state – e.g. their health, marriage, permanent employment, working experience. This type of capital is desirable and highly-valued because it influences the individual's access to other categories of means of adaptation;

– energy resources – e.g. their knowledge, money, credit rating. What makes these resources valuable is that they can be exchanged for elements belonging to the other categories of highly-valued goods.

The above-mentioned types of resource decide upon the way and quality of an individual's adaptation to their surroundings. At this point it is worth paying special attention to the following:

1. psychosocial adaptation capital stemming from the interaction between resources of state and personal resources;

2. personal resources connected with intentional motivation.

Re 1) Psychosocial adaptation capital. The need to function within a group and to possess skills necessary in interpersonal relationships constitute the essence of man's life (Millon et al 2005, pp. 56-58). An individual's social interactions – reactive, provocative and proactive in character – play a special role in the formation of the dynamic dimensions of their personality (Radocholiński 1998, p. 39).

The characteristic feature of reactive contacts is that an individual reacts to the oncoming stimuli in their own specific way. Each person extracts a subjective context from the objectively ensuing circumstances.

This subjective – ‘psychological’ environment is formed by, above all, cognitive schemata. In their formation the essential role plays social perception which is made up of two types of information (Lewicka 1985, pp. 20-21):

- descriptive (connected with physical characteristics of objects, events and phenomena),
- affective (concerning emotional sensations experienced while in direct contact with an object as well as object assessment made according to its importance for the subject or its usefulness in achieving their goal).

Cognitive orientation allows an individual to plan their future activity and to predict its consequences, while affective information is used to form an ‘emotionally symmetric’ representation of the world under cognitive schemata. The existence of both of these types of information in the individual’s personality structure makes it easier for them to undertake activity toward various objects (Lewicka 1985, pp. 25-31).

The significance of descriptive-affective information in human psyche is proved by the fact that individuals displaying antisocial behaviour possess specific cognitive stereotypes concerning acts of aggressive behaviour, e.g. they treat them as an effective way of achieving their aims. They are also more prone to resort to acts of violence in various circumstances, accepting them as a permissible means of solving problems (Radochoński 1998, p. 40).

The essence of provocative interactions lies in the fact that, through their behaviour, individuals trigger specific-to-themselves reactions in other people.

In the course of provocative contacts a peculiar positive feedback loop is formed: **the reaction of the subject – the reaction of the environment – the reaction of the subject**. Regular repetition of this positive feedback loop in the analyzed type of reactions results in the stabilization of an individual’s behaviour. Additionally, generalization mechanism leads to the transfer of the patterns of social behaviour from the individual’s own environment to other types of situation and interpersonal relationship.

Proactive interactions are characterized by the fact that an individual selectively chooses or forms their social environment in accordance with their requirements.

People often seek the company of other people similar to them in terms of their predispositions and abilities. Certain individual features also determine their choice of specific situations aimed at satisfying their spe-

cific needs and /or boosting their primal talents. For example, when an individual feels the need for thrilling experiences they choose the situations which involve taking physical or social risk. Proactive interaction is a process where an individual becomes the 'active agent' of their own personality development. People's self-regulatory characteristics in terms of their personality dynamics increase with time. This manifests itself in their making appropriate choices concerning their field of study, professional activity, their development of interest and different forms of spending their free time (Radochoński 1998, pp. 41-42).

Overcoming one's difficulties is frequently connected with the possibilities of using their aid interpersonal resources. Therefore (Koole et al, 2001, pp. 289-301):

Social support is treated as a preventive strategy, resource or mediator in an individual's dynamics of coping with their stress.

The more well-aimed and expected the help and the more an individual can perceive the relationship between a positive change in their situation and positive reinforcement from others, the bigger the positive role of other people in that individual's surmounting their difficulties (Sęk 2004, pp. 98-99).

Supporting an individual socially in their functioning can be generally immunizing or buffer in character (Cieślak, Eliaz 2004, p. 78). Social support plays an immunizing role when an individual can perceive and evaluate the informative, emotional, instrumental or material help they receive in the categories that enable them to overcome their difficulties, which alleviates the individual's stress and increases their preventive resources. This regularity can be confirmed by the results of empirical analyses which state that perceived social support correlates positively with the individual's preference for the task-oriented preventive style, and negatively with their emotional strategies (Cieślak, Eliaz 2004, p. 83). Another important issue is that an individual who receives help from other people feels more secure and more deeply rooted in their community, which, in the long-run, makes them more resilient to stress. It is necessary to emphasize the consequences of poor interpersonal support that the individual receives in difficult situations. On the one hand, it increases the activity of the stressor and, on the other, limits the individual's abilities to deal with the stress agent (Sęk 2004, pp. 64-66).

Perceiving and receiving social support in a situation of considerable stress protects an individual against any pathology in their physiological, psychic and/or social functioning. The buffer activity of their aid relationships can exist in different forms depending on which element of their stress dynamics it is aimed at. For example, it can be used to reduce the

individual's psychic tension or to weaken the negative consequences of stress (Şek 2004, pp. 101-102).

An individual's feeling of support depends to a great extent on how much trust they have for certain interpersonal relationships. Their lack of trust usually stems from their general belief that investing one's personal resources in a given relationship can be risked by unfavorable consequences for the investor. The individual's motivation to initiate relationships based on trust becomes particularly low in the cases when they have found out through their own experiences that the investment of their own resources turned out too big because of their partner's low credibility (Gautschi 2000, pp. 132-133).

A low level of an individual's interpersonal trust makes the individual withdraw from their interpersonal contacts and refuse to make use of social support resources, especially because they are afraid of experiencing another failure.

An individual's feeling of being rejected by their environment through stigmatization can also have negative consequences. An important consequence of such social stigma are negative emotions (rage and anger in particular) which the individual is filled with. At first, those negative emotions determine the individual's reaction to other people's behaviour but in the long run they become an independent motivation factor which shapes the relationships between the stigmatized individual and their environment (Wiener et al 1988, pp. 746-747). This assumption can be proved by crime forecast analyses which imply that an antisocial attitude of the culprit is a strong risk factor for recidivism which is stronger than their criminal career, social achievements, intelligence, psychoactive substances use, encountered problems and social-economic status (Gendreau et al, 1996, pp. 401-433). It is worth emphasizing the fact that the interpersonal relationships between serial criminals and conventional peer groups already in their adolescence have a high intensity of aversive elements and that the reaction of the environment to those who have served a prison sentence additionally increase social distance toward people with a criminal record (Rachoński 2000, p. 201).

The influence of an individual's environment on their personal resources is particularly visible in the formation of their self-image and self-assessment.

The above-mentioned mechanism can be explained through the principle of complementarity which states that an individual's actions are directed in such a way as to encourage or force others to behave in a certain way. The indirect aim of each interpersonal contact is, on the one hand, to heighten the reactions sustaining the individual's self-image and, on

the other, to eliminate attitudes at variance with how the person would like to be perceived by others. If each side of an interaction process effectively controls the range of the reactions shown by the opposite party, both parties mutually satisfy each other's needs concerning their self-image. However, any forms of behaviour that are unfavorable for the presentation of the individual's self evoke negative feelings like the feeling of threat or psychic tension, which results in their elimination of the burdensome relationship (Millon et al 2005, pp. 56-59).

An individual's selection of interpersonal contacts is caused by the fact that the reactions of the individual's environment constitute the main source of their self-image and self-assessment formation. Their self-image is, above all, the reflection of the way in which they are perceived by their environment and, to a lesser extent, the result of their individual introspection. Treating a person like a criminal leads to the situation when they begin to believe that they actually are the type of person that the people around them have pronounced them to be, i.e. a deviant, somebody different and worse. The rejected person's self-image is connected with a rapid decrease in their self-esteem and a heightened fear of behaving in accordance with the label that has been attached to them. It can work the opposite way – the individual starts to satisfy those social expectations and to behave in accordance with the label attached to them (Crocker et al, 1998, pp. 504-553).

If an individual feels different from their interpersonal environment, they begin to seek an environment where they can feel accepted. Therefore, they become engaged in activity of deviant groups where the individual (Mills et al, 2004, pp. 717-733):

- frequently displays destructive behaviour,
- forms and retains their deviant identity,
- makes excuses for their behaviour,
- experiences reasonableness of socially unaccepted activities.

Re 2) Personal resources connected with intentional motivation. Human behaviour is neither an automatic outcome of internal impulses nor a passive reflection of the influence of the environment (Oleś 2005, p. 175).

A characteristic feature of human behaviour is its intentionality toward the outside world, free choice in undertaking activities, directing activities towards particular aims and being aware of the sense of the undertaken activities on account of their causes and results.

An individual's aims which are the anticipated states of affairs are the carriers of potential values and meanings. They can be treated as a vision of the future which the individual, through their actions, changes into a

real world. Thanks to them the individual 'is never in full' but is constantly 'becoming' (Popielski 1993, p. 67; Franken 2005, p. 24). Therefore, it can be stated that human behaviour is characterized by four attributes (Oleś 2005, pp. 226-227):

- intentionality,
- far-sightedness of prediction,
- self-regulation,
- autoreflection.

The first of the above-mentioned features concerns an individual's ability to undertake activities springing from their internal passion for knowledge. A person's intention is a representation of the future means of their self-realization through their proactive engagement in putting their behaviour into action. Intention can be treated as behavioural disposition which is highly likely to happen. Far-sighted prediction involves the evaluation of immediate and far-reaching consequences of the undertaken activity. Self-regulation is an individual's ability to control their own activities through observation and the correction of their behaviour by making references to the personal standards which they possess. Autoreflection is the signal of an individual's metacognitive activity – the individual is aware not only of what they are supposed to do but also of a variety of elements which accompany their undertaking activities (e.g. they can be aware of the effort they have made, being at the same time convinced of the level of a necessary engagement in achieving their aim).

The intentionality of human behaviour is reflected in different spheres of people's activity – it can also be visible in deviant behaviour. The humanistic approach of criminology bases its analyses on the vision of the man who chooses (*homo elicens*). Crime, like any other man's causative acts, is the outcome of an individual's autonomy (Tyszkiewicz 1997, p. 24). Their decision to abandon a forbidden act is connected with the psychic processes which start the moment the individual realizes that they cannot do something. There is a clash between the arguments in favor of the planned choice and the arguments against – above all, the individual's evaluation of the goal value, their determination of the predicted results (positive and negative) as well as their awareness of the incurred costs (Blatier 2000, p. 97).

Treating forbidden acts in categories of one's rational choice leads to the rejection of a psychopathological model in their motivation of crime. It is the planned goals and results that are responsible for the individual's seeking an opportunity for a given type of behaviour, making use of their abilities and forming their moral attitude (Clarke, Cornish 1985, p. 167).

The above conclusions can be confirmed by an empirical analysis of the decisions made by perpetrators of crimes against property who have been divided into three categories – beginner thieves, professional thieves and those who steal out of desperation. In all of these groups the persons' antisocial behaviour was the consequence of their rational decisions resulting from their own experiences and their analyses of in the ensuing situation. The crimes committed by the beginner and professional thieves were well-prepared and were aimed at acquiring consumer values while the desperate stole in order to alleviate their personal difficulties (Kroses 1994, pp. 1-7).

The rationality of an offender's behaviour can be justified by the fact that they frequently seek an excuse for their actions in order to diminish their feeling of responsibility for the results of those actions. Excusing their actions by using different neutralization techniques can be treated, on the one hand, in terms of their use of self-justification and, on the other, of their reduction of negative psychic states like a feeling of guilt, shame, fear or remorse (Haan, Vos 2003, pp. 43-44).

The conclusion that antisocial behaviour is a personal choice of the causative subject can also be confirmed by the results of the study which states that a criminal lifestyle coexists with four personality variables (Walters 2005, pp. 5-24):

- irresponsibility,
- self-indulgence,
- social rule-breaking,
- interpersonal intrusiveness.

The preferred types of behaviour, life choices and the character of the existence of serial offenders depend to a great extent on the measures above the personality dimensions.

An individual's intentional motivation is made up of a variety of cognitive processes connected with their predicting the development of a situation, organising their activities within a period of time and planning the effects of those activities. The cognitive character of the processes responsible for intentional behaviours is expressed by means of conditional sentences such as 'if..., then', due to which the individual weighs up the availability of their aims, the possibilities of their achievement and the different results of their undertaken activity (Oleś 2005, pp. 216-217). The fact that a given aim is attractive or aversive does not automatically make the individual act. Only when they become confident that there is a possibility of their achieving a positive effect or avoiding a negative one do they begin to display their aspirations (motivational tendency) to initiate actions aimed at its achievement (Hacker 1993, pp. 157-169).

3. Subjective Principles of Using One's Resources

According to the conception of retaining one's resources an individual experiences stress in the circumstances connected with a threat of losing or an actual loss of the goods indispensable in their survival in a given social environment. The occurrence of stress can be predicted in situations when the invested resources do not bring the person any satisfying profit, which is tantamount to sustaining loss because they make high-risk investments in order to generate further profits (Hobfoll 2006, pp. 71-72). The above-mentioned regularities result from the fact that people's efforts are not directed at, above all, winning prizes but at retaining their adaptive capital. The dynamics of an individual retaining their highly-valued goods follow two basic principles.

Principle I

An individual's loss of their resources has far greater significance than making a profit (Hobfoll 2006, p. 78).

The result of principle I is that an individual's motivation to protect themselves against losses is much greater than their motivation to make profits. Therefore, the person adopts different types of strategy to protect themselves against the loss of their adaptive capital. The generated profits play two sorts of function – primary and secondary. The former lies in the fact that after sustaining loss the individual initiates a profit cycle in order to balance that loss. The latter derives from the fact that the individual pays special attention to their generated profits in situations when they realize their incurred loss, which helps the individual to reduce their psychic tension and to alleviate their reactions to the stress they feel.

Principle II

An individual invests their resources in order to:

- prevent their loss,
- compensate for the incurred loss,
- and/or obtain new resources (Hobfoll 2006, p. 90).

On the basis of this principle it can be stated that an individual is able to invest disproportionately much to compensate for a possible loss of their highly-valued goods. This mechanism constitutes the individual's motivation to build up capital reserves. Some important implications arise from the regularities presented above.

Implication I

Individuals who possess more resources are at a lower risk of losing them and they have more opportunities to increase their profits (Hobfoll 2006, p. 97).

People who have an enormous adaptive capability can use various strategies to protect themselves against loss. The ways in which an individual can protect themselves against adaptive deficits are, above all, the following (Hobfoll 2006, p. 192):

- investing highly-valued goods,
- controlling the incurred loss,
- retaining the reserves,
- making use of the external capital sources in order to supplement or to substitute their resources,
- restoring the lost capability through the initiation of a cycle of profits.

Implication II

The incipient loss suffered by the individuals with a poor adaptive capability contribute to a series of losses, while the incipient profit generated by the individuals with a large adaptive capital brings even more profits (Hobfoll 2006, p. 98).

These tendencies lead to the conclusion that an individual's possessing greater capital reserves decides upon (Hobfoll 2006, pp. 98-99):

- minor depletion in the individual's adaptive capability in situations where they experience failures,
- less painful consequences of the incurred losses,
- investing the individual's surpluses through initiating behaviours aimed at increasing their capital,
- taking a risk of suffering possible losses in situations when the individual invests their resources.

Implication III

Individuals who are lacking in adaptive resources are prone to adopt a defensive attitude (Hobfoll 2006, p. 100).

Defensive behaviour results from an individual's necessity to retain their minimal reserves in order to make use of their resources to survive in future difficult situations, as well as from their enormous sense of loss. It has to be emphasized that a person possessing an extremely small adaptive capital experiences stress and negative emotional reactions very intensively when they suffer an incipient loss. Additionally, the mechanism of a violent spiral of further deficits heightens the already existing psychic tension and intensifies the negative emotions. As a result, the individual's necessity to fight off those unpleasant psychic states leads to the depletion of their adaptive reserves. It also has to be noted that a particularly high level of stress is induced in the circumstances in which, on the one hand, there takes place high resource expenditure and, on the other, there exists

a faint possibility of making a profit. Experiencing these types of situation leads to the cases in which the individual (Hobfoll 2006, p. 193):

- becomes aware of finding themselves in an unfavorable situation,
- begins to experience disorders in different spheres of their functioning,
- loses their sense of control over their own life.

4. The Aim of Pro-Health Activities: Increasing One's Resistance Resources

The above-presented mechanisms can be used in undertaking preventive activities. The application of this strategy is possible by matching an individual's adaptive resources to their environment's requirements. The matching model assumes that the individual (Hobfoll 2006, pp. 237-240):

1. possesses an unlimited number of reserves,
2. can fulfil the requirements imposed by their environment by using their specific resources,
3. can prevent stress or constructively reduce their psychic tension thanks to the required capital reserves that they possess,
4. can adapt to the requirements imposed by their environment through intentional and reactive actions.

By looking at the above-presented regularities it is possible to draw applicable conclusions which can significantly contribute to the increase of the effectiveness of pro-health activities.

Conclusion I

In undertaking pro-health activities the significance of an individual's adaptive capital has to be taken into account.

Preventive strategies should be directed in a proper way so that their application contributes to building up an individual's resistance to stress – mainly through their acquiring the ability to properly evaluate the actual and/or possible losses. The above conclusion is confirmed by the results of some empirical analyses which indicate that there is a relationship between an individual's low resistance to stress and their intensified violent behaviours, between a small number of their social commitments and their intense engagement in the activities of deviant groups (Paternoster, Mazerolle 1994, pp. 235-263).

Individuals who frequently display destructive behaviours are characterized by low resistance to their experiencing problems. For instance,

penitentiary recidivists who have repeatedly served prison sentences frequently perceive their different life circumstances as difficult situations. This interpretation of the ensuing events increases the risk of deviant behaviours which are their reactions to the psychic tension they experience (Gordon 2005, pp. 108-109). Criminogenic behaviour is most often the result of three types of difficulty (Mazerolle et al, 2000, p. 90):

1. obstacles in achieving important aims (frustration),
2. deprivations springing from an individual's lack of highly-priced values,
3. noticing harmful (aversive) and/or new stimuli.

Pro-health activities should therefore counteract the situations where an individual possesses extremely few resources because this makes the individual adopt a defensive attitude toward a possibility of changing anything in their life. It also leads to their suffering from chronic stress (which causes disorders at somatic, psychic and/or social levels) as well as to their use of destructive preventive strategies (e.g. by using chemical substances).

Conclusion II

Preventive strategies should involve teaching an individual competences necessary to make use of their resources in order to restore the incurred losses and/or increase their resources.

The above-presented conclusion is also reflected in the results of the research conducted within a group of convicted offenders. The results of the study showed that the motivation for pro-social behaviours of former prisoners increases when their life situation improves after they leave their prison (Bałandynowicz 1996, p. 147).

The assumption that it is possible for an individual to restore their incurred losses and/or increase their resources can also be confirmed by the results of some empirical analyses which showed that criminal offenders' participation in addiction therapies encourages them to use a greater number of constructive preventive strategies in various life situations (Hepburn 2005, pp. 237-259). The analyses of preventive styles used by alcoholics undergoing treatment imply that the process of their recovering is accompanied by the change of the ways in which they overcome their problems, i.e.: (Makowska 1998, p. 108):

- focusing more on solving a given problem – e.g. planning the ways to overcome difficulties and positive revaluing the situation,
- less frequent use of confrontational strategies, i.e. violent expression of one's negative emotions (e.g. anger or irritation).

Conclusion III

Pro-health activities should be directed in such a way as to enable an individual to acquire an ability to make good judgments and to choose the resources which will help them to use preventive strategies appropriate to the requirements of their environment.

The choice of proper resources is connected with the following question: Are internal resources adequate to constructively solve certain problems or is it justifiable to use the external capital? The conception of retaining one's resources implies that an interpersonal context has considerable importance in overcoming one's difficulties. This results from the phenomenon of the intersection of stress where resources flow and exchange each other in the preventive process. An example of the intersection of stress is the dynamics of support which are, on the one hand, connected with causing stress and, on the other, with the need for specific forms of help. The fact is that in providing help the individuals who possess more resources support the weaker ones. It is necessary to present here the results of the empirical analyses which stated that one of the most effective way of solving an individual's problems in situations of considerable stress is to competently provide them with social support (Sęk 2001, pp. 252-253). Two factors are of vital importance in the help offered to an individual (Bałandynowicz 1996, p. 148):

- properly raising the individual's hopes that they will overcome their difficulties;
- taking positive advantage of the individual's impatience caused by the lack of visible progress in overcoming their difficulties.

The above-mentioned factors are called stimulators which induce individuals to display behaviours directed at changing their personal life situation. The lowering of this type of motivation takes place in situations of predicting possible losses, i.e. when an individual has a faint hope to solve their problem with a positive result, experiencing at the same time a high level of impatience due to the lack of any actual changes.

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Chapter II

Competent Life Management

(IWONA NIEWIADOMSKA)

1. The Essence of Life Management

Among the currently popular theories underscoring not only individual processes connected with purposive behaviours but also their integration that contributes towards coherent life management, there is the following model (Baltes, Baltes 1990, pp. 1-34; Freund, Baltes 2000, pp. 35-58): **selection – optimization – compensation**.

Selection consists in biological, social, and personal goals forming a range of alternative dimensions of activity. The number of potential aims usually exceeds the individual's actual capabilities of achieving them. In the process of selection individual resources are concentrated on specific dimensions of activity (goals). Purposive behaviour is characterized by organization, orderliness, and adaptation to encountered situations.

The effectiveness of intentional behaviour largely depends on the degree of optimization, which manifests itself in the acquisition, practice, improvement, integration, coordination, and automatization of strategies serving to reach the represented goals.

The process of compensation consists, on the one hand, in concentrating one's resources on the most important aims and in adjusting internal standards to the intended effects; on the other hand, it serves to prevent losses connected with previously achieved results.

The integration model of life management is exemplified in the concept of sense of coherence. This concept is defined as the individual's global orientation, reflecting the degree to which that individual has a dominant and relatively lasting sense of certainty that (Antonovsky 1995, p. 34):

1) the stimuli coming, in the course of life, from the internal and external environment have an orderly, predictable, and explicable nature (the sense of comprehensibility);

2) resources are available that will allow the individual to meet the demands posed by these stimuli (the sense of manageability);

3) these expectations present a challenge which the individual believes to be worthy of effort and commitment (the sense of meaningfulness).

Owing to the factors listed above, the experience of coherence significantly affects life management – mainly by strengthening intentional motivation and increasing human resistance in stressful situations (Antonovsky, 1997, p. 211; Lipiński 2004, p. 88; Strelau et al. 2004, pp. 59-62).

Because the components contributing to the coherence of the individual's experiences (the sense of coherence) – comprehensibility, manageability, and meaningfulness – are of significance in competent management of resources, it is worthwhile to characterize them in detail in further sections of this article.

2. Intentional Behaviours as Influenced by the Comprehension of Occurring Events

The sense of comprehensibility is a cognitive structure that comprises information about the surrounding world and about the attributes of the situations that individual has found themselves in. Based on this structure, it is possible to predict, to plan actions, and to devise coping strategies in a variety of life circumstances (Antonovsky 1997, p. 215).

Constructive coping with the demands of the surrounding reality is connected with a high level of comprehensibility, which comes as a result of searching for information, processing it creatively, and structuring it logically (Antonovsky 1995, pp. 33-34; Łuszczynska 2004, pp. 306-313).

Empirical analyses show that individuals exhibiting destructive behaviours (committing criminal acts) are characterized by a specific cognitive style which testifies to a low sense of comprehensibility. This conclusion rests on the following premises (McKay et al. 1996, pp. 63-75; Hollin et al. 2004, p. 42; Mills et al. 2004, p. 721):

- lack of reflection on the various consequences of one's actions, particularly the concentration on current benefits rather than on future losses resulting from destructive behaviour;
- preference for concrete over abstract thinking;
- a tendency to ascribe the causes of events to external factors rather than to one's own activity;

- difficulties in judging situations appropriately, especially from the perspective of others;

- problems with formulating, planning, and achieving goals;

The results of empirical analyses indicate that individuals engaging in deviant behaviours frequently describe the surrounding world as hostile and unjust, marked by aggression and indifference to the fate of other people (Ostrowska 1981, p. 262). Cognitive distortions also often lead to antisocial attitude, which is strongly connected with the repetition of destructive behaviours – above all, of aggressive acts (Vitaro et al. 2000, pp. 313-325). These regularities argue for the conclusion that individuals experiencing difficulties in managing their lives have problems with understanding the surrounding reality. Distortions in this sphere may consist in a failure to code important aspects of events, in problems with structuring the incoming stimuli, and/or in problems with processing information concerning specific facts.

An important aspect of the sense of comprehensibility is the proper functioning of the “personality-based temporal operator,” which consists in the ability to move at an appropriate frequency and at different time intervals – thanks to it, chains of events connected with the past, the present, and the future are formed in consciousness (Nosal 2004, pp. 181-183). The ability to take a full temporal perspective is strongly reflected in the formation of cognitive variables responsible for intentional motivation – including the valuation system, situational orientation, and self-efficacy (Nosal, Bajcar 1999, p. 60).

The motivational function of autobiographical memory consists in the events experienced (even seemingly unimportant ones) acting as orientation markers and reaction patterns that strongly affect current behaviours and planned goals.

The future exists in the mind in the form of visions, expectations, and ways of fulfilling them, but the form in which it is anticipated depends on the individual’s past as well as present experiences (Pervin, John 2002, p. 585).

The existence of strong relations between intentional actions and cognitive representations of past situations is implied by the fact that people repeat behaviours which served to achieve a specific effect in the past. What is particularly important in predicting goal achievement is the frequency, precedence, and freshness of experiences. It may, therefore, be expected that, in managing their own behaviour, individuals will judge as more effective the pursuit of such outcomes that they have recently succeeded in achieving, and/or such that they successfully achieved in the

past, and/or such that they achieved at the very beginning of their life careers (Hołyst 2004, pp. 159-160).

Empirical studies also suggest the conclusion that an imbalance in the “personality-based temporal operator” in the form of excessively futuristic orientation leads to a lowering of the efficacy of purposive behaviours. This regularity often results from (Brunstein et al. 1998, pp. 494-508; Nosal, Bajcar 1999, pp. 64-65; Hołyst 2004, p. 163):

- a separation of planned aims from one’s actual capability of making things happen,
- a lack of confidence in actions taken,
- difficulties in predicting the results of these actions, and/or
- too distant reward for actions taken.

Individuals with a rational attitude towards the past try to manage purposive tasks when they perceive the probability of accomplishing them to be high, but they do not engage in behaviours with regard to which they have low self-efficacy (Oettingen 2000, pp. 101-129). Conversely, individuals who set themselves goals unlikely to be accomplished do little to effect their achievement. Similar relations were observed in studies of people exhibiting deviant behaviours – among subjective risk factors for recidivism, the ones most often listed are the lack of life plans and having goals characterized by low chances of achievement (Szymanowska 2003, p. 276).

Temporal orientation affects self-efficacy as well. There are several phases in purposive behaviours: the predecision phase, the decision phase, the action phase, and the period after its completion. Cognitive, emotional, and energetic processes interact at all these stages. The closing of an intentional behaviour consists, above all, in checking its effects in terms of goal achievement (Hacker 1993, pp. 157-169). Retrospective analysis of effects and their causes constitutes the basis for predicting one’s goal achievement capacity in the future time perspective (Pervin 2002, pp. 100-101). The results of empirical analyses indicate that mental representations of self-efficacy, being the effect of experiences recurring in various spheres of activity in the course of the entire life, constitute cognitive control over capacity for success, and the perception of the causes of future achievements resembles the attribution of effects achieved in the past. Personal control over the attainment of future goals increases when the expected result depends – in the individual’s subjective interpretation – on their internal and permanent traits (Zaleski 1988, p. 840; Försterling 2005, p. 97).

3. Life Management as Influenced by Manageability

The sense of manageability is a personality variable, responsible for disposing motivation and resistance resources because thanks to it the individual may effect a transformation of various life situations. This variable determines the perception of the number and types of strategies in one's coping repertoire as well as their flexible use, since the same way of coping may be either adaptive or dysfunctional, depending on the circumstances.

A high sense of manageability releases life skills and activity of the individual (Antonovsky 1995, pp. 133-144).

Thanks to high manageability, the individual's behaviour shows considerable flexibility in the context of occurring events. The individual creates subjective scenarios for adjusting their behaviours to the intended goal under current circumstances, and out of several possible activities they choose the one with the highest likelihood of success (Oleš 2005, pp. 182-183). The influence of manageability on life management manifests itself primarily in (Sęk 2006, pp. 110-111):

- summoning one's internal resources for coping with situational demands;
- taking actions of various kinds;
- the effort put into the performance of these actions;
- perseverance;
- the feelings that accompany purposive actions;
- coping with obstacles.

Manageability is significantly connected with competence development through social modelling, practicing specific behaviours in order to consolidate the desired skills, and employing these behaviours in everyday life (Bandura 1997, pp. 56-59).

Competence consists in recognizing the degree to which one has proved or believes they may prove effective in action (Bandura, Schunk 1981, pp. 586-598).

A very important kind of competence is coping skills shown in situations that involve high stress – mainly in task and problem circumstances. Stress coping is a function of the cognitive judgment of event – if a person classifies a situation as stressful, an adaptation process is triggered off in the form of coping. Its course depends on the secondary judgment of the problem, in which the individual estimates what can be done in order to meet the demands of circumstances. Coping options are judged in terms of two basic functions (Lazarus 1986, p. 24):

- 1) improvement of the situation (strategies orientated to problem solution);
- 2) such emotional self-regulation that will prevent a breakdown of psychic resistance or social functioning (strategies orientated to emotions).

There are four fundamental modes of coping with stress that perform both these functions (Terelak 2001, p. 358):

- search for information – a survey of the stressful situation, aimed at gaining the knowledge necessary for taking a rational coping decision or for redefining the circumstances;
- direct action – actions aimed at effecting a change in the causative subject or the environment, intended to deal with the problem;
- refraining from activity – in circumstances when no action is better than taking action;
- intrapsychic processes – cognitive mechanisms aimed at emotional regulation (among them, above all, defence mechanisms);

Coping methods that serve the improvement of the state of affairs may take a variety of forms – e.g. monitoring stress, organizing the situation, or seeking social support. In order for them to be effective, the cognitive system, which ensures a realistic perception of stressors and available coping resources, has to function normally.

If, as a result of cognitive judgment, the individual decides that they are unable to solve the encountered problem, they begin to initiate emotional coping strategies consisting in physical withdrawal from the situation or in the use of defence mechanisms (e.g. ignoring or rationalizing the problem). The risk of adjustment distortions occurs particularly when the two functions – change of the situation and emotional regulation – come into conflict; for instance, the self-appeasement effect produced by taking a psychoactive substance prevents from undertaking adaptation activities (Heszen-Niejodek 2003, p. 477).

The personality variable referred to as coping style is responsible for the fairly steady course of the coping process and for the individual-specific dispositions to reduce psychological stress. The existence of this dimension of personality is proved by the fact that people habitually follow permanent patterns of behaviour in situations sharing similar characteristics. Thus, it is coping style that determines the relative constancy of human behaviours in specific kinds of difficulties. What strategies the individual will use when solving a specific problem depends on two factors: the possibilities offered by the individual coping style and the demands of the current situation (Heszen-Niejodek 2003, pp. 484-485).

The process of coping may be considered effective if it leads to a constructive solution of a task or problem – and to positive emotions at the same time.

Empirical studies do not conclusively indicate what coping style is the most effective one in overcoming stress. The results of some studies encourage the conclusion that the efficacy of the coping style depends on the situational context, while the findings of others suggest that even if circumstances are taken into account the style orientated to problem solution has greater adaptive value than escape-avoidance or emotional styles (Pervin, John 2002, p. 549; Heszen-Niejodek 2003, pp. 488-489). Some authors express the opinion that overcoming difficulties by means of emotions is often connected with an ineffective way of managing internal coping resources, which increases the risk of tension growth in various types of circumstances (Strelau et al. 2004, pp. 49-51).

Behaviours serving to solve tasks and/or problems are more effective when they comprise the following elements (Sęk 1993, p. 492):

- confidence in oneself and in other people;
- active exploration of reality and search for information;
- division of the problem situation into fragments and gradual resolution of difficulties;
- constructive coping with emotions;
- help initiated by other people;
- recognizing and overcoming a tendency to tiredness and disorganization;
- readiness to make changes in oneself.

Empirical analyses indicate that prolonged psychic tension leads to reactions that increase the likelihood of destructive behaviours, such as uncontrolled outbursts of rage at the slightest provocation from the environment. Deviant behaviour may therefore be treated as an attempt to resolve a difficult situation or as a sign of adaptation difficulties experienced (Strelau et al. 2004, pp. 49-51). This regularity is confirmed by the findings of research, which established that the differences between individuals preferring criminal lifestyle and persons abiding by social norms do not stem from different value preferences but from greater difficulties that criminals experience in achieving personal goals (Szymanowski 1989, pp. 310-315).

The individual's sense of manageability is strictly related to self-efficacy with regard to specific tasks and situations in which the individual makes judgments concerning high possibilities of achieving success (Oleś 2005, pp. 216-217).

Self-efficacy beliefs are influenced by a variety of factors, deriving from four sources of information (Bandura 1997, pp. 215-216):

1) performance in action – successes achieved and failures suffered; experiences of this kind are of particular significance: successes strengthen self-efficacy, and experiencing failures or a lack of success undermines it;

2) helpful experiences – observations concerning other people that pertain to the efficacy of their behaviours in specific circumstances; ways of integrating one's own competences with the knowledge about the efficacy of other people, aimed at increasing one's agency;

3) verbal persuasion – instructions from the environment concerning valuable goals, ways of achieving them, and the costs of pursuits undertaken;

4) physiological states – the kinds of physiological and emotional experiences that accompany purposive activity; optimal stimulation leads to the increase of self-efficacy whereas excessive or insufficient stimulation undermines it.

Self-efficacy is described as a protective factor for motivation resources in life management (Skinner 1996, p. 556).

The protective effect of self-efficacy manifests itself in several aspects. Firstly, one's perceived agency serves to free oneself from alternative goals – the individual devalues alternative aims whose pursuit may end in failure and at the same time values higher those aims that they may succeed in achieving. Therefore (Elliot et al. 2000, pp. 789-791):

The human being is characterized by a tendency to define life aims in such a way as to make it possible to achieve success using the existing personal resources.

Secondly, human perseverance in life management depends on positive or negative reinforcements concerning the efficacy of successive steps in the activity performed.

When people make progress towards achieving their goals they feel happier, whereas difficulties in fulfilling their aims lead to low life satisfaction.

Research results prove that the strength of positive feedback between successes and the growth of motivation for subsequent actions is greater than that of negative feedback, which leads to a decrease of motivation as a result of failures experienced (Elliot et al. 2000, pp. 789-791).

Thirdly, the more the individual believes the desired goal to be achievable, the more persistently they pursue it.

Commitment to intentional activity increases when the individual is dissatisfied with their achievements but at the same time more aware of having the competences that make success possible.

A decrease of persistence in purposive actions is a consequence of situations that undermine one's perceived agency (Zaleski 1987, pp. 974-975). Circumstances of this kind include, above all (Oleś 2005, pp. 216-217):

- recurring failures, despite the effort put into the pursuit of aims;
- disbelief in the possibility of achieving one's aims;
- inadequate feedback concerning the confirmation of one's personal efficacy;
- unrealistic and barely achievable goals;

Fourthly, self-efficacy results in an internal locus of control, which consists in perceiving the relationship between one's actions and the effects ensuing from the activity undertaken. For this reason:

The most universal motivational tendencies are connected with careful observation of the environment and with attributing to oneself the final outcome of undertaken actions.

The essential result of personal control over events is such modification of the environment that makes it possible to carry out one's plans. Only when this is impossible do internal control processes lead to a cognitive transformation of aims – e.g. through a devaluation of unreachable goals or the use of defence mechanisms (Heckhausen 2000, pp. 1015-1029).

Empirical analyses indicate that individuals with an internal locus of control are characterized by (Skinner 1996, p. 556):

- greater commitment to intentional activity;
- independence of judgment;
- more constructive coping strategies in stressful situations;
- a higher self-acceptance index;
- a lower level of anxiety.

In this context it should be emphasized that the cause of destructive behaviours frequently lies in the belief that one is unable to control potentially threatening events and cope with them: "*I am not going to cope with this situation*" (Oleś 2005, pp. 225-226). This kind of belief leads to an increase of psychic tension; the more control the individual expects they should have over the event and the more responsible they feel for its course and effect, the higher and the more difficult to bear the tension grows (Ajzen 1991, pp. 179-211).

The mechanism presented finds confirmation in the findings of criminological research, in which it was observed that common offenses tend to be committed by young males who find themselves unable to achieve personal success because of economic and/or racial marginalization (Short 1998, pp. 3-6). Empirical analyses also indicate that most criminals have an external locus of control, which results in a failure to perceive the connection between their own activity and its consequences (Hollin et al.

2004, p. 42). This tendency is particularly characteristic of recidivists, who often serve isolation sentences and abuse psychoactive substances (Maruna, 2004, p. 195-197). At the same time, it is more frequent for offenders characterized by an internal locus of control than it is for those with external locus of control to (Blatier 2000, pp. 103-107):

- exhibit prosocial behaviour;
- see themselves as responsible for the committed crime;
- prefer life goals directed towards professional aspirations (rather than pleasures) and experience more successes.

In the context of life management issues, the relation between sense of control and future anxiety should be pointed out. Future time perspective is the area of planning, setting goals, and approaching them by performing appropriate steps towards their achievement. Thus understood, the future plays a creative and motivating function. Yet, beyond subjective certitude, there is the sphere of uncertainty where hopes and fears intertwine. Experiencing these states is a consequence of the fact that ambivalent experiences are typical for open-ended situations, exemplified by future time perspective.

Future anxiety denotes the sense of threat that appears accompanies the anticipation of unfavourable events in the more and/or less distant future (Zaleski 1989, p. 172).

The specificity of future anxiety is its cognitive basis, since it is an anxiety connected with current experiences but referring to content located in the future – the context of these experiences may concern the developmental unpredictability of microcosm and macrocosm, the loss of essential values, the responsibility for neglecting self-development, or failure to fulfil the goals set (Zaleski 1989, p. 172). The regulatory function of future anxiety may consist in (Niewiadomska 2000, pp. 161-163):

- inhibiting thought about the future;
- weakening the expectation of positive events;
- low estimation of the likelihood of success;
- defensive behaviours in the form of escape into the future;
- protection and maintenance of the *status quo*, as opposed to behaviours directed towards future goals, burdened with risk but creative at the same time.

Fifthly, perceived self-efficacy determines the individual's self-esteem. An increase of positive self-esteem in cases of high self-efficacy is a consequence of situations in which the person selects more difficult goals, shows more consistency and persistence in action, has a better mood when involved in the activity, and adopts a more optimistic attitude towards the future. Additionally, they are more flexible in their behaviour and, as a

result, better at coping with the problems and failures experienced (Pervin, John 2002, p. 483). By contrast, the relation between lowered self-esteem and the perception of one's agency is a consequence of the circumstances in which the individual experiences disbelief in their own capabilities, a sense of futility of actions taken because of the failures experienced, a fear of experiencing more failures, inability to control their own reactions in difficult situations, and a pessimistic attitude to the future (Pervin, John 2002, p. 484).

Individuals with positive self-esteem have a tendency to confirm themselves in the conviction that the decisions they take are right. Individuals with low self-esteem frequently exhibit the opposite tendency.

If an individual with negative self-esteem makes a decision, it is very likely that after a while they will begin to regret not having made a different choice. The rejected option begins to seem more attractive than the selected one because individuals with negative self-esteem usually process information according to the following scheme: *I am a hopeless person, and hopeless people make absurd decisions. I have just made an important choice. It will probably turn out to have been absurd, just like previous ones did... Some facts seem to show it already* (Mudyń 1998, p 72).

Individuals may show different degrees of awareness of the relations between self-esteem and self-efficacy. This awareness is usually higher for successes than it is for failures, since successes are often accompanied by a desire to confirm self-worth, while failures frequently go with self-protection (Steele, Aronson 1995, p. 797). For this reason, people show a tendency to ascribe greater significance to themselves when experiencing success, and tend to put the blame on external factors when experiencing failure (Zaleski 1987, pp. 969-970).

In people engaging in deviant behaviour, low self-efficacy and negative self-esteem tend to be related. For example, most of the studied offenders have difficulties in finding such facts in their life that could be considered successes. Imprisonment is most often interpreted in terms of failure, obscuring past achievements with the experience of helplessness, monotony, waste of time, and absence of the loved ones. Low self-efficacy also reflects the individual's attitude to the past; offenders typically set themselves unrealistic goals, behave carelessly, exhibit a prevalence of wishful thinking over the awareness of their actual capabilities, neglect to plan, and show a lack of perseverance in goal-directed behaviours (Steuden, Jaworowska 2004, pp. 300-305). Compared with those who serve one-time isolation sentences, individuals with a record of multiple convictions use more expressions that testify to their low self-efficacy in different kinds of social

relations as well as in specific life situations. Most frequently, it is penitentiary recidivists who perceive themselves as inadequate, finished, and/or disadvantaged by external factors – above all, by their past (e.g. unhappy childhood) and/or the circumstances (Maruna 2001, p. 9).

4. Undertaking Life Activities as Influenced by Meaningfulness

The sense of meaningfulness reflects the person's emotional-motivational attitude to the surrounding reality. The level of experience analyzed constitutes an effect of the individual's experiences, which is strictly connected with the person's perception, valuation, entering into interpersonal relationships, and achieving successes or suffering failures in the light of one's own expectations and the expectations of significant others (Ostrowska, Wójcik 1986, p. 218).

The experience of meaningfulness manifests itself in striving to define and achieve goals distributed over different stretches of time and, consequently, in finding the meaning of one's existence (Antonovsky 1997, pp. 217-219).

The sense of meaningfulness is precisely what the person regards as a "call to action" in a variety of circumstances as well as a good reason to preserve personal dignity in difficult situations, to bear failures, and to respect others, particularly weaker ones (Chlewiński, Zaleski 1989, p. 1232; Heckhausen, Schulz 1995, pp. 284-304).

Intentional motivation consists in the adoption of values and their implementation in the form of individual goals. In specific situations the individual believes they may achieve the intended effect by making concrete efforts. If this belief is strong enough, the intention emerges to perform specific behaviours, appropriate to the purpose of achieving the goal in given circumstances, in accordance with the subjective norm of behaviour, adjusted to the context and to the individual's competences (Hołyst 1990, p. 5) The mechanism described argues for the conclusion that the sense of meaningfulness strictly corresponds to the person's way of valuing.

The individual's system of values denotes the relatively permanent beliefs concerning the preferred ways of conduct or the ultimate states of existence, organized according to their relative importance (Stępień 1986, pp. 287-288).

Thanks to the system of internal values, choices made by the human being are directed towards such goals that, in the individual's subjective opinion, constitute a significant value and therefore give meaning to the behaviour that contributes to their achievement (Bielicki 1991, pp. 5-13; Stępień 1986, pp. 287-288).

In analyzing valuation, the distinction should be observed between the existence of values at the level of declaration and at the level of implementation. An object representing a value to a person is perceived to be attractive, but the perceived (declared) value may be either recognized (which involves its internalization) or rejected. Only internalized values perform behaviour-regulating functions (Bielicki 1991, p. 130). This regularity is confirmed by empirical studies on axiological orientation in individuals breaking penal law. Based on those studies, we may say that declarative values in this group are similar to those chosen by the whole of society (Kościuch 1984, pp. 174-179). What criminals value most is family life, physical strength and fitness, education, stability in life, various social support networks, material goods, financial independence, and the satisfaction of hedonistic needs – such as the strong desire to obtain immediate pleasures and/or gains (Kościuch 1984, pp. 174-179; Szymanowski 1989, pp. 310-315; Bielicki 1991, pp. 117-123; Ziomek-Michalak 2005, pp. 84-91). As regards the differences, individuals experiencing adaptation difficulties show a considerably lower preference for values connected with seeking the meaning of their lives with reference to transcendence (salvation) and in high quality of interpersonal relations (true friendship, mature love, or social recognition). When it comes to instrumental values (i.e. those connected with goal achievement), socially maladjusted individuals significantly more often prefer those associated with self-sufficiency (independence, courage), and considerably less often opt for those based on interpersonal cooperation (honesty, frankness, truthfulness, solidity, responsibility, cheerful disposition). It should, then, be clearly emphasized that the overwhelming majority of individuals exhibiting destructive behaviours pursue generally accepted goals. Only some multiple offenders do not feel bound with the common system of values. This mostly refers to marginalized people, whose antisocial aims result from the powerful influence of the prison subculture, supporting the cult of violence, brutality, and cunning (Bałandynowicz 1996, pp. 19-20).

In every person's life the same questions concerning the meaning of life appear many times. Issues of this kind take on special importance when the person has no valuable goals and/or when the goals being fulfilled turn out to be illusory in the face of traumatic accidents (e.g. death of a loved

person, illness). Lowered sense of meaningfulness may manifest itself in (Oleś 1989, pp. 169-172):

- increased psychic tension;
- heightened anxiety;
- a sense of guilt;
- difficulties with the achievement of goals and life aims;
- lowered effectiveness of actions;
- lowered self-esteem.

The relations presented are illustrated by the results of studies carried out on individuals exhibiting destructive behaviours. The fundamental problem of corrupt young people as regards their experience of the feeling of meaning in life consists in difficulties with taking responsibility for their own behaviour. Socially maladjusted adolescents have difficulties also with defining their life goals. This kind of deficiency largely contributes to the initiation of destructive behaviour – among other things, to defensive behaviours such as: resignation attitude, the use of psychoactive substances, active protesting, absolutisation of the “have” attitude, or suicide thoughts and attempts. Corrupt young people also experience problems with making life decisions. The individual is unwilling or unable to make various choices when they feel incompetent to implement on their own the behaviours following from the decision taken. Thus, young people usually imitate the behaviour of others or unreflectively comply with their decisions, succumbing especially to peer pressure. Lack of life goals, difficulties in making decisions, and problems with taking responsibility for behaviour lead to a situation in which socially maladjusted adolescents are orientated exclusively to the present on the one hand and act on immediate impulses on the other (Niewiadomska 2007, pp. 90-91).

The comparison of prisoners’ lifestyles with those of individuals without criminal record indicates that the condemned experience a significantly lower sense of meaningfulness of their own existence. The differences observed are a consequence of greater difficulties that convicted individuals have with specifying life goals and of their low motivation to take up intentional activity. It has also been observed that a higher level of existential frustration co-occurs with recidivism. This is suggested by a significantly lower feeling of meaning in life in penitentiary recidivists compared to the corresponding feeling in one-time convicts.

Analysis of the meaning of life in three categories of criminals sentenced to isolation – prison inmates, prisoners released early, and those with suspended sentences – supports the conclusion that it is inmates who exhibit significantly lower meaningfulness than members of the other groups (Szafański 1998, pp. 159-162).

However, studies carried out among recidivists serving isolation penalties allowed to identify groups of prison inmates with high feeling of meaning life (Steuden, Jaworowska 2004, pp. 308-312). It turned out that this variable is of considerable importance for intentional motivation. What argues for such a conclusion is the fact that these inmates exhibit a significantly higher level of subjectivity, agency, and power, as well as the fact that they are more orientated towards the future time perspective, which they judge as optimistic on account of the possibilities it offers of undertaking various forms of activity. By contrast, prisoners exhibiting a low meaning in life are characterized by a significantly higher sense of hopelessness and a pessimistic attitude to the future on account of the perceived lack of adequate reasons for taking actions directed towards goal achievement.

5. The Regulatory Function of Coherence of Experiences (the Sense of Coherence)

The regulatory influence of high sense of coherence on life management manifests itself in several important dimensions (Antonovsky 1995, pp. 133-143; Kubacka-Jasiecka 2005, pp. 74-75).

Dimension I: High tendency to engage in task and/or problem situations.

The most important factor in the process of mobilization of resources is the strong experience of meaningfulness of the actions initiated – a high level of this factor makes the individual seek constructive solutions even in unfavourable circumstances and treat failures experienced in terms challenge rather than defeat.

Dimension II: Attempts to understand the task and/or problem.

Individuals with high coherence apply strategies directed to problem solution significantly more often, considerably less often preferring those that involve escape reactions. By contrast, individuals with a low level of this variable concentrate mainly on forms of emotional coping.

Dimension III: Correct identification of the causes of the situation.

The difference between individuals with low coherence and those with high coherence lies also in the tendency of the former to ascribe difficulties to external factors – e.g. other people or “bad luck” – as opposed to the tendency of the latter to see internal (subjective) factors as determinants of events.

Dimension IV: Emotions accompanying high psychic tension.

Highly coherent individuals more often experience emotions that are subject to regulation (e.g. anger rather than rage); they also tend to be more aware of the feelings they experience and find it easier to express them.

Dimension V: Choice of coping strategies appropriate to the circumstances.

High coherence favours the flexibility of human behaviour in the face of the demands of the environment, which in turn contributes to the individual's high adaptation capabilities and to satisfaction from the life activities undertaken.

The regularities listed above lead to the conclusion that individuals characterized by high coherence exhibit better emotional regulation in psychic tension situations and find it easier to take purposive or coping actions, which results in efficient functioning of the selection-optimization-compensation mechanisms in life management.

This conclusion is confirmed by the results of empirical analyses. It has been observed that what favours proper psychic functioning, measured by the significantly lower number of stress, depressive, and aggressive reaction symptoms is the fairly stable system of three variables: high sense of coherence, a high level of task coping style, and a low level of emotional coping style. Additionally, if this triad co-occurs with the individual's engagement in various kinds of actions, the individual's level of life activity and kindness towards others increase as well (Jelonkiewicz, Kosińska-Dec 2001, pp. 337-347).

The regularities presented are also confirmed by the results of research conducted on a sample of individuals exhibiting destructive behaviours. High level of sense of coherence in criminals serving prison sentences correlates negatively with stress coping strategies such as abandonment of resolving a difficult situation, ruthlessness (instrumental treatment of others, lack of empathy, refusal to consider moral norms), shedding responsibility, committing acts of self-mutilation, or using alcohol less often and in smaller quantities (Szymanowska 2003, pp. 176-179).

At the same time, high level of coherence is a strong predictor of positive social readaptation of criminals punished with isolation penalties – irrespective of the place of detention (non-detention settings and prison conditions), recidivist status (one-time and repeated imprisonment), and the type of crime committed (aggressive and non-aggressive punishable acts); high coherence results in high reformatory potential, and a low level of this variable contributes to small adaptation capabilities (Niewiadomska 2007, p. 525).

It should also be emphasized in this connection that the components constituting coherence – comprehensibility, manageability, and meaningfulness – are the outcome of the individual's life experiences, especially those from early developmental stages (Lipiński 2004, p. 88). The influence of the individual's experiences on coherence building manifests itself in three aspects: stability, balance of overburdening and underburdening, and participation in decision-making (Antonovsky 1984, p. 4).

Stability refers to the extent to which the person's current experiences match the previous ones in terms of information conveyed. The more stable the incoming stimuli are over the course of life, the more predictable they become to the individual. Therefore, the stability of experiences builds the sense of comprehensibility, one of the components of coherence (Antonovsky 1984, pp. 6-7).

The formation of the sense of manageability is influenced by the balance of overburdening/underburdening processes. From birth the person has to face up to the demands of external and internal environment. Appropriate requirements, ensuring a balance between overburdening and underburdening, create the possibilities of constructive task fulfilment and, consequently, favour success achievement. Excessive expectations (overburdening) lead to difficulties in fulfilling obligations and high likelihood of failure. Negative consequences are also brought about by the presence of "underburdening" in the individual's life experiences, which consists in a lack of demands from the external and/or internal environment. In such a situation, disintegration of personal identity results, particularly as regards social roles (Antonovsky 1984, p. 9).

Participation in decision-making is of considerable significance to the shaping of the third component of coherence – the sense of meaningfulness. The individual should decide about the kind of tasks they perform and take responsibility for their outcomes (Antonovsky 1984, p. 12). This leaves the person broad autonomy and at the same time teaches the values and norms of behaviour accepted in society.

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Chapter III

Affirmation of Existence

(JOANNA CHWASZCZ*)

The promotion of health realized in the individual dimension concentrates on providing meaning to individual human existence, on elaborating an individual philosophy of life, one which answers the question of the meaning of existence of the human individual, universal values, the notion of God, morality, responsible life (Gilmartin 2000, p. 30). A person who discovers the answers to the presented questions is able to meet the demands of earthly life, to undertake an effort in development and to derive satisfaction from their own existence.

A philosophy that allows for a person's development and high quality of one's existence can most simply be described as a love of life. Theology describes the creation of the world and the human being through God's love, and then his vocation to the love of existence (cf. Gn 1:28; John Paul II 1995; Catechism of the Catholic Church 1994). "People, being the recipients of God's Love, have become the subject of love and are called to become instruments of grace, to spread the love of God, and to create bonds of love" (Benedict XVI 2009, no. 4). Psychology emphasizes the value of life and responsible self-realization. This conception, however, required a long course of development, from emphasis on satisfying the instinctual needs of the human being, through determining the direction of development with the aid of dominant drives and external factors, to focusing on the human being as a subject of all activities and his self-realization. The

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next stage in the development of Christian psychological thought was to go beyond the already seemingly perfect paradigm of personal development, to a development responsible to the recognition of human existence in the context of the existence of the world, God, and the calling of the human being to salvation.

Affirmation of existence is one of the basic conditions of multidimensional development of the human being. It is formed from the earliest years of life of the person by the immediate social environment: the mother, father, other relatives, and the larger society. The development of love of life remains consistent with the biological, psychic, spiritual, and social development of the human being. The earliest experiences in the formation of affirmation of life have an external character – the environment teaches the young child a particular attitude towards life. Consequently, this development goes in the direction of self-development; at a certain point in life, the person makes decisions regarding further development, which is also connected with the choice of an attitude towards life, and this in turn determines the quality of life of the person. The human being consciously undertakes the effort of development.

1. The Vocation of the Human Being to Love Life

Love of life manifests itself in the satisfaction of existence, the feeling of satisfaction from life, or the sense of happiness. The mentioned experiences are not treated in positive psychology as a final stage for which a person strives in their journey through life, but as experiences that accompany them through existence. Thus, affirmation of existence assumes a concern for life in a physical, psychic, spiritual, and social dimension, and with this also a lack, or significant limitation of destructive behaviour. Research indicates that most people are satisfied with their lives – this percentage fluctuates between 60 and 80% (Veenhoven 2004; Cummins, 1995; Czapiński, Panek 2004). On this basis, it can be concluded that a positive attitude helps an individual in overcoming the difficulties of life; it gives strength to overcome difficulties and encourages a realistic limitation of destruction (Czapiński 2005b, p. 235). Psychological well-being also fulfils a motivational role for action and further development. The benefits arising from positive emotions, optimism, and satisfaction from life are measurable and objective (Czapinski 2005b, no. 237). Therefore, it is worth understanding that decisions made by a biologically mature and

socially independent person depend largely on the attitude towards their own existence (Sujak 1997, p. 13).

Is every person called to love life?

The human being is called to a fullness of life, which by far surpasses the dimensions of his earthly existence, because it relies on the participation of God Himself in life (John Paul II 1995, no. 4). The nobleness of this supernatural calling reveals the greatness and immense value of human life in its temporal phase. It is therefore a sacred reality, which is entrusted to us, so that we may tend to it with a sense of responsibility and perfect it through love and a gift of oneself offered to God and our brothers (John Paul II 1995). Love is no longer a commandment, but an answer to the gift of love with which God comes to us (Benedict XVI 2005, no. 1-2) (...). “Love your neighbour as you love yourself” (cf. Mk 12: 29-31). Because God first loved us (cf. 1 J 4: 10).

The ontological aim of the human being is the call to salvation through loving God, oneself, and one’s neighbour. Love constitutes a vocation inscribed by God in the heart and mind of every person. “Loving in truth (...) constitutes an essential driving force of true development of every person and all of humanity. Charity is an exceptional force, inspiring individuals to a courageous and devoted involvement in the area of justice and peace. It is a force which has its origin in God” (Benedict XVI 2009, no. 1). Every human individual is called to development. The person who undertakes the risk of change – despite a natural fear of the unknown – engages in a variety of activities and experiences satisfaction from their realization. Here it must be emphasized that development constitutes a higher need, which reveals itself only after a partial satisfaction of basic needs. It has, however, the attribute that it cannot be fully satisfied, and its partial satisfaction increases the “hunger” for constructively oriented changes. Furthermore, the developmental process – assuming that it possesses an authentic character – is accompanied by a positive evaluation of existence and a sense of happiness. With the decision of development, affirmation of existence is formed; with every satisfaction of development, an attitude of love of life is reinforced and develops. This attitude is not based on hedonistic enjoyment of life or an egocentric search for one’s own good or one’s own profit. It is about a love that is strictly connected with the love of God. The starting point in loving life, and therefore oneself, is not the human being, but God. He is the one who makes the human being capable of love, and gives development its proper direction (Olejník 1990, p. 9).

Love of oneself constitutes a form of expressing the love of God, and with it, the embracement of human existence.

This love manifests itself in the affirmation of oneself in the entirety of one's own human nature and the wealth of gifts of God's grace. In the complex structure of nature and grace, goods of the soul and body, love contributes order and unity through a proper hierarchy of needs (Olejnik, 1990 p. 11-13).

The essence of affirmation of existence. Love of oneself and one's own life assumes having an awareness of one's own resources and wealth of personality, but also an awareness of one's own limitations, which is connected with experiencing dissatisfaction with oneself, allowing for the undertaking of work on oneself, one's own improvement, and responsibility for one's own development (Olejnik 1990, p. 11-13).

In theology, the person who loves their own life is characterized as (Olejnik 1990, p. 14-29):

- noble-minded, that is, improving themselves on the way to holiness; developing talents received from God;
- persistent in action;
- patient in intentions.

The person who loves possesses an awareness of the limitation of development through an attitude of humility towards God and people. He or she keeps a psychological distance with regard to the temporal world through the virtue of moderation (Olejnik 1990, p. 14-29).

In psychology, love of life is the basic and most fundamental attitude of all living beings. Attitude towards life is understood as a relatively constant structure or disposition for the occurrence of cognitive and emotional structures, and behaviour in which a specific approach of the human being towards the subject of attitude is expressed. In the case of the two basic attitudes of *being* and *having*, the subject of attitude is the whole reality that surrounds us (Mika 1987, p. 115-117). The choice of attitude of *being* or *having* in relation to the world is the most basic choice of the human being. It defines all subsequent life decisions (Marcel 1962). The attitude of *being* is connected with a specific experience of beauty and good of the world, as well as a sense of invitation to participate in this world (Marcel 1962, p. 32). A person who wishes to utilize the life given to them for activity in the world and for its good expresses a mature attitude towards the world. Only through this activity can a person transcend themselves and the encountered world, go beyond their own limitations, and as a result, cease to be alone in the world and experience true happiness (Gałkowska-Jakubik 2007, p. 17). Three traits characterize the attitude of *being*:

- availability,
- involvement,
- faithfulness.

Availability allows to overcome one's own egoism and laziness; it is a struggle with the temptation of withdrawing oneself, an unending process of overcoming focus on oneself and on close persons. Involvement is understood as the answer to a call directed to the individual. It is the undertaking of a partial responsibility for the world, other people, and responsibility for one's own development. Faithfulness, in turn, consists in interpreting events and seeking the sense of one's life based on unchanging values and principles formed on the basis of previous experiences and reflections. For the attitude of *being* to develop, the human being must become available to the world, be involved and faithful (Marcel 1962). The attitude of *being* of a person manifests itself in the emotional, intellectual, as well as spiritual domains (Fromm 1996). "There is not a more fundamental difference among people in a psychological and moral sense, than the difference between those who love death and those who love life..." (Fromm 1996, p. 48). One of the most important characteristics differentiating people, therefore, is loving life or loving death, referred to by Fromm as "biophilia" and "necrophilia". Biophilia cannot be defined by one, strictly described trait, as it is created by the entirety of a person's functioning – their behaviour, motivation, interests, and even dreams and aspirations. Its essence is the love of life in its various manifestations.

The essence of biophilia is affirmation of life.

A person with an attitude of *being* is capable of transcending their own self, to surpass their own imperfection and egoism. Transcendence of oneself is possible only in love, altruism, treating another person with a humility due to mystery (Gałkowska-Jakubik 2007, p. 19). A person in whom a biophilial orientation predominates is productive, engages in the processes of life in its many manifestations. Elements common with the attitude of *being* are present in the person's behaviour – involvement in building the world (even in its small parts, accordingly with external possibilities). The person's attitude towards life is more functional than mechanical, because they want to shape the surrounding reality and exert an influence on it through involvement and affirmation. Such a person chooses, as their purpose in life, development through active involvement and happiness, which is a by-product of life activity (Fromm 1996, Gałkowska-Jakubik 2007).

A person who loves life exerts an influence on reality through love and involvement. They positively influence their environment.

Individuals who affirm life not only function in an interesting and productive way (not involving themselves in either destructive or self-destructive actions), but also influence their environment in a positive way (Ortmeyer 2000). This is manifested in creating a positive atmosphere by them,

because they have a positive influence on people with whom they meet. People of an orientation of *being* are open to other people, are interested in them, and understand them as individuals. People interest them for who they are and not as entities which may be of use to them for some purpose (Marcel 1965). Because the person who assumes an attitude of *being* is interested in the authentic person, not only in their perception of them and ability to respect their difference, enriches and discovers him or herself, experiences such feelings as friendship and gratitude when in contact with other people. The attitude of a person oriented on *being* towards another person does not restrict or hinder development, but allows for free development of the subject and object of the attitude (Gałkowska-Jakubik, 2007, p. 20). The attitude of *being* is an attitude of love, and only through love can a person overcome the feeling of loneliness. People, being the recipients of God's love, became the subjects of love and are called to become instruments of grace to spread the love of God and create bonds of love (Benedict XVI 2005).

Altruistic attitudes, resulting from an honest interest in people and the world, are "contagious" and passed on from one generation to another (Brookfield 2002). This influence is evident in relation to children raised in families affirming existence. Also in the case of parallel relationships – between spouses, friends, and peers – people characterized by an attitude of loving life have a definitely positive influence on their environment. Persons who affirm existence:

- Are able to make contacts with others on the basis of freedom,
- Do not feel a constant need to control other people,
- Are able to love persons or groups of persons with whom they do not necessarily need to identify.

Thanks to the ability to love, without the need for complete control of those closest to them, these persons are able to raise healthy families in which children affirming their own existence are raised (Gałkowska-Jakubik 2007).

Persons who are affirmative of their existence are able to raise healthy families in which happy children are raised.

Factors constituting a positive attitude towards existence. The love of existence is accompanied by a joy of life and satisfaction from its progress felt by the person, and is an indicator of quality of existence. In short, it can be stated that the love of life is connected with its high quality, and its negation – with a low quality of life.

Dimensions constituting a positive attitude towards life (Ryff, Singer 2002 p. 271-287):

1) **Self-acceptance** (a positive attitude towards oneself) – a profound respect for one's own person, based on the awareness of one's own positive and negative traits. Self-acceptance should rely on an honest evaluation of oneself and on the love of a realistically perceived self.

2) **Purpose in life** – the ability to discover the sense and direction of one's own existence and the ability to formulate and realize goals in life. This dimension has its profound origin in confrontation with the adversities of life. V. Frankl assumes that an important element of this dimension should be religious faith, which allows to perceive the significance and value in the existence of the human person (Grzesiuk 2005, p. 186). Without God, the human being does not know where he is going and is not even able to understand who he is (Benedict XVI 2009, p. 64). People ask themselves fundamental questions pertaining to the whole of human existence: *Who am I? Where do I come from and where am I going? Why does evil exist? What can I expect after this life?* (John Paul II 1998, no. 2). A common source of these questions is the need for sense, which a person strongly feels in their heart from the very beginning. What direction a person is supposed to give to their own life depends on the answers to these questions (John Paul II 1998).

3) **Personal development** – the ability to make use of one's own talent and potential, as well as to develop new skills. The analysed factor is often connected with confronting the adversities of life, because affirmation of existence is not based on a lack of problems and hedonistic “using”, but on undertaking an effort of development, which brings happiness and satisfaction. Love is an “ecstasy”, but not ecstasy in the sense of a moment of intoxication, but ecstasy as a path, a constant coming out of the self closed in on itself, in the direction of freeing the self through the gift of oneself, in the direction of discovering oneself, and even in the direction of discovering God (Benedict XVI 2005, no. 8). A person really becomes him or herself when the body and soul encounter themselves in an internal unity (Benedict XVI 2005, no. 6). Theology speaks of magnanimity – the duty of self-perfection. It is based on the development of moral culture. Christian morality in the virtue of magnanimity presents the perspective and is the basis of true greatness and maturity of the individual (Olejnik 1990, p. 14-15).

4) **Control over the environment** (managing with the surrounding world) – meeting this condition demands competence in the area of creating and tending the environment; its accomplishment is possible as a result of personal effort and undertaken actions; thus managing with the surrounding reality assumes active forms of adaptation, which should be realized throughout the whole life. Emphasis should be placed on constant

individual initiative essential to building and fostering the familial, occupational, and social environment.

5) **Autonomy** (the ability to be guided by one's own internal beliefs) – the realization of this dimension is sometimes very difficult, especially if the external standards of an individual differ considerably with the prevailing social rules.

6) **Positive relationships with others** – this factor includes the strength, pleasure, and joy which close contacts bring, a deep intimacy, and/or the expression of mature love. Love becomes a concern for a person and service to another person. It does not seek itself, or an immersion in intoxication with happiness; it seeks the good of the person loved, it becomes a renunciation, is ready for sacrifice; what more, it seeks them (Benedict XVI 2005, no. 7). To suffer with others, for others; to suffer because of the longing for truth and justice; to suffer from becoming a person which truly loves – these are the fundamental elements of humanity, of which the abandonment would destroy the human being himself (Benedict XVI 2007, no. 18).

On the basis of the presented criteria, a conclusion can be formulated in which good life does not mean a lack of difficulties, negative feelings and experiences, but a way in which a person manages with reality through decisions made. The sense of happiness comes especially from an active confrontation with challenges, complications, and difficulties.

2. Formation of a Positive Attitude towards Life

The formation and reinforcement of an attitude affirmative of existence should be the basic aim of a positive prophylaxis. Its realization depends as much on factors of an individual, familial, as well as social nature.

Family conditions. Among familial factors that influence the formation of a positive attitude towards life, the following in particular should be included:

- satisfaction of psychological needs of a family's members,
- guidance by prosocial and universal values,
- subordination of lesser (utilitarian) values to greater (sacred) ones,
- modelling of positive attitudes in the family,
- stimulation of the development of particular members of the family and the whole family system,
- creating a mutual network of support,

- participation in the experience of joy of those who are closest.

On the basis of the presented factors a conclusion can be formulated, in which the origin of the formation of an attitude of loving life should be sought in childhood, because individuals raised in a family affirming life are characterized by a similar attitude towards existence.

One of the most important conditions for the development of love of life is education by people who truly love existence.

Communicating affirmation of life occurs more on the level of gestures and a general approach to life than on the level of verbal statements that existence should be loved. The mother (or a person with a corresponding role) is the most important person who shows a child that a profound love is possible which at the same time provides space for development. This kind of experience is invaluable for further development of the child in the direction of manifesting an affirmative attitude towards existence (Gałkowska-Jakubik 2007). In reality, *eros*, as a description of earthly love, and *agape*, as an expression meaning love based on faith and shaped by it, can never be completely separated from each other (Benedict XVI 2009).

Conditions resulting from interpersonal relationships. A significant interpersonal factor shaping an affirmative lifestyle is the motivation to develop positive interpersonal relationships, which at the same time is characterized by abiding to the following principles:

- communication,
- assertiveness,
- respect for another person,
- establishing and maintaining friendly and intimate relationships,
- growth of love.

It is worth noting that social relationships are one of the most important correlates of happiness. However, it is difficult to define the direction of the occurrent relation, because on one hand, good relationships with people can determine a sense of happiness, and on the other, happy individuals are better able to function in interpersonal relationships (Czapiński 2005b, p. 237). The attitude towards existence of those persons with whom we interact is also not without significance in the development of affirmation of existence, as both the biophilial and necrophilial attitude is “contagious” (Brookfield 2002). Being in an environment of people preferring a specific approach to reality, we are susceptible to acquiring that approach in the process of imitation, modelling and/or conformist behaviour.

Benedict XVI emphasises that when commitment to the common good is enlivened by love, it has greater value than merely temporal or political involvement (Benedict XVI 2005).

Social conditions. Social factors create a macroclimate for the development of a life-affirming attitude. Its formation is enabled by conditions encouraging the development of the person, including:

- satisfying his or her multidimensional needs,
- development of culture,
- a proper hierarchy of values (lesser values are subordinated to greater values), creating a climate suitable for spiritual (including religious) development,
- sustaining tradition.

A subjective affirmation of life thus has a greater chance of coming into being in a society which puts effort into establishing conditions for a decent life, rewarding honest work, satisfying the need for safety and justice, as well as providing an opportunity for citizens to undertake various activities and assuming responsibility for realized initiatives.

Individual conditions. Despite the significant meaning of the factors described above in the formation of a positive attitude towards life, subjective conditions are nonetheless most important. It is about a conscious decision of a person to take up effort and involvement in development.

Only an individual decision of a person allows to discover the sense of their own existence – it compels them to effort, searches, discovering values, forming a philosophy of life, and thus to multidimensional development.

Tatarkiewicz (1958) maintains that happiness is possible only as a “side effect” of involvement in an activity. The search for happiness as such does not enable its attainment. Here it must be emphasized that among the most important subjective conditions for the love of existence include:

- a satisfied sense of security,
- a sense of freedom in creating, building, and even taking risks,
- motivation to involve oneself in various kinds of life activities.

In research, a relation between personality traits and the sense of satisfaction from one’s own existence has also been shown. A significant factor conditioning the sense of satisfaction in life is the individual’s cognitive script – it is not things in themselves that worry or please a person, but the way in which an individual perceives them (Czapiński 2005b, p. 366). Traits that positively correlate with a positive attitude towards one’s own existence also include extroversion, openness, amicability, and conscientiousness (cf. Diener et al. 2002, p. 63-73; Czapiński 2005b, p. 376-378).

3. Factors Threatening the Affirmation of Existence

The view of human and social development as a calling assumes the fundamental nature of love (John Paul II 1995, p. 13).

Love constitutes the true content of a personal relationship with God and neighbour. It is not only the principle of micro-relations of friendly, familial, and small group bonds, but also macro-relations: social, economical, and political relations (Benedict XVI 2009). In most recent times, both in the individual and social dimensions, love is often stripped of its meaning; it becomes separated from truth and ethical principles, and thus the risk of an erroneous understanding of love is connected with it. It falls prey to emotions and incidental opinions of individuals, a misused and distorted word, until it acquires an opposite meaning. Only in a strict relation with the truth can love be considered an authentic expression of humanity as well as an element of fundamental significance in human relationships. Truth provides meaning and value to love (Benedict XVI 2009, no. 2-3). On an individual level, when stimulation for development and joy from its effects becomes insufficient, then conditions arise which are suitable for the development of tendencies that negate the love of life. These tendencies can dominate the whole person and become the driving force of their activity. In consequence, the person is characterized by an attitude of negation of life. This attitude is accompanied by a disruption of development of the whole person or even their regression.

In psychology, E. Fromm referred to the tendency of negating life as necrophilial. This attitude is the negation of biophilia and is the most pathological and threatening attitude among various orientations in life. The necrophile loves neither life nor development, but only death and destruction. Erich Fromm (1996 p. 39) describes necrophilia as a character flaw, consisting in the loss of love of life and the loss of confidence in all of its manifestations, which in consequence threatens the existence of the individual. The most striking trait of a necrophilial person is a dissociation of thoughts, emotions, and the will. Persons negating life are generally sentimental, they “nurture themselves” with the memory of feelings which they experienced at an earlier time, or which they think they experienced (Fromm 1993, p. 16-18; 1996, p. 35; 1998, p. 381). Their thoughts pertain to the past, and not the present and future, and being in control gives them a sense of control over reality (Fromm 1996).

A necrophilial person tries to maintain control over the world that surrounds them, and especially over persons in their immediate surroundings.

The need for control easily becomes cruel behaviour, including physical, psychological, and/or sexual abuse. A necrophilial individual makes decisions only on the basis of arguments which in their assumption are rational – they often withdraw from developmental activities, have little contact with peers, do not play sports, do not read books, and demonstrate little initiative in social life.

The greatest threat to interpersonal relationships is narcissism and a tendency to develop relationships of a symbiotic nature by necrophilial persons (Forward 1992). At the moment a necrophilial individual feels that a person close to them tries to break or weaken relations with them, they begin to sense a threat. A feeling of this kind often turns into aggression or self-aggression. Because of this, their relationships with others are characterized by anger, aggression, and malice. Such a situation is very frequent, because most people are not fully able to satisfy the need to dominate others by a necrophilial person. Most partners, spouses, children, or other members of the family, at a certain point are not able to tolerate the excessive control and attempt to win greater autonomy. Such attempts almost always end in dramatic conversations, passive or active aggression, or even breaking off contact. Strongly necrophilial persons are most often unaware of their attitude towards reality – they believe that their negative attitude towards life is only a rational response to what they experience, and therefore is an outcome of their fate. They do not realize that their narcissism, tendency to develop symbiotic relationships, as well as excessive control destroys both themselves and other people. Furthermore, they blame everyone around except themselves.

Necrophilia originates and develops in a situation of lacking a positive attitude towards life.

Factors threatening the formation as well as development of an already formed attitude of affirming life occur very commonly on the individual, familial, as well as social levels.

Threats of a social nature. A social fascination with death intensifies with the development of civilization. It is mostly related with the advancement of technical standards in television, films, and video games, as well as an increase in the desensitization of receivers of such experiences. The results of empirical analyses indicate that watching a large number of acts of violence on the screen causes a desensitization of reactions in a situation when the individual is exposed to real aggression (Cline et al. 1973; Johnson 1993a, 1993b). Experts on the subject state that the influence of violence contained in video games is greater than in the case of viewing images of this type on television (Bushman 1995). The virtual player is subjected to the influence of similar psychological mechanisms, as in the

case of watching acts of violence on television – that is, modelling, classical and instrumental conditioning, desensitization, the formation of cognitive scripts, activation of a repressed need for aggression, stimulation and displacement of excitation. The mentioned influences, however, are more reinforced through an active participation of an individual in a video game (Ulfik-Jaworska 2003).

It is worth noting that the connection between necrophilism and the use of mass media is of a reciprocal nature. This means that on one hand, viewing violence in media is one of the indicators of a destructive attitude, and on the other hand, necrophilial individuals more often choose entertainment based on viewing violence on the screen (Bushman 1995; Braun-Gałkowska, Ulfik-Jaworska 1997; Wawrzak-Chodaczek, Dulewicz 2002; Gałkowska-Jakubik, 2007).

Everything that threatens life itself, such as all kinds of murder, genocide, induced abortion, euthanasia, and voluntary suicide; everything that violates the integrity of the human person, such as mutilation, tortures inflicted on the body or spirit, attempts at exerting psychological pressure; everything that insults the dignity of the human being, such as inhuman living conditions, arbitrary arrests, deportations, slavery, prostitution, the trade of women and youth, as well as inhuman working conditions in which workers are treated merely as instruments of profit and not as independent, responsible persons: all of these and similar matters and practices are disgraceful; they poison human civilization more by the disgrace of those who practice them than those who suffer injustice, and they are most contradictory with the honour due to the Creator. These prospects, provided by the advancement of science and technology, give rise to new forms of attacks on the dignity of the human being, while at the same time, a new cultural situation is being formed and perpetuated, in which crimes against life acquire an aspect so far unknown and even more contemptible. Deeds that were once unanimously considered criminal and in the common moral sense as unacceptable, are gradually gaining social acceptance. Even human conscience is, as if becoming obscured by various circumstances and with increasing difficulty distinguishes the difference between good and evil in matters pertaining to the fundamental value of human life. These are threats programmed in a scientific and systematic way (John Paul II 1995).

Threats on the family level. The most significant risks concerning the formation of an attitude of love of life on the part of the family are the negation of life and love in the family through:

- not accepting children (abortion, contraception),
- broken families,

- violence,
- alcoholism in the family,
- lack of universal values shaping family life,
- marital infidelity.

Subjective threats. The most severe subjective threat to the formation of a life-affirming attitude includes all conscious or unconscious negligence of one's own development, not making a decision of self-development. What hinders this decision are:

- narcissistic tendencies,
- a preference for the attitude of *having* rather than *being* towards the world,
- seclusion of oneself from the action of other people and God,
- focus on the bodily dimension of the human being,
- resolving difficult situations by using destructive defence mechanisms such as the use of drugs, aggression, and self-injury,
- escape from responsibility,
- addictions.

Conclusion

Affirmation of life, defined as the love of one's own existence, is connected with an attitude of *being*, focusing on personal development, multiplying the creative potential of the individual, and the common good. Thus, this kind of attitude is of great significance in prophylactic measures. It explains what kind of attitude towards life one should have, so that it may have a satisfactory nature, and also shows the path that one should follow in order to educate a person who not only refrains from destructive behaviour, but above all is capable – while overcoming their own limitations and at the same time having an awareness of them – of actualizing aims of development. The formation and development of a positive attitude towards life, manifested in a love of existence, consists of many factors of an individual, familial, environmental, cultural and political nature.

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Chapter IV

Uneasiness of Conscience

(BOŻENA GULLA*)

1. The Conscience in Social Studies

Conscience is usually described in a moral-religious category (Grom 2009; Palos 1983; Leonardo at al. 1983). Explaining the phenomenon of conscience, theologians use terms which indicate that it is “the voice of God who yearns to guide man through the path of good and evil. However, this voice is subtle (...), which in modern times renders it weak” (Staniek 2002). Theological concepts of the conscience usually describe it as the realization of the system of the closest, most subjective standards rooted in relation with God. Conscience is the closest but not the highest moral standard because it might not be righteous – and righteousness, from the theological perspective, means “in conformity with the Ten Commandments” (Staniek 2002). In this understanding, conscience was given to man by God as a gift (...). It is to guide man in his quest for moral law granted by God (Marek 2005). Conscience, understood as moral self-control, constitutes a process which comprises (Grom 2009):

- self-observation,
- assessment of conformity with moral standards,
- self-satisfaction,

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- self-reinforcement of behaviour assessed as being in conformity with standards or self-criticism,
- restriction of conduct which is against the rules.

The category of conscience is of interest not only for theologians, but also for ethicists, psychologists, pedagogues, educators and philosophers.

A sense of conscience is a personal experience and, therefore, the fact of possessing conscience is in accordance with “common sense psychology”.

The category of conscience can be found in all historically fundamental trends in psychology (Freud 1997; Jung 1970; Fromm 2005; Allport 1988). The category has vanished, however, from modern psychology. It has gradually been supplanted by terms like moral development, internalization of social norms (Piaget 1957; Kohlberg 2008) or self-regulation (Niedźwieńska 2008). It is difficult to find the term “conscience” in indices of modern academic textbooks – for example, it does not appear in the three-volume textbook edited by Strelau (2003).

Szewczuk W. (1988), examining the concept of conscience, criticised it for being metaphysical and aimed to “demetaphysicize conscience”, treating it as a learned behavioural pattern. The author quoted above described conscience in behavioural categories, paying special attention to a specific kind of behaviour learned from social life experience. He introduced the term “conscience situation” which meant the reaction in a situation of conflict between man’s conduct and his moral standards. “Conscience behaviour”, on the other hand, was to constitute sequences of “flush reactions” consisting of (Szewczuk 1988):

- thinking about the perpetration of misdeeds which are against moral standards,
- sense of guilt,
- negative emotional experiences – for example fear, irritation, aggression,
- negative self-assessment,
- need to regain high self-esteem,
- general ailments.

In pastoral psychology, Z. Płużek (1991) indicated that conscience provides a special kind of emotional experiences connected with a sense of guilt which consist of:

- the system of values accepted by a person (accepted individually, not instilled by the environment),
- ability to assess one’s behaviour in relation to the system of values,
- ability to react emotionally – negatively or positively – to the result of the assessment made.

Kępiński A. (2002) introduced the term “fear of conscience”. He believes that conscience is made up of three layers, the first two of which are located beneath the threshold of consciousness. As the layers of conscience are situated both in the conscious and unconscious sphere, contradictions and/or conflicts between its different parts are possible.

The first is the “constitutional” layer which is connected with the laws of nature. Violating the laws – especially violating the survival of species and that of an individual – causes fear.

The second is the “early stage of development” layer which is connected with childhood experiences and contacts with social world. Fear caused in this layer has the character of social fear and is bound up with relations with people who are important for the child.

The third is the “current” layer and it is based on current information and experiences including the ones originating in social reflection. “Current” fear is also a social fear but it is more adequate to the real situation rather than the exaggerated, catastrophic character of the fear from the previous stage of development.

Kępiński (2002) defines conscience as a “self-control” mechanism which integrates man’s behaviour. All living organisms possess a few systems of self-control of varying integration. The term conscience is usually given to the highest part of self-control systems which are conscious in their character but still closely connected with unconscious processes. The positive effect of “self-control” is a reward and the negative effect is a punishment. The mechanism presented here is the outcome of the relation between the conscience and the self-portrait of the man who suffers when his self-esteem is violated and who is happy when it is strengthened. The properties of conscience are therefore based on the system of unconscious and conscious feedbacks which at the same time condition the atmosphere of an individual’s self-portrait.

Kępiński (2002) also indicates the difference between subjective moral standards which are:

- ideal – which moral standards do I want to maintain?
- real – which moral standards do I in fact maintain?

This distinction brings the issue of conscience closer to the “self” issue, suggesting that mechanisms such as self-portrait, self-esteem, or self-knowledge are of high importance for its functioning (the more adequate self-knowledge is, the easier it is to adjust one’s conduct to one’s capabilities; if there are no capabilities, remorse is not deep).

At the same time the properties of conscience determine self-portrait, self-knowledge and self-esteem – the behaviour that deviates from moral standards provokes remorse which in turn changes an individual’s self-

portrait into the image of a person violating his own inner rules. Reactions of the mature conscience lead to the enhancement of integration and cohesion of self-concept. Such enhancement is encouraged by the self-portrait which is appropriate to reality, the awareness of one's assets and weaknesses, self-acceptance, orientation towards self-improvement and personal development as well as the ideal self creating a moderate distance from the actual self. One's self vision as a moral person becomes undermined due to his conduct which is at variance with the normative system. Hence "self-control" maintained by conscience has a changeable character, sometimes assuming a more rigorous – and at other times a more tolerant attitude towards the disparity in relation to accepted standards. Conscience therefore constitutes a dynamically functioning structure of many components.

In his newer psychological writings, D. Buksik (2003, 2006) analyzed the relations between conscience and the structure of personality in its entirety. He defined conscience as a set of attitudes on the basis of which man assesses his own conduct in the light of his inner standards. Buksik believes that conscience can be compared to a control system, a particular "detector" which signals appropriate conduct in relation to the reference system – standards which apply to the individual himself, to others, to the world and transcendence. Conscience, as a component of the dynamic structure of personality, enables us to make a unique classification of personality types. By making connection with the conscience's sensitivity we may identify the following types of personality (Buksik 2003): "practical and matter-of-fact", "with no internal support" and "sensitive".

The category of conscience appears in psychological literature also in connection with the research on the mechanisms of cognitive distortions, especially in the subject of self-deception (Kofta 1991).

It should be stressed that there are very few comprehensive analyses of the functioning of conscience's mechanisms performed on a psychological basis. The deficiency in research on this subject as well as the unsatisfactory practical application of theoretical knowledge lead in consequence to moderate success in education, prevention and rehabilitation. At the same time, the modern value crisis, lack of authorities and problems connected with the rising crime rate, addictions and inflicting injuries compel us to again examine the issue of conscience.

2. The Functioning of the Conscience

Theological concepts derive moral standards directly from the Higher Being – God. In social science the origins of normative regulations are sought for in the conditions of social coexistence, which – if it is to proceed smoothly and with no obstacles – requires mutual adjustment to the required behaviour standards. One might wonder whether moral imperatives and prohibitions are of any biological, species or individual importance. Sociobiologists and behavioural geneticists believe that the origins of people's behaviour lie in the realization of their need to prolong species survival and spread their own genes. This would rather incline people to egocentric and aggressive behaviour, which is not regulated by moral standards. In difficult situations, however, it is impossible to survive on one's own – it is cooperation rather than competition that gives a bigger chance to stay alive. Although seemingly at odds with the egoistic desire to reproduce one's genes, it is the altruist and prosocial behaviour (observed not only among people but also among animals) that, paradoxically, gives a bigger chance for success. It is due to the fact that such behaviour enables people to give and receive mutual help, which makes survival possible. Hence, prosocial activity finds its clear reflection in moral standards.

In psychology the criterion of morality is also understood in different ways – for example in the context of human dignity, his freedom, and even the derived pleasure. Some researchers distinguish (see Chudy 1998):

- statistical (sociocultural) criterion – things that are morally good are those that concern the majority and are accepted by the majority,
- adaptational criterion – things that are morally good are those that facilitate adaptation,
- developmental (existential and personalistic) criterion – things that are morally good are those that enable development and self-realisation.

As was stated above, moral standards also encourage individual adaptation and may promote the survival of species. Therefore, conscience constitutes an element of adaptational mechanisms which enable survival.

Conscience is directed towards maintaining the conformity of conduct with internalized moral standards and towards the realisation of behaviours that arise from the standards.

Conscience, in principle, works in two ways. We may draw here on the classical theological distinction between (Ślipko, 2002, p. 374):

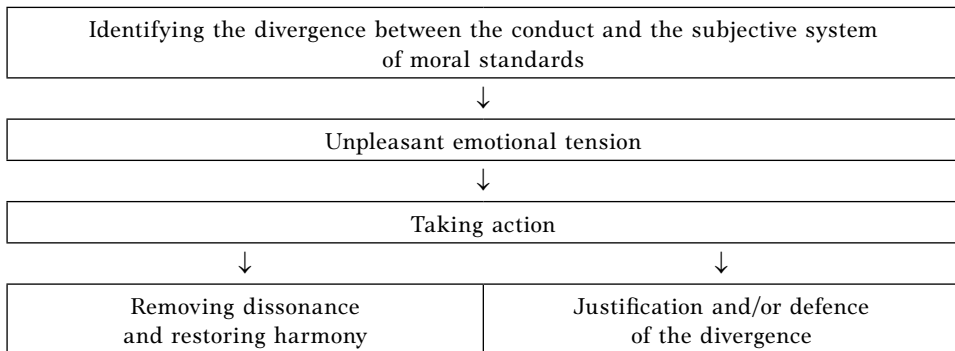
- pre-deed conscience, which allows to arrive at the decision to start (or abandon) conduct beforehand; it encompasses the comparison of the in-

tention to act with the subjective normative system – it gives one a chance to change the direction of his doing;

– post-deed conscience, which constitutes the assessment of the action already taken; it is the source of emotions connected with this assessment.

We can thus say that the workings of the pre-deed conscience consists in suppressing intentions to take the action which is against moral standards or competitive to the action compatible with the standards or else suppressing the tendency to abandon a normative action. The post-deed conscience, on the other hand, consists in the comparison of the action taken with the accepted normative system. One is given a chance to correct his behaviour. In both cases conscience monitors the conduct from the formulation of its intention to the assessment of its results. One's individual normative system constitutes the point of reference. The effect of the monitoring in the form of the divergence between the conduct and the normative system triggers negative emotions, “pricks of conscience” and lower self-esteem. By contrast, the effect of monitoring in the form of conformity between the conduct and the normative system results in positive emotions and self-satisfaction.

Therefore, the working of conscience is based above all on dissonant mechanisms – the mechanism of cognitive dissonance (Festinger 2007):



Conscience may therefore be treated as a system of self-punishment and self-reward. These mechanisms, however, constitute merely a means of bringing one's conduct closer to the subjective system of moral standards – it is not an end in itself. The emotions aroused are motivating (“emotion is a subjective mental state, which initiates the priority plan of action connected with the emotion” – Doliński 2003): positive emotions impel one to repeat the action and negative force to bring one's conduct closer to the normative system by means of a change in behaviour, change of the

normative system (devaluing some values) or by initiating self-deception mechanisms.

Conscience uses special tools which enable it to work well. “Pricks of conscience” mentioned above are a specific blend of unpleasant emotions, including guilt, shame and self-dissatisfaction.

Examination of conscience is another tool – it is done in the way determined by the rules of the faith practiced or independent of them. Examination of conscience is a self-analysis of one’s consciousness and is to identify the behaviour (thoughts, words, deeds or abandoned activity) which is in accordance with or against norms. It comprises (**according to the Author**):

- search through retrospective memory,
- analysis of prospective memory in terms of goals and plans of action,
- “inventory” of past and planned behaviours,
- comparison of these behaviours with the accepted system of moral standards.

Examination of conscience may result in self-satisfaction or a sense of guilt, depending on the perceived compatibility or incompatibility with the accepted rules and standards. The sense of guilt aroused may be called “healthy” if it motivates one to repair his action (for example by redressing the results of past actions, realizing abandoned activity and/or reconstructing goals or modifying plans of future actions) and restores the direction of action which is compatible with moral standards. Examination of conscience together with repair actions encourages a “new beginning”. Similarly – just like psychotherapy, mentioned by Kępiński (2002), traditional examination of conscience, confession and absolution serve the same purpose – that of catharsis.

In a situation of a moral dilemma the emotions aroused constitute a guidepost for conduct which is in accordance with the standards. If emotions are not aroused with an adequate strength, the inclination towards keeping to the standards is also weak.

In order to fully understand moral standards and not to break them intentionally, empathy in interpersonal relations is crucial. In this respect, the analysis of the conscience issue is supported by research which tries to explain conscience mechanisms by means of neurobiological processes whose aim is to identify the “biochemistry of conscience” (Sokołowska 2008/2009). The cerebral mechanism of empathy is composed, as it seems, of mirror neurons (Rizzolatti, Craighero 2004). A deficiency in mirror neurons, which makes it more difficult to empathize, is to blame for classic “psychopathy”. Empathy is an example of a complex competence, which,

on the one hand, is based on cerebral mechanisms and on the other on the acquired individual experience in social situations. Another cerebral mechanism, which is important for the working of conscience, consists in activating the reward system in the brain while doing altruistic deeds (Harbaugh et al. 2007).

Morality seems to be based partly on biology. However, restricting the understanding of moral choice to this basis alone is a reductionism because it deprives one of what is deeply human.

Moral choices are in large measure conscious, and therefore the working of conscience must be treated as a complex competence which is based on biological equipment and largely conditioned by personality as well as individual experiences and which undergoes constant improvement.

3. The Regulative Function of the Conscience

In the light of the discussion above we may conclude that conscience is a complex cognitive, emotional and motivating structure – a personality mechanism, which is self-regulating in its nature. The processes of self-regulation, which are initiated deliberately or automatically, enable a person to control his intentional conduct. The basic terms in the theory of self-regulation are: goals, plans, intentions, personal projects, monitoring the course of action. Niedźwieńska (2008) defines self-regulation as “adjusting cognition or action – by means of feedback – to the standards which constitute the frame of reference for the actions taken”. Hence, the mechanisms of conscience form a fragment of self-regulating processes – those for which a subjective system of internalized moral standards is the frame of reference.

There are doubts, however, concerning the significance of these conscious self-regulating processes. J. Necker (2008), discussing D. Wegner’s theory, indicates the insignificant role of human volitional acts in these processes. According to this theory, a decisive role in self-regulation is played by unconscious processes, while the act of will is important only when it comes to refraining oneself from an action in its final phase.

Undoubtedly, both unconscious and conscious processes are significant in regulating one’s conduct. Nevertheless, disregarding conscious influence on one’s action is reductionistic, undevelopmental and contradictory to the personal experiences of a number of people. It should be emphasised that

only placing a particular stress on the conscious influence on the initiation of one's behaviours may contribute to supporting his development and/or reducing his deviant activity.

Conscience should be treated as a metacategory, a complex intrapsychic process, which uses a few predispositions and which is interdependent on them but at the same time has a big influence on them. The process is not merely the internalisation of norms and values, to which attempts to "awake" conscience usually refer. In order for it to work well, also from the social point of view, the following elements are necessary (according to the Author):

- a subjective system of deeply internalised moral standards which is in accordance with the socially accepted system of values,
- the hierarchy of goals which are compatible with the normative system,
 - ability to plan and maintain the direction of the action taken,
 - competence in monitoring its process,
 - sense of self-effectiveness,
 - resources which enable one to restore the compatibility with the normative system,
 - effective managing,
 - efficient decision-making mechanisms,
 - empathy,
 - self-awareness and reflectiveness.

Conscience, which constitutes a structure of many elements, functions regulatively by way of a loop of feedback in which a vital role is played by all the psychic processes and predispositions mentioned above.

4. Dysfunctionality of the Conscience

Malfunctioning conscience loses its characteristic sensitivity which normally enables it to work properly. Typically, the insufficiency of conscience is connected with the neutralisation of moral values (Chlewiński 1983, 1991).

4.1. Pathology of the Conscience

Conscience deformations usually assume two basic forms. One extreme is a “pedant’s conscience”, which is unduly sensitive and reacts even in instances of minute, unimportant divergences between behaviour and the system of moral standards. The basis for the conscience functioning in this way can be fear, uncertainty or perfectionistic inclinations. The effects of such conscience are (Płużek 1991):

- negative emotions,
- self-dissatisfaction
- unstable, low self-esteem
- the feeling of “sinfulness”,
- autoaggression.

The other extreme is a “psychopath’s conscience”, which allows considerable deviations from individual moral standards as well as from the axionormative system. It is an insensitive conscience, which does not send any signals in the form of “pricks of conscience”; it does not impel its owner to any reparations or changes in his planned action. Apart from those whose conscience troubles them and who feel better after purification, there are those whose conscience never “pricks” and its “voice” is too soft, hardly audible. These are the people who are devoid of moral dilemmas, who do not analyze the compatibility between their conduct and the accepted standards, who relativize rules which “distort” conscience. Hence the title “uneasiness of conscience” appears to be a developmental phenomenon, which favours self-improvement and fulfillment – as long as it does not assume an exaggerated, “tormenting” dimension.

If somebody has committed a forbidden deed against customary, moral and/or legal norms, the following possibilities should be considered:

1) The person may possess a defectively shaped system of values. His conscience, however, performs regulative functions over the improperly formed axiological system – it regulates, for example, the lack or decline of value system, ignorance of moral standards, difficulty in understanding norms, superficial or stiff interpretation of norms, shallow internalization and adopting standards accepted by a negative group. A defectively shaped system of values is usually the result of defects in socialization processes in the family, school and subsequent educational environments, in peer groups, social experiences (for example in fundamentalist society). The standards which the person is familiar with and which are at least superficially understood by him, cause pricks of conscience when there is a divergence with the actions in progress.

2) A person has a well shaped system of values and standards but his conscience is inefficient, which means it has an insufficient regulative power. This situation may be caused by the following factors:

- inability to make an adequate assessment of a situation;
- the way the mechanism of conscience is “adjusted”: narrow, alert to the smallest divergences (point strategy) or wide, reacting only to very serious deviations (interval strategy, Wiczorkowska, Siarkiewicz 2004);
- coexistence of rival and/or conflictual motives such as the primacy of drive, search for stimulation;
- deficiency in empathy;
- lack of will and/or perseverance in changing one’s conduct (or plans) so that it is in accordance with the normative system;
- emotional disturbances;
- submitting oneself to social life mechanisms, such as unreflective conformism, the phenomenon of “social facilitation”, obedience to one’s authorities.

On the basis of the enumeration above we may conclude that taking the action which can be ascribed to “the lack of conscience” is, in fact, the result of dysfunction of a number of processes of cognitive, emotional, motivating and volitional nature.

4.2. Conscience Distortion

Sometimes the voice of conscience is completely inaudible due to the fact that special “distorting” processes are initiated, which are to protect one’s “Self” in situations where he does not keep to internal standards (Tavris, Aronson 2008). The basic mechanism of Self protection against the loss of self-respect is to avoid (Wojciszke, internet source):

- unpleasant condition of self-awareness,
- revision of norms,
- confrontation with internal standards of one’s conduct.

It is possible to assess one’s behaviour in other categories than moral standards – we can do it for example in efficient, utilitarian or practical categories. Self-deception may also assume the form of equating morality with one’s own interest or profits for one’s group. It is also connected with the mechanism of treating others as “strangers”, towards whom one has no obligation to act in accordance with moral standards (Wojciszke, 2009). Initiating the processes distorting conscience enables one to preserve illusions concerning (according to the Author):

- sense of rightness of one’s actions,

- positive self-esteem,
- high opinion of oneself,
- rightness of one's decisions.

Generalizing the mechanism presented above, it should be noticed that self-deception, connected with a selective reception and processing of information, is not a fully conscious process. Its function is to ensure that a person maintains a sense of cohesion of his life and sustains a positive self-esteem. The trap of distortion is strengthened by the fact that conscience, because of its connections with moral standards, is something stable in the modern world, which is characterized most of all by its mobility, fluidity and relativity of values. Therefore, in the course of "fluid post-modernism" conscience may appear archaic, constant, making adaptation to omnipresent changes more difficult (Baumann, 2006).

5. Shaping and Perfecting One's Conscience

The functioning of conscience is a process which is at least partly conscious – it can be nursed, which enables man's development. The shaping of this sphere involves (according to the Author):

- invoking subjective moral standards to consciousness,
- comparing them with familiar moral systems,
- discussing and justifying one's choices,
- preventing automatic actions in situations of moral choice,
- comparing plans, goals and intentions with one's internalized normative system,
- shaping the competence to behave in accordance with inner standards,
- abandoning the effectiveness and/or efficiency of action at the cost of departures from moral norms.

The development of mature conscience requires competences formed especially in the home environment. Parents should not restrict themselves merely to instilling norms and enforcing the realization of behaviour which is in accordance with these norms. They must let their children shape their own, individual – although based on universal values – attitude towards norms. The members of the family should support the development of in-depth, cognitive, emotional and volitional competences of the child, which are important for the realization of normative behaviours. In order to shape a young person's conscience it is important to:

– transmit the system of norms and values in a cohesive way – the verbal transmission should be appropriate to age and intellectual abilities of the child; in the non-verbal transmission parents should mould the desired behaviour; moreover, compatibility of the family normative transmission should be maintained with the outside transmission (with standards realized by Church, school, constructive peer groups);

– help the child make his own analysis of the system of accepted norms and shape his own inner standards – typically during adolescence;

– support and explain the normative choices made and their changes;

– help empathy develop as regards the cognitive factors – ability to understand others, to accept another person’s perspective as one’s own;

– aid emotional aspects of empathy – harmony and compassion, deepening the ability to recognize individual and social needs of others, understanding social problems from an individual perspective;

– encourage and model the willingness to behave altruistically;

– help develop competences connected with the complementation of action – skills referring to the conscious formation of intentions to take a particular action, commencing the action with its foreseen result confronted with the normative system, persistence in maintaining the same direction of one’s behaviour, postponing the reward, self-motivation, monitoring the course of action, correcting one’s mode of behaviour;

– shape the child’s self-portrait and his attitude towards himself, the world and other people.

On the basis of the relations presented above we may come to the conclusion that social environment on the one hand creates the opportunity to form conscience and on the other, it may lead to hampering its development. Therefore, it is important to consider “moral formation” in social prevention resources, as it is “a concern for inner life and the realization of humanity and mature freedom” (Bastianel 2004). This way of thinking about prevention becomes exceptionally topical in the face of negative social occurrences. A question arises whether conscience constitutes an essential factor protecting one against deviant behaviours or whether it is an unnecessary burden in the postmodern world. It seems to be a preventing factor on the individual level, as it helps in adaptation, strengthens one’s self-esteem and contributes to maintaining a high self-respect. It is also a protective factor on the social level, as it prevents behaviours which violate axionormative system. On that account social practice needs psychological analyses of the issue of conscience – for example, to indicate personality mechanisms which would facilitate a more effective formation of a mature conscience as a result of both constructive interpersonal influence, and by taking responsibility for one’s own development.

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Chapter V

Readiness in Undertaking the Effort of Development

(JERZY PAŁUCKI*)

For centuries, the Church has been inviting people to continuously undertake effort in human development and encourages supporting those who make such a decision. When we are willing to help another human being in his or her development, we should take into account the experience which the Church contributes to cultural tradition and the progress of civilization. The author of the *Letter to Diognetus*, aware of the role of Christians in the world, wrote (*Letter to Diognetus* 1935, p. 15): “What a soul is in the body, Christians are in the world. (...). The soul is enclosed in the body, but it is what constitutes the unity of the body. Christians are also locked in the world as in a prison, but it is they who constitute the unity of the world.” Therefore, it should not be feared that the Christian values which guide our actions may not be properly appreciated. As authentic witnesses of Christ, we can help others in development.

Christians, just as in the beginning of the Church’s existence, are today no different from other people in everyday life – except they know that here – on earth – is only a tiny fraction of our lives. On this tiny particle, however, on how we live these years depends our eternal happiness. The perspective of eternal life is the basis for the formulation of three fundamental objectives of human development and maturation:

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1. Wisdom in life,
2. The acceptance of suffering,
3. Death in temporal life.

1. Maturation to Wisdom

The Fathers of the Church did not call on the faithful to escape from the world, as is often wrongly advocated. They taught that one should live “here and now” – among daily duties. This is the place of our search for happiness – a joyful being among those closest to us, enrichment, raising children, and securing their future.

St. Ambrose’s Advice. The author clearly outlines the two main stages of work on human development. First is the stage of conversion, and then progress in perfecting oneself: “everyone must get well first, in order to acquire virtues” (Ambrose 1977, p. 181).

The self-improvement program proposed by St. Ambrose is dependent on many factors – these are primarily the purpose and resources which the individual striving for perfection has at his disposition.

The purpose of self-improvement: a return to the “true image of God” in man, **Measures of self-improvement:** imitation of Christ and becoming like Him.

Ambrose did not conceal from his audience that this program requires great effort (Pałucki 1996, p. 123):

- it assumes struggle and effort,
- making a free choice,
- the earliest possible choosing of a path of development; although every stage in a man’s life is good to convert and take up an effort of self-improvement.

The first stage of work on oneself is a struggle against passions such as (Pałucki 1996, p. 128-132): pride, envy, anger, hatred. Ambrose describes **the second phase of self-improvement** as the acquisition of virtues, which are a gift from God and the strength of the soul (Dassman 1965, p. 55). The author vividly compares virtues to good horses, pulling a man to perfection, as opposed to passions that lead him to wicked acts (Ambrose 1982, p. 107). At the same time, he recommends a certain hierarchy in the acquisition of virtues, because “the same horses, appropriately placed in harness, pull the carriage in the desired direction and help one to reach their destination, while the poorly selected and clumsily driven

horses can run off with the carriage and lead to disaster” (Ambrose 1977, p. 225; Paredi 1957, p. 187). Similarly, the same forces latent in every human being can at one time present themselves as virtues, and at another time as passions. Cooperating in harmony, they can form and dignify a man, becoming virtues; but if there is a lack in moral order, these same “powers” – like wild horses – can lead to many misfortunes.

In the Ambrosian hierarchy of virtues (Pałucki 1996, p. 133-159):

- Justice is in the first place, as well as those qualities which are associated with it in a natural way in building proper social relations – especially kindness, liberality, generosity, nobleness, and hospitality;

- Next are the virtues that shape human spirituality – chastity, modesty, humility, restraint, moderation, balance, sobriety, inner silence, wisdom, obedience, fortitude;

- At the highest level are virtues which constitute the culmination of the self-improvement process, because thanks to them a person’s life takes on a new light – faith, hope, and love. Their action can be compared to the role of light, such as is needed to admire a picture hanging on the wall. We know that the picture is there even when the room is dark and we do not see it. When dawn begins, the picture emerges from the darkness of the night and reveals its beauty. But only when the spotlights light up, when light is cast upon it, does it acquire its full splendour.

Likewise in our lives – all virtues are important, but faith, hope, and love are what make “everything around” become different, because they are what make a person’s life wonderful and make it possible for the person to be happy even in situations of experiencing the greatest difficulties.

Guidelines effective in the Logos School. At the turn of the second and third centuries, Clement of Alexandria taught that the Christian is simply a student of the School of Christ – the Logos School, where there are three classes to go through (Clement of Alexandria 1994, p. 158; Drączkowski 1996, p. 146-148).

In the “**first class**” are the slaves of sin – the morally sick. The sick man cannot develop, just as a sick child who does not grow properly. The slave who does not have the right to decide – cannot choose and cannot develop properly. The same is true of spiritual development. Clement calls to mind that the man involved in addictions, wounded with hatred and envy is not able to think and strive for what is good and beautiful. At this stage, Christ appears as the Divine Physician who liberates from the bondage of sin.

People healed of moral incapacity go to the “**second class**”. Clement calls them the healed because they are already free, but weakened after

the “heavy operations” or after a “battle” in which they were wounded. At this stage of a specific convalescence, Christ is the Educator.

Only after healing by the Divine Physician and care by the Divine Educator can one go to the next, “**third class**”, where true disciples of Christ are present, meaning being His friends. Only then can man be introduced to the mysteries of Divine teaching, which fills a person with wisdom.

In summarizing the issue connected with the first prophylactic objective at the individual level – of wisdom in life – it should be noted that the Fathers of the Church, in its implementation, emphasize freedom of choice by the human individual. Nonetheless, autonomous decision-making should not be confused with arbitrariness and license, since freedom of choice requires internal discipline and an awareness that, without reference to Christ and spiritual values, a decision made will sooner or later lead to failure.

The importance of authority and authenticity in attaining wisdom

People – especially young people – are very sensitive about the communication of truth, guidance, or advice to them being genuine in nature and coming from a person who is a true authority. The Fathers of the Church were aware of this truth. The words of St. Augustine or St. Leo the Great can be referred to as an example. The first of the mentioned thinkers expressed it thus (Augustine 1996, p. 33): “May God grant that, while serving others with what they could read, I myself may benefit and advance, and that in trying to answer to those who inquire, I myself may find what I have been seeking.” Moreover, Leo the Great thus encouraged (Leo the Great 1935, p. 175): “Because none of us, beloved, is so perfect and holy that he could not become even more perfect and holy, everyone in general, regardless of differences in degree and quality of merit, from already acquired to that not yet achieved – let us run with pious avidity; let us constantly go forward, increasing the number of good deeds, beyond the measure already assimilated by us.”

2. Maturation to Suffering

Not only Christian thought, but also academic literature and everyday life is dominated by reflection on the universality of suffering. The Fathers of the Church teach that suffering belongs to human nature. St. John Chrysostom reminds us that “as one cannot be immortal while being a man, likewise one cannot be free from suffering and sorrow” (John Chrys-

ostom 1949, p. 199). St. Augustine, at the beginning of the work *“De Civitate Dei”* lists an entire catalogue of its possible forms: “hunger, disease, war, plundering, slavery and violent death” (Augustine 1977, p. 92-93).

At the same time, the subjectivity of suffering is also emphasized in Christian thought. A great testimony to this is the teaching given to us by St. John Chrysostom, who teaches us that everyone is inclined to think of their own suffering as the most painful, and their own adversities – as the most troublesome. “One who suffers from his eyes thinks that no other suffering is like his own, and again, one who is ill because of the stomach argues that this is the worst of all, and everyone considers his own suffering as the most burdensome. For example, one who has no children knows no greater misfortune than childlessness, and again, the one who has many, being poor complains of nothing more than having a large number of children. [...]. Whoever has a beautiful wife, says there is nothing worse than to have a beautiful wife, as it is full of suspicion and traps; and who has an ugly one, says that there is nothing worse than to have an ugly wife, since it is a very unpleasant thing. [...] One who holds an office maintains that there is nothing more arduous than caring for other people’s needs, while the subject maintains that there is nothing more despicable than being subject to someone else’s power. The one who is getting married believes that there is nothing worse than a wife and caring for her; and who is not married, does not see a greater disrespect for the free citizen, than to remain unmarried and to deprive oneself of home and rest” (John Chrysostom 1949, p. 200).

St. Augustine’s Advice

The most pervading and difficult question seems to concern the meaning of human suffering. The thinker admits that “many are the afflictions of the just, more numerous than if they were unjust. Since they are just, they have many troubles [...] and after many troubles reach eternal peace, where they will never suffer any evil” (Augustine 1986, p. 346).

Suffering as a Path to God

Augustine, interpreting the words of Psalm 49:22, notes that God allows various afflictions, for the very purpose of leading a man to Himself (Augustine, 1986, p. 262). It also recalls that the destiny of man “is to attain immortality” (Augustine 1977, p. 392). A man who lives with the hope of reward which is eternal life, more easily tolerates the experience of adversity. As an example proving this truth, the fate of the Chosen People is often cited. Under the influence of the suffering experienced in captivity, Israel experienced repentance and regained God’s blessing. However, it must be admitted that this did not pertain to all of them. Some remained in their obstinacy, but the so-called remnant of Israel regained its privi-

leged place among other nations. Suffering and various kinds of troubles and afflictions, therefore, appear to be a kind of medical treatment that restores the health of the soul. God acts as a surgeon who often performs a painful, but nonetheless beneficial treatment.

Attitude Towards Experienced Suffering

St. Augustine also teaches that the sufferer must also accept a proper attitude towards the experienced state, as it determines their further behaviour – this can lead to rebellion against God’s will, or to conversion or strengthening of faith (Augustine 1977, p. 127). Love, whose source is God, gives a person strength to struggle with suffering. If our life is not permeated by it, then the greater will be our grief that we have lost so much of life without it (Drączkowski 1998, p. 175).

Enduring Suffering as an Example for Others

According to Augustine, righteous people enduring suffering with dignity are an example for others, especially in the art of adapting existence to the adversities of life, and even more when the size of failures exceeds the pre-determined limits of human endurance (Augustine 1977, p. 52; Drączkowski 1998, p. 162-183).

Referring to the issue of the second prophylactic objective at the individual level – maturation to suffering – it should be noted that currently we are also witnessing the fact that illness or various misfortunes, on the one hand, give the person an awareness of the contingency of their own life, and on the other – mobilize their power to endure traumatic events, strengthen the family community, slow their pace of life, or also to make an effort to reorganize their hierarchy of values, conversion, and/or work on themselves.

The importance of community in maturation to suffering

When the burden of illness or other misfortune afflicts another person, we should not ask “why” it affected them, but “what should” and “what can I do” to relieve them in their suffering. Many times we witness an utterly dramatic “uprooting” from the insensitivity which overtakes us, and solidarity in difficult times. This applies not only to families, but also to neighbours, friends, and often people previously not known. It is moments of suffering which free great reserves of the good which is within us – night shifts in a hospital at the bed of a sick neighbour, because his wife and children are exhausted from fatigue, or collecting money for an expensive operation for a child who we do not know personally.

A sense of solidarity with the sufferer has deep roots in Christianity. Its primary motive is the commandment of love of neighbour, stimulating compassion and assistance. St. Cyprian (1988, p. 1179) also notes the importance of the community dimension in experienced misfortunes; since

the Church is one wholeness – “one flesh” in a moral sense – for which everyone is responsible, consequently there is an obligation to care for one’s brothers, imposed on each member of this community.

St. Augustine believed that physical suffering is primarily spiritual suffering – suffering of the soul, which he called “sadness” arising as a consequence of not accepting “that which befalls us against our own will” (Augustine 1977, p. 147). Thus – according to the quoted Father of the Church – in suffering of the flesh, spiritual aid is also needed. The recently deceased bishop Roman Andrzejewski, pointing to the need of spiritual transformation of the person suffering and their environment, referred to the following event of his life. Years ago, when he was in Paris, he was asked to help Polish pilgrims change trains while they were traveling to Lourdes. When he appeared on the platform, a young boy who was completely paralyzed was being removed from a wagon. During the short stop, the boy told of what great hope for a miracle he is going to Lourdes with. After a few days the same group was returning to Poland. Father Roman went to the station with great uneasiness. What if the boy was not miraculously healed? In what mental condition will he return? Then, from a distance, he saw that a stretcher being carried out of a wagon, and in it, the boy was still lying. Was there no miracle? The boy noticed the priest in the crowd and shouted: “Father, I experienced a healing!” “Why, you’re lying on a stretcher?” “Yes, but it does not matter. Now I know that some good can come from this – for me and for others. I experienced a miracle; how else can I call it now that I can accept suffering cheerfully, with faith.”

An important testimony to maturity in suffering is an example of my sister – Bożenka. When she went for gynaecological examinations which were to confirm her pregnancy, she learned that a cancer was consuming her. She accepted this dismal news and gave up treatment so as to not harm the child she conceived, whose life was more important to her than the experienced pain and danger of death. In assuming such an attitude, however, the right conditions were needed – a boundless trust in God, perceiving meaning in the sacrifice suffered, values learned in one’s family, and continued support from the closest people.

St. Augustine emphasizes the importance of the loving presence of another person in maturation to suffering in these words (Augustine 1973, p. 298): “For all that is severe and terrible, love makes it easy and almost naught. (...) That is why this yoke is easy, and the burden light. If it is difficult for those few who have chosen it, then it is easy for all who have chosen to love it (...); paths which are hard for those who toil, soften for those who love.”

The presented content, therefore, convinces that daily care for the sufferer is very important, but it is not enough, because care must go hand in hand with a manifestation of love for the reason that suffering affects the deepest layers of human consciousness. Thus, overcoming suffering requires overcoming the conviction that ultimately every person is alone with his pain.

3. Maturation to Death

Human life is a constant drive towards death – because time escapes us like a thief, but it is also a drive toward eternity, because God has called man to happiness, and not to a constant fear of annihilation.

The Father of the Church divides forms of human existence into three periods – before death, at the moment of death, and after death.

Death as a Passage from Earthly Life to Eternal Life

A natural fear of death cannot be surprising, because separation of the soul from the body is always something disagreeable to man. Augustine even states that man, for his part wants to avoid death, but also points out that for Christians it is even necessary, because only by going through it will they be able to abide in Christ forever (Augustine 1977, p. 423).

The Second Vatican Council, referring to the teachings of St. Augustine, points out that “although in the face of death all imagination fails, the Church, instructed by the revelation of God, states that man was created by God for a joyful purpose, beyond the limit of earthly misery. Furthermore, Christian faith teaches that death of the flesh, from which man would be free if he were not sinful, will be overcome when the Almighty and Merciful Saviour will restore man to the salvation lost through his fault” (Pastoral Constitution on the Church in the Modern World 1967, p. 551).

Thus, just as birth, death is also permanently inscribed in human existence. Some it will fill with fear, others even with anxiety, still others it will fascinate as a mystery from the eschatological perspective. Yet death does not remain indifferent to anyone, even though it is often pushed away to the deepest layers of consciousness. So that the drama of death is not turned into a tragedy, faith is necessary, which allows death, despite its dread, to be expected as the beginning of a new, eternal life, which was promised by God.

Fathers of the Church, describing the phenomenon of death, consider it on two planes – the physical and spiritual. The first one consists in “sepa-

ration of the body from the soul.” For the Christian, this kind of annihilation is not true death. St. Augustine teaches about this in the “Explanatory Notes on the Psalms” (Augustine 1986, p. 50): “Thus you do not die when you leave the body. The body dies, but the life of the spirit continues.” Without a doubt, a thing much worse and more terrible is spiritual death, which is often described as “true death.” This in fact is the separation of the soul from God, from Him who is true Life. Augustine regrets that people who are afraid of physical death, which is in fact only a passage to another life, do not think at all and do not fear, nor do anything which could save them from this kind of destruction. He writes: “true death, which people are not afraid of, is the soul’s separation from God. This in fact is death” (Augustine 1986, p. 234).

The Key to Solving the Problem of Death – *Agape teleia*

“Perfect love of God – *Agape teleia* – makes every cross simple and light. It also frees one from the fear of death” (Drączkowski 1998, p. 183). One needs to prepare, however, for its adoption and approval. Although every one of us is aware of their own transience, the thought of death occupies one of the last places in our consciousness. However, it is worth emphasizing that even though we do not know when and how we will die, it is death that determines the glory and meaningfulness of our lives. Augustine, paraphrasing the words of Seneca and giving them a Christian meaning, wrote: “For since the time when each of us began to live in a body destined for death, there is something constantly occurring in it which makes one approach death. As the instability of the body throughout this life makes it approach death” (Augustine 1977, p. 94).

Paths in Maturing to Death

We mature to death in different ways – mostly through the death of others, because we live on this side of life and we cannot experience it beforehand. The situation of dying involves us in different ways. Some run away from it, and others accompany close ones in the last moments of earthly life. St. Augustine experienced the death of his friend as a great drama – “trembled in the face of the ultimate question of human existence” (Augustine 1994, p. 77). However, already differently – as a mature Christian – he had experienced the death of his mother. He believed deeply that through the saving work of Christ, death indeed is the event which ends the earthly life of the human being, but at the same time is the day of his birth into heaven – *dies natalitiae*. This is because every believer yearns for union with God, which the author thus expresses: “You have created us as ones directed toward You, and our hearts are restless until they rest in You” (Augustine 1994, p. 23). Feeling a natural fear of facing death, we are guided by the desire to save the lives of our loved ones. However, in

view of the finiteness of human existence, we should be ready to help the dying person in accepting the truth that through death, no desires, troubles, obstacles, nor illnesses will any longer afflict us, because God will reward us, whom “we will watch endlessly, love without overindulgence, praise without fatigue. This gift, and this activity, will undoubtedly be common to all in the same way as eternal life” (Augustine 1977, p. 614). Therefore, understanding this event in the perspective of Christian faith, it can be assumed that the evil of death is transformed into good, because the power of community of the human being with God is more powerful than physical death.

In generalizing the guidelines associated with the third prophylactic goal on an individual level – maturation to death – it should be clearly emphasized that contemporary culture minimizes this issue in human development, as by propagating a cult of youth, treating death as a taboo, or creating the impression of the power of medicine.

The importance of community in maturing to death

From a Christian perspective, death is not the end of human existence, but its qualitative transformation. At the same time, it is an event requiring great respect and loyal accompanying of those who pass into eternity. Therefore, learning to experience the majesty of death is necessary – holding the person’s hand, moistening the mouth with a drop of water, placing a candle in their hand, closing the eyelids, and remaining in prayer. Such a way of experiencing the moment of “transition” is needed both for the dying, as well as the surviving, for their further development. As an example of preparation for mature death, religious exercises for a “good death” are the recitation of daily prayers from the Divine Office that end with asking for “a peaceful night and a happy death.” In the context of experiencing death in the community, also important is the testimony of my sister, who no longer got up from bed due to cachexia from cancer. The family knew about the upcoming “transition,” but none of us had the courage to talk about it. During mutual prayer, Boženka said, “from now on, let us stop praying for my healing. My time is coming. Let us start praying for my happy death.” When I now embrace those moments with reflection, I can definitely say that for my sister, physical death was the beginning of eternal happiness. Although this moment remained a great mystery for her, she came to face it with respect, peace, faith, and hope.

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Chapter VI

Accepting the Fortunes of Life

(LEON SZOT*)

The pace of modern life, the cult of youth and rapid cultural, social and economic changes cause that contemporary man, who attempts to follow the latest trends existing in the surrounding world, loses awareness that they will pass away. Only when they encounter critical situations themselves do they accept the fact that they should be prepared to experience the fortuitousness of their own existence. Therefore, one of the individual goals of health promotion should be to shape people's competences in terms of a dignified way of living through critical situations such as suffering, dying and mourning.

1. Dignified Acceptance of Suffering

There exists a great variety of attitudes and behaviours which are an individual's responses to traumatic situations happening to them throughout their life, such as the loss of their job, their own illness or the illness of a beloved person, experiencing their own dying process or the death of someone close to them. The reactions include (Kübler-Ross 1969; Pompey 1996, p. 21; Kalinowski 2002, Gretkowski 2009, p. 43n):

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- Psychic shock
- Emotional numbness
- Denial
- Anger
- Sense of guilt
- Grief
- Resignation or lack of acceptance
- Fear of loneliness

The above-presented people's reactions to their suffering caused by disease, the dying process or mourning are only a collection of the most commonly displayed behaviours and they do not constitute the determinant with reference to everybody. Sometimes, however, when these reactions overlap they can take a more intensified form. They are most commonly manifested:

- the moment the diagnosis is established,
- during the first relapse,
- with each more serious occurrence of the advancement of the disease,
- the moment the causal treatment is completed during the so-called terminal period,
- during the phase of dying,
- during the mourning period.

There have been made many attempts to define suffering but none of them can fully render its meaning (Lizęga 1991, p. 18). Most authors who discuss this phenomenon emphasize the fact that suffering is a negative state of an individual, caused by their physical or psychic pain. It frequently happens that these two states are intermingled (Sajdak 1991, p. 247). Physical suffering is most frequently the result of an individual's disease, disability, hunger, thirst, old age or infirmity (Stachowicz 2006, p. 17). Psychic suffering, on the other hand, occurs when an individual has undergone negative experiences, like fear, sense of guilt, sorrow or grief (Bujak 1985, p. 476). It is also important to bear in mind that the analysed experiences are a form of subjective experiences because "each suffering person writes their own chapter of the Gospel of suffering" (John Paul II 1982, p. 7). Any careful observation implies that regardless of an individual's philosophy of life, their suffering can destroy them, bring them to despair and/or make them doubt God's love.

The above-mentioned premises prove that in health promotion shaping people's acceptance towards their suffering should be taken into consideration. Touching upon this mystery is possible in the context of 'the imperative of the heart' which calls upon suffering persons to prevent their pain from deadening their desire for love and good, and from impeding the

process of their growing in dignity and love (Kalinowski 2004, p. 317). The imperative of the heart does not need many words or even gestures. It is something not fully perceptible, something difficult to define but perceptible by a suffering person by means of an extra sense so much sharpened by their suffering (Kalinowski 2004, p. 318).

For those believing in Jesus Christ, the imperative of their heart grows out of the imperative of their faith but what finally matters there is their experience of goodness. Goodness is man himself, his life and health. Goodness is a suffering person. Goodness is also the person who takes care of that suffering one. It is on this plane that the imperative of the heart of a suffering person and the imperative of the people around them meet.

In the medical world for some people, it is hard to disclose the imperative of their heart because, on the one hand, this can be interpreted by the people around them as an unguarded moment and, on the other, it can be perceived as a signal for some sick people to mercilessly appropriate their doctors or nurses.

Routine is indispensable in a subjective approach to the treatment of diseases, to performing surgical operations, minor operations and to other forms of medical-nursing care. However, routine with reference to disease becomes unbearable when it instigates standard behaviours towards suffering. As far as routine is concerned, what can be said about it is this – ‘yes’ towards disease and ‘no’ towards suffering (Nagórny 2006, p. 80).

Suffering is also an invitation to manifest the moral greatness of man and his spiritual maturity (John Paul II 1983, no. 22). Therefore, it should be interpreted as a call and as an opportunity for man to disclose their moral greatness. A person truly mature on a spiritual and moral plane will be able to confirm this greatness in their suffering as well. Anyone who associates their greatness with pure external success will not be able to rise to the challenge brought on by their illness and suffering. In other words, their inner world has to come before worldly values. “Man can never be redeemed simply from outside” (Benedict XVI 2007, no. 25). Growing in moral greatness is a challenge directed not only at a suffering person but at those around them as well.

It is not by sidestepping or fleeing from suffering that we are healed, but rather by our capacity for accepting it, maturing through it and finding meaning through union with Christ, who suffered with infinite love (Benedict XVI 2007, no. 37).

2. Dignified Dying

The biomedical model of disease – understood as a defect removable by means of chemical or surgical interventions or alternative therapies – is the mainstream attitude of the medical world arising as a consequence of it treating a person in mechanistic-subjective categories. At the bottom of the reductionistic model of medicine, which claims that a human being is only a body structured like a physical-chemical machine and nothing more, lies the materialistic concept of man. There, suffering is formulated solely in a physical dimension and death is perceived as failure rather than a natural process of man living on earth. The increasing potential of science and technology as well as easier access to information and culture raise new questions in the field of ethics – questions about sense, i.e. the objective scale of values which would help to determine the possibilities and limitations to progress and to minimise the reductionistic concept of man. The experience of dying and death cannot be made objective or abstract; it cannot be negated because it is inevitable, irreversible, it instils fear and forces those who go through it to ask questions (Chojnacki 2007, p. 291).

All generally known societies have developed certain customs, traditions and ceremonies which determine the circumstances of a dignified end of human life. Nowadays, in highly developed countries, about 80% of the people die in hospital which, despite the permanent presence of many people, remains a place of a lonely death. This process, very slowly but systematically, spread in the 20th century to the systems of social behaviours, coming a long way from the model of tamed death towards the model of savage death (Mc Cormick 1987, Paxton 1990, Perszon 1999, Kalinowski 2002). The previous attitude in which death was present in family and social life (being in a way close to man's life) contrasts with the modern attitude of pretending that death does not exist and if it does, it is perceived as a failure of medicine. A very small group of contemporary people can be characterised by their rational reflection on death and by accepting it as something natural. Death is no longer a public ceremony but a private matter where, at the beginning, family members' attendance was allowed. With time however, when hospitalisation of incurably ill patients became common, family was also excluded. What is more, the process of dying was deprived of religious rituals which, by preceding a person's death with a logical order of events, made it better known to the dying person and therefore less fearful to them (Pompey 1996, p. 11n; Klumpp 1997).

It has to be noted that increasing people's social awareness which affects dignified dying is undertaken by numerous institutions and social activities, like hospice organisations, pro-life movements and the suffering volunteers

movement. The scope of their activities as well as their accurate formation offer contributes to more noticeable changes in a social perception of death.

Fear of death is something very natural; therefore, in many religions a lot is said about death, ultimate things and an art of dying.

On the basis of clinical research there have been identified several attitudes during a patient's phase of dying in the so-called terminal phase of cancer (Kübler-Ross 1969, p. 34n): discusses 5 phases of the dying process:

1. rejection and isolation, internal rejection of any painful information on the patient's state of health. This phase is much more acute in dying persons who, without any psychic preparation, have been suddenly informed about the state of their health.

2. anger which appears when the person is no longer able to fend off the thought of their own death. Most frequently this anger is aimed at the persons from the patient's closest environment (doctors, nurses, even their family). The main way of reducing their anger is to feel empathy for the dying patient who cannot find the answer to the question "why is it me who is to die?"

3. seeking mutual understanding, viable solutions and agreements with the patient's environment, negotiating with their families and God.

4. depression, the patient has run out of all the possibilities of fending off the thought of their death. Their pain becomes more acute, the activity of the medical team becomes more intensified. The patient begins to display the feeling of loss, nervous breakdown and unwillingness to maintain contacts with their environment.

This isolation is not destructive because the need for it and its intensity result from the patient's reflection directed towards the future – completely different from their past.

5. acceptance – the patients who get into this state have a sense of spiritual equilibrium; they are characterised by calmness, inner silence and trustful waiting for their transition.

Religious support, offered at each stage of dying, becomes particularly intensified at the third phase where the patient begins to display their readiness for dialogue which involves God as well. The patient, when still conscious, wants to settle many things and to do so they expect that, during their examination of conscience, which they have to do despite their helplessness, someone will be listening. Most frequently the dying person first wants to talk about themselves in order to excuse themselves. Only then are they ready to listen.

Silent presence is in some cases all that a dying person asks for.

Dying people display a type of behaviour which C. Saunders calls a trustful hand reaching out to someone. "What I constantly see in dying people (...) is the fruit of the spirit – love, joy, peace, patience, gentleness, goodness, meekness, temperance. That is true faith for me and that I constantly see" (Saunders 1984).

In spite of the fact that dying is an intimate process which demands respect for the intimacy of the ultimate moments of man's earthly existence, **man remains a social being till the final moment of his life.** He functions within interpersonal relationships so the disease even in its terminal phase should not stop the patient from creating community bonds both functional and conventional in character as well as family, friendship or neighbourhood ones.

Man's dying and then death possesses a social determinant and is an event within a community of the people remaining in mutual relationships. According to Glaser and Strauss, people's interactions with dying persons can be divided into four types depending on the context of their awareness of death. Their proposition, called the concept of awareness context, includes four models of awareness:

1. closed awareness
2. suspicion awareness
3. mutual-pretence awareness
4. open awareness

The first type refers to situations where the patient does not realise that they are dying but the people around them perfectly know about it. They do everything possible to keep the patient ignorant and unaware of their pending death. This model can lead to the model of open or suspicion awareness. **Suspicion awareness takes place when** the dying patient's family and staff try to prevent them from learning the diagnosis but the patient suspects that they are terminally ill. They try to find out the truth hidden from them. Nowadays, according to Glaser and Strauss, the most common is **the model of mutual-pretence awareness.** Either party knows about the patient's imminent death but each pretends that nothing wrong is going on. They talk about things happening at present, about some trivial matters but they insist on avoiding any topics which could violate this silent agreement. **The model of open awareness** refers to a situation where death is discussed openly. The patient, their family and the medical staff know about it. Here, dying and death stop being a taboo subject. Open awareness is considered to be the most comfortable situation for both parties of the interaction. However, the authors of the concept of awareness context point to certain dangers connected with it. It can lead to the situation where the people accompanying the patient, the staff in par-

ticular, may expect them to exhibit concrete behaviours which, from their point of view, should be characteristic of a dying person. Most frequently they are behaviours which are expected to make the dying person an undemanding and easy-going patient (Sokołowska 1986; Taranowicz 2000, pp. 264-265; Świrydowicz 2003, p. 39).

Empirical research conducted among patients in a terminal state clearly point to the need for humanising the final moments of human life.

The support that a dying person most frequently expects is the presence of another person, be it a family member or someone from outside their family (Gretkowski 2009, p. 263; Kalinowski 2007, p. 71).

The request which arises from the human heart in the supreme confrontation with suffering and death is above all a request for companionship, sympathy and support in the time of trial (John Paul II 1995, no. 67). The standards not only of a hospice community but of the human community as well should include:

- assuming responsibility for a person whose earthly life is coming to an end,
- setting standards of behaviour intended to bring relief to the suffering person,
- breaking down barriers between healthy and dying people,
- showing respect and offering help.

Any form of solidarity with the sick translates into the formation of a community which is the opposite of the modern tendency to conceal death and to marginalise dying people on account of the chronicity of their illness, acute symptoms or negative prognosis (Łuczak 1997, p. 73, Góralczyk 2003, Nagórny 2006). John Paul II reminds us about it in one of his homilies:

“Sometimes we feel embarrassed by the fact that we cannot ‘cure’, that we cannot help. Let us overcome this embarrassment. It is of great importance to come and stand by a suffering person. Perhaps more than being cured they need another person, a human heart, human solidarity” (John Paul II 1987).

The topic of dying and death is frequently raised by scientific and popular science literature as well as by the press. This interest in the matter is less frequently shown towards dying persons but more frequently towards the people from their closest environment. Talking to family members of dying people about death makes it easier for both the person and their family members to go through the process of the patient’s passing away. Loneliness in any form of suffering, like the one experienced while somebody’s passing away, is a state which has a destructive influence on their inner being (Niewiadomska 2005, p. 189). The need for empathy,

kindness, understanding and the attitude of meekness are indispensable both in the dialogue of dying among the closest relatives of patients of health care institutions, and in their personnel. At this point it is high time to cite again the motto: 'yes' towards disease and 'no' towards suffering and death.

3. A Dignified Way of Experiencing Mourning

Life incessantly creates situations connected with man's drama of parting. Experiences of loss with their concomitant mourning are part of human existence and the way they are lived through is characterised by high levels of individualisation. With so many people living on earth the feeling of loss is so much different for each of them (Krakowiak 2007, p. 13). Sorrow can be compared to fingerprints which are unique for each person and which can never repeat, in this way producing a unique pattern (Keirse 2005, p. 9). There are no two persons who would live through the same situation in exactly the same way. It is not only the death of a close person but also all the important life events that involve the loss of somebody or something that can, in effect, start the process of mourning or increase people's sense of loss (Klumpp 1997, Krakowiak 2007, p. 17).

The most commonly known types of serious loss which can be experienced by each person during their lifetime are the following (Kubacka-Jasiecka 2010, p. 267n):

- The death of their spouse,
- The death of their parents,
- The death of their child,
- Separation and divorce,
- The loss of a relative in their childhood,
- The death of their pet,
- The mourning of elderly persons.

To the list of the above-mentioned types of loss one has to add any situation which, in an individual interpretation of an event, includes an element of loss. The individualised course of mourning does not exclude the presentation of the most common way of living through mourning in the so-called normal course of mourning (Lis-Turlejska 1998, Kubacka-Jasiecka 2010).

- sorrow and depression tendencies,
- somatic ailments,

- hatred and aggression towards other people,
- seeking those responsible for one's painful loss, frequently – blaming oneself and self-aggression,
- losing one's ability to function psycho-socially at the current level,
- intensive concentration on the deceased person or the destruction of any traces left behind by the person who has died,
- attempts to adapt to the new conditions of one's life.

A pathological course of the mourning process is when reactions appropriate for this emotional state are impeded. This attitude can be characterised by the following symptoms (Kubacka-Jasiecka, p. 270):

- aiming at easing one's suffering by withdrawing from any contacts with their environment,
- postponed mourning, delaying the mourning process in case one had no opportunity to say goodbye to the deceased person, when nothing is known about their fate or their burial place,
- distorted reactions – excessive activity accompanied by a lack of one's sense of loss and by their emotional well-being,
- psychosomatic symptoms or symptoms of a disease, causes of the death of their close person,
- showing hostility towards one's relatives, destructive acts.

The aim of the mourning process is to make it easier for the person who has lost someone close to them to fully accept their loss, to experience pain, grief, vegetative and emotional symptoms. Mourning is expected to help them to adapt to their life without the deceased person, develop new abilities, overcome the feelings of resentment and sorrow (M. Rogiewicz, K. Buczkowski 2006, p. 23).

Mourning cannot be limited to the emotional dimension only; it also has the socio-cultural and spiritual-religious aspects. The vital elements differentiating the range of its individual experiences include the demographic features such as sex, age, marital status, and social features like family relationships, education and religiosity. Mourning is a process which should not be lived through alone but in relationships with other persons constituting the subject of support of mourners.

In a properly lived through mourning process there can be differentiated three stages:

1. the time just after the close person's death manifested by reactions of denial, protest, disbelief, especially when the death was sudden. This stage lasts a few days;
2. despair manifested many times by contradictory emotions described before and by physical ailments. Their close relative, while talking about the deceased person, idealises and sometimes even identifies with them.

The relative may seek those guilty of the person's death and may look for ways of excusing themselves; they may bear grudges against the dead person for abandoning them. Depending on the intensity and the kind of the relationship with the deceased this phase can last for even a few months.

3. accepting the death of the close person, setting and achieving one's goals, reminiscing the deceased in a calm way (Idem, p. 23).

One of the ways of helping people in mourning is counselling bereavement whose main goals of aid activities include (Barracough 1997, p. 118):

- helping the bereaved to accept their loss,
- enabling the bereaved to recognise and express their feelings (both positive and negative) which concern the deceased,
- providing the bereaved with permanent support throughout their mourning period,
- helping the bereaved to restore confidence in their own behaviours constituting a normal reaction in the period of mourning,
- identifying destructive prevention strategies, like alcohol addiction,
- making it easier for the bereaved to emotionally leave the deceased and to adapt to their new way of life.

Mourning is a long process which cannot be lived through in a few days or weeks. One needs a lot of time to get accustomed to the loss of someone who used to be an important part of their life (Alexander 2001, p. 25). Belgian psychologist Manu Keirse compares the period of mourning the loss of a close person to work during which the mourner should carry out four tasks (Keirse 2004, p. 24):

Accepting reality after the loss or in connection with the loss. When one wants to start mourning they first have to accept their loss. Anyone who has lost someone close to them is always faced with the feeling of the negation of that event. At first they cannot believe that they will never see the deceased again. Therefore, an important opportunity of accepting the loss is the funeral ceremony, especially the ceremony of bidding farewell to the body of the deceased, symbolic closing the coffin and lowering it into the grave. Working through the first task requires the bereaved to accept their loss but equally important it is for them to understand the causes and circumstances of this event.

Fully experiencing the pain of loss. According to M. Keirse "the only way to work through one's mourning is the way directly through pain." It is also worth remembering that all the endeavours to ease or conceal pain in fact prolong the process of mourning. All the available ways of escaping from pain bring only temporary relief which in the future can bring about symptoms of a disease or even strange behaviours. Therefore, for the

bereaved in their period of mourning it is important to adopt an attitude of temporary and intensive experiencing their pain. It is a period of going through great fear and psychic suffering.

Adapting to reality without the deceased. In this task the mourner has to adapt to life without the presence of the bereaved. They slowly define their role in life again. The way and the rhythm at which mourners adapt to reality depends on the role the deceased played and the place they took in their life. This task means something different for each mourner and depends on whether they live through the loss of their child, partner, parent or friend.

Finding a new place for the deceased in the mourner's life and learning anew to enjoy life. In the above task the mourner goes out to the outside world and builds up new relationships. For many people this is the most difficult period. They are afraid that by learning anew to enjoy life they kill the memory of the deceased. Due to this task mourners come to realise that their life stopped the moment they sustained their loss. In fact, life goes on.

The mourning process comes to an end the moment the mourner completes all the above tasks. The time when it happens depends on many factors (age at which a given person died, the way the mourner found out about their loss, the circumstances of that death, etc). The great number and variety of these factors cause that the bereaved cannot predict how much time they will need to close their mourning process (Keirse 2004, p. 39).

Below are presented the basic aid instructions for those undertaking support in the period of one's mourning (Kubacka-Jasiecka, p. 284):

1. Keep company with your mourner, if they need this, by talking peacefully to them, listening to them or by just kindly remaining silent,
2. Try to bring relief to them even by means of small favours such as making sure that they have peace and quiet,
3. React in a sensitive way to the mourner's change of psychophysical state,
4. Try to keep verbal and non-verbal contact with your mourner through conversation and/or by a gentle touch or look,
5. Analyse the psychic state of the mourner, particularly if they are difficult to talk to, if they are withdrawn, absent-minded and keep silent,
6. Try to observe any changes of their psychophysical state in order to prevent any self-destruction tendencies like suicidal attempts, acts of self-injury, states of aggression and destruction.

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Chapter VII

Mature Religiousness

(MAREK JAROSZ*)

The answer to the question of the role of religiousness in human life is not simple because of its complexity and multifaceted relationship with personality. It is an undisputed fact that religion is a bearer of values which have a regulatory power in the scope of our functioning (Chlewiński 1982). The functions of religion are often discussed, which consist in discovering the meaning of life, perpetuating a system of values, providing security and confidence, enhancing self-identification, increasing identification with a group, as well as self-therapeutic action (Allport 1988; Argyle 2000).

1. Religiousness as a Factor in the Prevention of Deviant Behaviour

It should be emphasized that in addition to the functions listed above, religiousness as a subjective way of experiencing the sacred – regardless of how it is measured – shows a negative correlation with the manifestation of deviant behaviour. Researchers are fairly unanimous that religious people have fewer problems with active substance abuse. Khavari and Harmon (1982) in the early eighties analysed data on the relationship between religion and the abuse of various types of psychoactive substances. This data

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came from five thousand people aged 12 to 85 years. The result of their research was the following conclusion:

Religiousness acts as a preventive factor against the use of chemicals.

Religious people less often consume:

- alcohol,
- tobacco,
- marihuana,
- amphetamines.

Similar conclusions can be found in other studies conducted on groups of youth (Benson et al. 1983; Hope, Cook 2001), college students, adults, women, men (Benson 1992), and even children (Merrill, Salazar, Gardner 2001). In psychology, we also find studies that show a negative correlation between religiousness and consumption of psychoactive substances: about -0.2 (Spilka et al. 2003, p. 423), regardless of:

- the country where the research was conducted and the professed religion (e.g. Engs, Mullen 1999; Assanangkornchai et al. 2002; Grana Gomes, Munoz-Rivas 2000; Wu et al. 1996);
- age, gender, and race (Benson, Donahue 1989, Cochran et al. 1988).

Research suggests that the relationship between religiousness and the use of psychoactive drugs may be obstructed by environmental determinants of human behaviour:

- rural or urban (Winter et al. 2002; Brown et al. 2001);
- involvement in new religious movements – some sects include the use of drugs to achieve pseudo-religious states (Gorsuch 1995).

Thus, empirical premises clearly indicate the following (Prusak 2006):

The existence of positive connections between religiousness and acceptance of existing social norms.

For this reason, it is worth explaining what element of religion has such a positive influence on constructive human behaviour. Surely religion as a static set of beliefs and moral principles would not be able to motivate the human individual for positive action. Quite often it is indicated that there must be an element of “revival” of static religion by a so-called religious experience, so that it may become a factor modifying our attitudes.

2. The Universality of Religious Experience

In the work of Rudolf Otto (1993) appears a statement that religious experience is the main source of human religiousness. The author describes this kind of experience in terms of irrational-emotional experience of holiness. The concept of “irrational” was not understood by Otto as irrational. Rather, it is a conclusion that this type of experience cannot be fully explained by logical criteria of knowledge, because they are unexplainable by using psychological and philosophical concepts. However, considering the impact of religious experience on life and psychological functioning of the subject, we can reach the following conclusion:

Even though religious experience is not fully understood by us, its effects are positive for the functioning and development of the human being.

The importance of this phenomenon is also emphasized by the frequency with which it occurs. A famous scholar of Oxford, Alister Hardy, posted quite an original announcement in the press in 1969. In it, he invited people who “were aware of the presence or were under the influence of a Higher Force, regardless of whether they call it God or not, and which is completely different from everyday life” (Argyle 2000, p. 47). The author of the announcement managed to analyse about three thousand responses. The remaining material, which was a total of seven thousand responses, is being analysed to this day at the *Alister Hardy Centre for Religious Experience* in Oxford.

Research conducted by Hay (Hay 1982) in the UK can also indicate a kind of universality of the phenomenon. This researcher noted that:

- up to 31% of respondents admitted to this type of experience,
- of these, 17% claimed that they had it once or twice in their life,
- 9% felt that they had such an experience a few times in their life.

Research conducted at the end of the eighties in the U.S. and Australian populations showed that about 48% of Americans and about 44% of Australians had religious experiences (Hay 1982). This same researcher asked respondents about the duration of the religious experience. Responses indicated a fairly large variation in this respect – half of the respondents answered that it lasted from a few seconds to 10 minutes, almost one-fourth of them answered that it lasted up to one day, 9% – that it lasted up to one month, while 6% – that it lasted a year or longer. Difficulties in defining the duration of religious experience are an excellent argument for the need of a precise definition of that term, because too broad of a definition may lead to over-interpretation of this phenomenon.

3. Attempts at “Artificially” Inducing Religious Experiences

A particularly famous topic – especially in the early seventies – was one about inducing experiences of a religious nature with the aid of chemicals. An initial enthusiasm with this made some psychologists believe they had “discovered” the essence of religious experience. They began to treat it only as a result of chemical processes taking place in the human brain. In connection with the growing interest in how chemicals affect religious experiences, many experiments were carried out. The experiment conducted in the U.S. in the mid-1960’s by Pahnke (1967) went into the history of psychology of religion:

On Good Friday, twenty students of theology were invited to a 2.5-hour meditation in the chapel university.

Half of the students received a pill containing psilocybin (a hallucinogenic drug).

The other half (the control group) received a placebo.

Immediately after the experiment, the students were instructed to describe everything they experienced during the meditation. They were given a similar instruction after one week and after six months. In the two subsequent cases, they wrote their answers on a questionnaire containing 147 questions which concerned the experiences during meditation. Results in the two groups compared are illustrated in Table 1.

Table 1. Percentage of persons marking different categories of religious experience directly after the completion of the experiment (after Argyle, 2000, p. 65).

Category of religious experience	Results for the group under influence of psilocybin	Results for the control group	Significance level of differences
1) Unification	62	7	0.001
– internal	70	8	0.001
– external	38	2	0.008
2) Transcending time and space	84	6	0.001
3) A deep sense of positive mood	57	23	0.020
– joy and peace	51	13	0.020
– love	57	33	0.055
4) Sacredness	53	28	0.020
5) Objectivity and reality	63	18	0.011
6) Paradoxicality	61	13	0.001

7) Supposed inexpressibility	66	18	0.001
8) Elusiveness (unattainability)	79	8	0.001
9) Positive changes in attitude	51	8	0.001
– towards oneself	57	3	0.001
– towards others	40	20	0.002
– towards life	54	6	0.011
– towards experience	57	31	0.055

On the basis of the information presented, it can be observed that immediately after the experiment, statistically significant differences appeared in as many as nine categories of religious experience to the advantage of persons who were under the influence of the hallucinogen. However, analyses conducted after six months revealed much smaller differences – only in two of the nine categories covered were there statistically significant differences.

Pahnke's experiment was subjected to serious criticism. Researchers had objections to its two elements. First, the study was conducted on a group of theology students, which naturally increased the likelihood that religious content will appear for people who deal with religion on a daily basis. The second objection was related to the date of the experiment, which had a major impact on the experience of the respondents, because Good Friday is a special day for Christians, while for Protestants it is the greatest holiday in the liturgical year. One could say that these circumstances made some researchers doubt the "enormous" impact of chemicals on inducing experiences of a spiritual nature.

Following in the steps of previous studies, Masters and Houston (1966) conducted their own experiment with LSD. Two groups of subjects received a dose of LSD. The difference between the groups consisted in the degree of religious involvement – one group was described as religious, while the other – as non-religious. In the first group, 83% of participants admitted to having religious experiences after taking LSD. The percentage for the non-religious group was much smaller, as it was 32%. Therefore, on the basis of the presented results, it can be concluded that the level of religious activity after ingestion of drugs is more dependent on earlier religious involvement of the subjects than on the drugs administered. This can be expressed in the following conclusion:

Drugs can, at most, activate pre-existing content of a religious nature, but are not the source of religious experience.

Wulff (1999) presented a summary of the research on the similarities and differences in religious experience under the influence of drugs. He states that the effects caused by the drug produce a number of changes that can be classified into two groups:

- disturbances of sensory perception (e.g. auditory and visual),
- personality disorders.

Comparing “natural” religious experience (without the use of active substances) with experience induced by psychoactive drugs, it can be noted that:

Religious experience without the use of active substances does not lead to adverse changes in personality – there is a much better sense of realism and adequate reaction to the environment than in the case of experience under the influence of psychoactive substances.

The second important element which differentiates the two types of experience is the duration of the effects. Typically, religious experiences caused by chemical substances do not have such long-lasting effects as those of “natural” religious experience.

“Natural” religious experience:

- leads to longer lasting and more positive changes in the functioning of the human being,
- has a much greater motivational force in the direction of personal and social development.

4. Forms of Socially-Based Teaching of Religious Behaviours

At the end of the 1950’s, H. Sundem (cf. Wulff 1999) published several works in which he described the theory of religious and social learning of children. This author was of the view that young children listening to or reading the Bible receive ready-made patterns of religious life. Heroes of the Bible form a matrix which is reproduced later in the individual life of a believer. The presented mechanism also applies to religious experience, because patterns of this kind of experiencing are present in the form of the behaviour of characters described in the Bible. It can therefore be concluded that, to some extent, a religious person reproduces patterns occurring in it, or at least has the chance to use the “material” contained in it.

It is difficult not to agree also that the social factor affects the nature of religious experience – mainly because of the message, which contains specific content and a way of understanding it. One can say that religious experience is immersed in a particular tradition. The above factors, in a way, give rise to a kind of experience of a religious nature, but do not fully explain it. As Argyle, one of the better known

psychologists of religion points out (2002, p. 74), there is a certain dimension of religious experience that is beyond the competence of psychology – without belief in a transcendent God, it is not possible to fully understand such dimensions of religious experience as a reference to eternity or the experience of existence beyond time.

5. Protective Functions of Religiousness

A review of literature showed that there is ample evidence of the protective effect of religiousness. In attempting to answer the question of what psychological mechanisms are behind its action, one must refer to the functional approach. Allorta (1988) presented one of the more coherent theories on this subject; he distinguished six basic functions that religiousness can perform in the life of the individual.

Religion provides the individual with a system of values. The system of religious belief which an individual accepts includes not only the content that relates directly to the sacred, but also a value system that regulates human behaviour. In a sense, it can be stated that this is a very agreeable situation for the person, because by accepting certain religious beliefs, they receive a ready-made system which they no longer need to create, but only accept. It should also be noted and that a system of values present in religious beliefs may be the only positive regulatory system, as nonreligious individuals sometimes do not seek other, alternative systems. Religion for them may be the only source of a hierarchy of values. These systems are in a way socially “verified”, and their usefulness and effectiveness is tested through generations. In the situation where a person rejects such a ready-made value system, the burden of creating an alternative and coherent system lies with the individual person. This task is often not feasible for the average individual (Smith 1996).

The value system in the life of an individual, especially one vulnerable to deviant behaviour, provides criteria on the basis of which the subject decides how to behave, what to choose, and what constitutes value to them.

A decision regarding behaviour, if it is conscious, requires rational justification. The system of values conveyed by religion is such a foundation, which can strengthen the incentive for socially desirable behaviour. It is subject to a hierarchization and allows one to organize values according to their importance and significance. In religious systems, among the first

are such values as respect for others, elimination of aggressive behaviour, or finally, of concern for life (Wulff 1999, p. 496-500). If religion is lived authentically and is internalized, it motivates a person to assume responsibility for how they tend to their life every day and whether their conduct is not directed against the fundamental value which is love and respect for other people (Chaim 1991).

In addition to the above mentioned function of religiousness in the scope of values, it should also be mentioned that this system not only allows one to make a morally good decision in specific situations, but also generally allows for giving direction to human life and contributing to a person's development. It encourages the elimination of certain needs, such as selfish or destructive ones, and encourages pro-social and harmoniously-oriented social behaviour.

Another function of religion is its influence on the **sense of life**. This category, largely developed by Frankl (1971), is strongly rooted in religion. Meaning is based on the ability to explain life's events, especially those that are negative for us and beyond our control. The religious person may seek a hidden meaning which potentially may stand behind some events, thereby allowing more effective functioning, especially in difficult situations. This phenomenon pertains not only to misfortunes of a social nature, but also may apply to personal, traumatic life events. Being raised in a dysfunctional family, experiencing violence, and negative patterns in the family can lead to finding deeper meaning of these experiences when religiousness is involved in the process. It is not about passive reception of difficult experiences which the religious person must unconditionally accept, but rather that even negative experiences can lead to discovery of a positive sense, which will give new meaning to past experiences and encourage new activity.

The meaning and significance of difficult situations discovered through religion can protect the individual against retaliatory behaviour, encourage a more creative use of negative experiences, and prevent one from stopping only at a level of negative emotions, which manifest themselves in the form of revenge and denial of one's environment.

Psychoanalysis, considering human religiousness, exposed its impact on the **reduction of fear and providing a sense of security**. This function has gained a negative interpretation in psychological literature, mainly because Freud recognized that it is a major source of human religiousness (Strojnowski 1982). Although it is difficult to agree with him that this is the essential purpose of religion, it should be noted that a sense of security which is derived from religion also has its positive nature. Especially in

a situation that is beyond an individual and reveals helplessness, religion can be a primary factor in reducing anxiety and providing hope for a way out in a disadvantage (Kuczkowski 1993, p. 41). Experiencing risks is an integral part of human life. A common reaction to the loss of a sense of security is the use of various intoxicants, allowing one to reduce stress and psychological discomfort. Deprivation of this basic need can be reduced through religious involvement and religious interpretation of events which deprive a person of security.

Even if in certain situations religiousness is motivated mainly by the search for a sense of security, the negative consequences of such treatment of religion are much smaller than when a person tries to repress the feeling of threat or reduce mental states of discomfort by the use of drugs.

In the age of atomization of society and the weakening of family structure emerges another important **role of religion in the regulation and building of social relationships**. Typically, religion is not reduced only to personal activity, but also covers activity in various kinds of groups, associations, and communities. Religious involvement introduces the person to new social structures, extends the building of social bonds, and allows to reduce the feeling of social isolation (Jarosz 2004).

Belonging to religious groups that are guided by a positive value system can be an important factor in protecting the individual against deviant behaviour. Such affiliation becomes increasingly important during adolescence and can be an important alternative to delinquent, destructive, and aggressive peer groups.

Belonging to such groups, on one hand, allows young people to have a sense of contact with peers, and on the other hand, it provides positive patterns of behaviour (Ozorak 1989). The importance and influence of social ties in religious groups are evident in junior high school and high school students. In this period of life, religiousness is one of the more important factors protecting not only against the use of intoxicants, but also prevents aggressive behaviour and truancy.

For older people, building social bonds in religious groups can be an important alternative in situations such as divorce, loss of employment, or death of a spouse.

Social bonds derived from the religious activity of a person may not only be a factor preventing against the pathologicalization of life, but can also help to free a person from already existing addictions and maladjustments (Slaski 2006, p. 570). This function of religion can be seen in AA groups, which largely rely on the support of people making up this group (Spilka, Hood, Hunsberger, Gorsuch 2003, p. 427).

The significance of the religious factor is also apparent in the process of self-identification.

In the process of gaining insight and forming individual identity, religiousness may be incorporated, because it brings important elements to how a person experiences and understands their own self.

Individual identity refers to unique traits and allows for better adaptation and coping of the individual in functioning in the world. If a person becomes aware of any shortcomings in their self-image, then individual identity containing some religious elements may make it easier to accept unfavourable elements. Individual identity enhanced with religious elements allows for more adaptive behaviour, especially during adolescence (King 2002, p. 118).

The auto-psychotherapeutic function of religion in recent times is more often being elevated by psychologists. A narrow range of problems in a natural way can be “cured” by properly experienced religion. Some religious acts, such as the sacrament of confession or other forms of religious activity, not only encourage one to analyse themselves and are an excellent opportunity for deeper insight, but also may lead to a release from guilt (Wolicki 2009, p. 250-254).

Awareness that an emotional burden of failures can be reduced by religious acts is a great way to reduce adverse psychological effects such as anxiety, guilt, or the inability to forgive oneself and others.

The entire scope of modern research shows that religiousness is a factor related to mental health. It can protect against disturbances, but in the case of already existing difficulties, it can also reduce their effect and encourage more healthful activity of life in illness.

The above mentioned functions relate mainly to the preventive role of religion. K. Pargament (1997) also lists other functions that appear in an already existing difficult situation. In addition to the meaning of life as mentioned earlier, increase in spiritual intimacy between people or giving meaning assigns two additional roles: providing spiritual consolation and a transformation of life (Grom, 2009).

Deriving spiritual consolation in difficult situations is an important function of religion, as it can complement social support and self-involvement in one's withdrawal from addictions. It is not only about reducing fear itself, but also about the search for positive elements that can strengthen motivation, for example in the process of withdrawing from an addiction. It involves giving hope and shifts emphasis. The person does not have to concentrate solely on the feeling of guilt that can overwhelm them in the process of recovery, but in religion may find the encouragement to transform their situation (Jacyniak, Płużek 1996).

In the case of **transformation of one's life**, Pargament (1997) states that religion is becoming one of the more important factors which encourage radical change. Religion is often stereotypically considered as a conservative element of human life. On the other hand, religion often encourages radical change and the abandonment of wrong ways of life. It encourages profound changes in one's hierarchy of values and finding meaning in life.

Among the preventive functions of religiousness mentioned above, in the area of pathology, the **preventive role of religion in the development of mental disorders** should also be noted. It is known that some addictions are associated with disorders and psychoses. Religiousness as a factor protecting against these difficulties has an intermediary effect on reducing the incidence of these complex dependence-disorder combinations. By encouraging people to care for proper building of social ties and offering ways of coping with difficult situations in life, it may protect against serious consequences in mental health (Spilka, Hood, Hunsberger, Gorsuch 2003, p. 509). McDonal and Luckertt (1983, p. 33) state that "even occasional religiousness in paranoid schizophrenia may become a mechanism for controlling hidden hostility and aggressive behaviour."

In seeking a preventive role of religion, it should be emphasized that in general, it may be involved in the process of building and strengthening a sense of control, which is essential in explaining a person's relation to various types of undesirable behaviour.

The belief that control of one's personal life is one of the basic tasks of the human being and that it may be "supplemented" by a transcendent factor plays an important role in how a person finds their place in the world.

The regulatory power of religion refers to its more mature forms. However, it is known that in the case of persons functioning in unfavourable environments or exposed to various kinds of pathologies, it is not always optimal in nature. Even if religion does not take on an optimal form, its less mature forms will nonetheless be effective, though not to the same degree as it can be observed in the case of persons of an optimally mature religiousness (Batson, Schoenrade, Ventis 1993).

In summarizing the presented issues, it is worth noting that religion has a complex and multidimensional character. Although it can be experienced at different levels and with various intensity, its positive impact on the functioning of the human being can be shown, especially in the area of:

- motivation for change in one's life,
- providing constructive values,
- prevention of the progression of encountered disadvantages.

Since empirical studies clearly show that religion is one of the most important factors in protecting against deviant behaviour, it should be considered in various prophylactic programs. Social pathologies are usually rooted in the lack of positive social patterns and/or weakened will of the human being. Involvement in religion can be a motivating factor in changing attitudes and building life of new quality.

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Part II

**The Norms Underlying
Social Prevention Capital**

Chapter VIII

A Personalistic Vision of Health Promotion

(MIROSŁAW KALINOWSKI)

Man has various relationships with the reality that surrounds him. However, none of them is able to satisfy his needs completely. The basic needs of a human individual are most fully satisfied in relationships with another person and a community of people. Therefore, social personalism constitutes a basis for proper development in all dimensions of man's life. Part of the above trend are activities supporting various aspects of a human individual's health, whose aim is to strengthen his integral development in love, truth and justice.

All external activities only provide support in strengthening the inner man, they cannot replace the work of the subject himself. "Good structures help but they are not sufficient in themselves. Man can never be simply externally saved" (Benedict XVI 2007, no. 25 further abbreviated to SpS).

A personalistic society ought to shape socio-ethical rules in such a way that their presence is instrumental in building communities which constitute a favourable environment for man's development, including instituting activities which serve health promotion. "In the present social and cultural context – Benedict XVI writes – in which the tendency to relativize the truth is widespread, experiencing love in the truth leads one to the understanding that the choice of Christian values is a matter that is not only useful but essential for building a good society and for good integral development of man" (Benedict XVI 2009, no. 4 further abbreviated to CiV). Subjecting activities of human communities to a system of social life principles – the common good, subsidiarity, justice and social life – is a foundation of these communities properly fulfilling their functions in relation to a person.

However, before we characterize the above principles, we ought to briefly refer to issues which define a personalistic inter-human community – its essence and the functions it plays in relation to a person.

1. The Essence of the Inter-human Community

The world of other people is a proper environment for man's life and development. The presented regularity results from the fact that, on the one hand, the human individual is dynamic in his behaviour and capable of development, however on the other – he is dependent on others (Himes 2002; Henning 1982, pp. 1306-1317). "Since man is a social being from the depth of his nature, he can neither live nor develop his capacities without relationships with other people" (Vatican Council II 1993, Pastoral Council on the Church in the Modern World 12). No living being depends so much on others in the physical and material, spiritually-cultural and moral spheres, as man, from the first to the last years of his life. In this sense, it is relevant to state that man is a social being in his deepest essence (Kammer 1991; Skorowski 1996 p. 19). "Apart from the individual good, there is good connected with social coexistence of persons: the common good. This good consists of individual people, families and intermediate groups which are joined together in a social community" (CiV no. 7). People's necessity to complement one another, contained in their social nature, distinctly indicates the sense of community life. Man strives to live in community with others.

"In a broad sense, a community means every form of permanent association of individuals who together aim to attain some value or purpose. Community understood in this manner harmonizes terminologically with a union" (Höffner 1999 p. 19). These two terms are frequently used as synonyms in Catholic social teaching. They define every social organism, family, state but also corporations, associations, trade unions, political parties and institutions aiding the needy (Leo XIII 1891, no. 37). As a social being, man is called to life in a community – he is born and dies in it. That is why it can be stated that "God did not create man to be lonely but has called him to live in a community of people" (Nagórny 1998, p. 226; Massaro, Shannon 2002).

The issue of the mutual relationship between a person and a community has always been present in the life of a collectivity and in the history of social thought. And this kind of relationship has significant practical consequences both in an individual aspect and with reference to the concept of social order.

In the Aristotelian-Thomistic approach, a confirmation of the thesis that man is a social being by his nature can be found in human nature itself. St. Thomas, talking about the social character of man's nature, emphasized the insufficiency, contingency and reasonability of man. It is first

of all insufficiency that makes him look for help in beings who belong to the same species. Also, an individual's intellectual and moral needs point to an objective necessity of community life. Man – in contrast to animals – is capable of a general understanding of objects needed for his life and development. That is why, out of necessity, he has to cooperate on an intellectual plane with others so as to explore and assimilate the surrounding reality (Piwowarski 1992, pp. 197-198).

According to Aquinas, an inclination to social life is manifested in human nature in a double form. First, as a “natural psychological tendency” it is so essentially bound up with human nature that man, even though he were sufficient with regard to material goods, would not want to remain alone. Therefore, nature itself makes him look for friends, without whom he would not feel happy. Except for a natural psychological tendency, man's social nature is manifested in a still different form, namely “an objective need” for help from others. This necessity results from the fact that man as a bodily-spiritual being is not sufficient for himself with respect to his material, intellectual and moral needs (United States Catholic Conference 1997, pp. 3-6).

“An important ambiance encouraging the development of a person is a family community which releases “powerful energies, capable of taking man out of his anonymity, sustaining in him the awareness of the dignity of his own person, enriching him with profound humanity and incorporating him into the social network, at the same time preserving his individual character and uniqueness” (John Paul II 1981, no. 43).

Challenges facing the modern family ought to be supported by ecclesiastical structures, called both to “accompany an individual in his development and to support families in fulfilling their various functions” (John Paul II 1994). One ought to mention here the document “From Despair to Hope” of the Pontifical Council for the Family (1993), emphasizing the role of family in preventing addiction to psychoactive drugs. The quoted document indicates that family life disorders generate, on the one hand, problems with the functioning of a person, and on the other – they generate destructive ways for family members seeking refuge from the difficulties they experienced.

Personalism assumes that man always remains free, despite his fragility and the problems he experiences. “Freedom must be constantly acquired for the good. A free cleaving to the good never appears simply by itself. If there were structures which would irrevocably establish some determined – good – state of the world, man's freedom would be negated, and for this reason such structures would eventually not be good at all. A consequence of this (...) is an ever new painstaking pursuit of the right order of human matters, which is a task for every generation; this task is ever non-finite.

Each generation should contribute to the establishment of a convincing order of good and freedom, which would be helpful for the next generation as a guideline of how to properly use human freedom and thus it would provide, obviously within the limits of human capability, a certain guarantee for the future. In other words, good structures help, but they are not sufficient in themselves” (CiV, no. 24-25).

2. The Personalistic Character of a Community

Catholic Social Teaching provides a solid foundation for actions supporting human health since it places the human person – with his dignity and value – in the centre of social life. With such an approach, man is a rational individual, a substance who has the right to exist autonomously. Society, on the other hand, is a property that exists in reality but only in human persons. That is why it is man who is the primary subject of social life (Nagórny 2006, pp. 422-428).

Although the human person in the sphere of substantial existence is a complete and perfect being, in the sphere of his own activities he is a potential being, oriented by nature at development and perfection. The potential character of human nature is the source of community life. Nevertheless, it ought to be emphasized that human collectivities do not have an existence that can be separated from the human person. They exist only by virtue of persons who they are made up of and for persons as a necessary means of attaining fullness of humanity. A person is something primary and a society – secondary in relation to a person.

Man’s priority over a community is justified by a statement that social life is not a goal in itself – its aim and task is to serve man and to provide everybody with such goods that cannot be obtained outside a collectivity. Each person is in the centre of social life as the principle, subject and aim of a community.

Christian anthropology maintains that “man – a material-spiritual being – with respect to his substantive existence is a perfect, complete and ‘completed’ being; a person by virtue of his spirituality is vested with special dignity and value” (Kampka 1999, p. 402; Curran 2002). Each person is destined to attain eternal life and is an example of God’s special work (Catechism of the Catholic Church 1994, no. 2258, further abbreviated as CCC). Man is a bodily-spiritual being who is endowed with reason and a free will thanks to which he is able to distinguish between the truth

and falsehood and, in a free way, turn to good or choose evil (Vatican Council II 1993, no. 14). In addition, respect for human dignity should be observed from the moment of conception to the last moment of life (John Paul II 1999, no. 2; Kalinowski 2002; Szot). Summing up the assumptions of Christian anthropology, one ought to clearly emphasize that it is human dignity that provides the foundation for seeking such a social system which will “guard” the personal dignity of all its members.

Indicating the personalistic character of society takes a very prominent position in the teaching of John Paul II. From “Redemptor hominis” to “Centessimus annus,” the Pope systematically shows values which should be objective and inviolable in social life on account of the fundamental dignity of the human person as a being created in God’s image and likeness. Respect for the human person results in respect for his rights. Man’s rights precede the rights of a community since they guarantee a moral basis for social order and executed power. By ignoring or rejecting the rights of an individual, a society undermines its own moral legitimacy (CCC 1930; John Paul II 1991, no.: 10, 13, 44, further abbreviated as CA). Only when it has been accepted that every human person constitutes a unique value will respect for human life be true. And respect for an individual’s rights is a natural consequence of the truth of his priority over society.

Recognizing the human dignity of every community member also leads to recognition of essential equality among all people. This point is, however, not false egalitarianism derived from a collective vision of human life which can lead to obliterating man’s autonomy and uniqueness. If a society starts to deny an individual’s dignity or to subject the human person to pragmatic reasons, it starts to destroy defensive ramparts which protect basic values of the community itself (John Paul II, 1998). In the personalistic approach, the relationship of a person with another person is a relationship between two values and therefore it can be defined as a co-partnership relationship. Perceiving another man in categories of good and values is a consequence of the conviction that the human individual is a value in himself which is defined as the dignity of a person (CiV no. 11). Attributing a high value to a neighbour requires assuming an appropriate attitude towards him, which should be primarily expressed in activities oriented to his good – among other things, in activities oriented at protecting his subjectivity and freedom (Skorowski 1994, pp. 46-47).

“Even the best structures function well only when in a community there are intense convictions which make people accept community order. Freedom requires conviction; conviction does not exist in itself but needs to be constantly community acquired” (Benedict XVI 2007, no. 24).

3. Functions of a Society in Relation to a Person

The essence of life of human collectivities consists in their striving together for certain values and realizing the objectives they set for themselves. "Engagement for the sake of the common good, on the one hand, means caring for others, and on the other – taking advantage of a set of institutions which from a legal, civil, political and cultural point of view create the structure of social life" (CiV no. 7). Therefore, one can formulate a statement that in a community of aspirations there are two fundamental tendencies – giving and taking (Piwowarski, 1993).

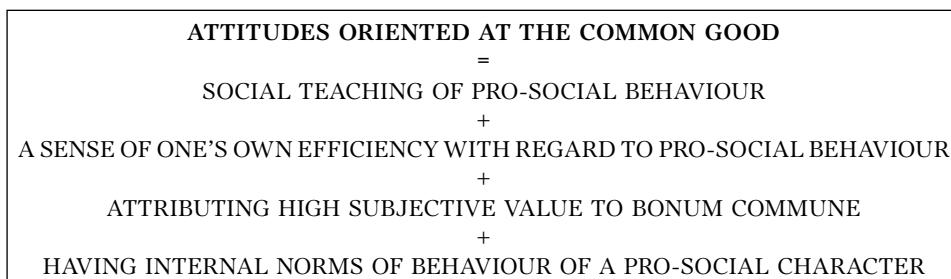
The tendency that consists in taking results from the fact that social life is an indispensable element of man's development and his becoming a person. There are numerous values and goods that a single person will not achieve on his own, without the help and participation of other people (Krucina 1972, p. 108). Various kinds of communities reflect insufficiency and necessity of complementing one another, which leads people to cooperation aimed at creating values indispensable for life and comprehensive development (Zsifkovits 1982, pp. 2994-3000). Therefore, the character of communities and the scope of their socialization is determined by satisfying human needs.

The tendency defined as giving is a consequence of the fact that man as a social being does not only feel a need to "take" but also to get involved and sacrifice for others. Development of a person is not possible without fulfilling these needs, since he exists not only for himself but also for another person (Borutka et al. 2004).

The consequence of giving and taking is creation and exchange of material and spiritual values. Common values are of a personal character, which means that they are oriented towards the human person. Man is the creator and goal of values, therefore he creates them together with others so that he can improve and develop thanks to them. This can be expressed in the following way: common values involve all conditions of social life which at a certain level of culture enable the full development of man. It is in people, as members of a community, that the sense of common values is exhausted (Piwowarski, 1993 p. 62). Community bonds come to the forefront especially in difficult situations – in moments of tragedy, suffering or failures. Man, getting involved for the sake of others, safeguarding their goods and values, has his share in them by means of the awareness that these are also his personal goods. This gives rise to a civil attitude, founded on a sense of community and an awareness of the common good, which is the good of all of us, motivating one to personal involvement for

the sake of *bonum commune* (Skorowski 1994, pp. 84-85). The significance of personalistic order in human collectivities is emphasized by John Paul II in the statement that “one cannot exist in a society without a sense of community, without involvement and unity thanks to the values cherished, empathy and responsibility for another person” (John Paul II, 1986).

In the analysis of ways of forming an attitude oriented towards the common good, one ought to stress the interaction of factors which serve to acquire these types of behaviour:



The elements mentioned are of primary importance in self-regulation of behaviour thanks to which man can be the guide his own life. Processes of self-regulation of the human individual consist of three cyclical phases which form the basis for undertaking intentional activities (Zimmerman 1998, pp. 1-19):

1) In the anticipation phase, an assessment takes place of the effort and motivation which is necessary in order to achieve the set goals and preferred values.

2) At the stage of undertaken activities, self-regulation mechanisms are connected with optimizing observations, learning new behaviour and putting effort into achieving success.

3) In the assessment phase, there is an analysis of information and experience in order to understand personal implications of achieved results of the task performed – a success or a failure. At this stage there are, first of all, such psychological processes as:

- attributing causes to particular results,
- positive or negative emotional states,
- withdrawal or adaptation to the existing situation.

The mechanism presented above points to the fact that motivation for pro-social behaviour depends on the cognitive representation of *bonum commune* of an individual. One also needs to emphasize the anticipatory character of auto-regulatory processes, because man’s observations and experience form the basis on which to make future decisions (Oleś 2005, p.

224). A high probability of occurrence of behaviour oriented towards the common good can be expected when, thanks to psychological processes which take place (Antonovsky 1997, pp. 215-219):

- an individual has logically ordered information thanks to which it is possible to anticipate results (successes or failures) of involvement in fulfilling pro-social goals;

- a person is aware of the fact that he has strategies instrumental in achieving this good;

- *bonum commune* is a value thanks to which an individual perceives the sense of intentional activities undertaken, which, on the one hand, mobilizes him to act in everyday life situations, on the other one – it determines the feeling of a sense of life.

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Chapter IX

The Principle of the Common Good

(MIROSŁAW KALINOWSKI)

1. The Essence of *Bonum Commune*

The beginnings of the idea of the common good should be searched for in Plato, who identified this concept with the common benefit ensuring happiness for citizens. St. Augustine treated *bonum commune* as a formula reflecting peace and organized harmony (Koral 2005, p. 115-116). St. Thomas perceived the existence of the common good in the natural constitution of social life. According to Aquinas, *bonum commune* depends on creating the greatest opportunities of development for individual people who belong to various communities. He describes the goal and essence of every society – however many distinct goals there are (meaning common goods), that many are the types of societies. The contents of the common good obliges all people to refer to norms encompassed in the human conscious, which are expressed in the command to do good (Piwowarski 1993, p. 196).

In the Church's Social Teaching, the common good plays a key role in community life, since it comprises the "first and final law under God in society" (Leo XIII 1892).

We can formulate the thesis that the principle of the common good was granted the highest status in the normative order, to which various forms of social life are subject. This happens because the goal of the functioning of human communities is the common good, which contributes to the good of the individual.

In defining the common good, it is admitted that it incorporates "all of the conditions of social life in which people can more fully and quickly attain their own perfection" (John XXIII 1961, no. 65, further abbreviated MM). The nation's obligation to create conditions favourable to development does not mean liberating particular social groups and individuals from undertaking effort on behalf of the common good.

In addition, *bonum commune* is not treated as a far-fetched ideal, but includes a normative contents which ought to influence the formation of human attitudes in the direction of responsibility for the common good – every person throughout a lifetime ought to act on behalf of the public good.

It is not always evident what exactly such a wholeness of beneficial to man conditions relies on – among others due to differentiation in human societies and the situation formed by conditions of time and place. That is why the Encyclical “Pacem in terris” describes that “today... the true common good relies primarily on respecting the laws and responsibilities of the human person” (John XXIII 1963, no. 60, further abbreviated PT).

In addition, *bonum commune* concerns the whole of man – the needs of the body as well as the soul. That is why those with authority over nations ought to strive to attain this with the help of methods which give citizens not only access to material goods, but also spiritual (PT no. 57). Beginning with this Encyclical, the Church’s Social Teaching less frequently speaks of the common good, but more often – about a person’s rights.

At the Second Vatican Council, it was clearly emphasized that the concept of the common good will always be in reference to the human person. The constitution “Gaudium et spes” states:

The common good is the “sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfilment more fully and more easily. The whole human race is consequently involved with regard to the rights and obligations which result” (Vatican Council II, Pastoral Constitution on the Church in the Modern World, no. 26, further abbreviated GS).

The presented definition points out that the individual human being, participating in social cooperation, join together about a specific area of the common good. It is for its fulfilment that a person lives in a family, nation, country, the Church. The only common for all of us good is the good of the human person (Krapiec 2001).

It is important to note that the concept of *bonum commune* does not only mean raising the level of economic or market life. If the development of man is to be authentic, then it must have an integral character, meaning to include the entire human person (Koperek 2005). The presented argument decides that the rule of *bonum commune* (Mazurek 1979):

- is obligatory in all aspects of social life,
- is never in a final state, but always has newly designated goals,
- is made concrete in the context of needs and expectations in the area of guaranteeing peace, order, freedom, safety within the nation, national sovereignty, work, the integral development of the person and the amassing

of spiritual and material achievements of individuals, families, the nation and society.

In Catholic Social Teaching, for a long time, discussion concerning the essence of the common good has taken place. The discussions involve three viewpoints (Kądziela 1969; Podrez 1987; Piwowarski 1993; Wycisło 2001; Koperek 2005; Koral 2005). The first viewpoint treats the common good instrumentally – as a system of conditions, devices and means by whose help people find the maximum possibilities to develop their personalities.

This is the so-called institutional (external) common good. In the instrumental and institutional concepts, the common good means the social conditions favourable for the development of man. The human person as a spontaneous and unique being comprises the centre of community life. That is why a society which in relation to the person has a derivative and helpful character must serve the development and perfection of man by means of equipment, institutions, conditions and conveniences.

The second position grasps *bonum commune* immanently – as a measure of perfection, which is designated to a person by nature. It is the so-called spiritual (internal) common good. The achievement of the good in the framework of a designated community points to the degree of implementing this ideal in the collective human activity. The concept of essence relates to the inborn attitude of a person towards the good and to their potential in the area of acquiring and multiplying values. The moral imperative obliges fulfilment in a person by performing good, including the common good as well.

On the other hand, the indirect concept assumes that no contradiction between the mentioned schools of Catholic Social Teaching appears. Therefore:

The common good has a character of: (internal) immanence and (external) instrumentality.

The appropriate conditions for social life foster producing common values, whose carriers are individual people. That is why the most important seems to be placing accent on the personal common good, thanks to which people live in designated social conditions more fully and more quickly obtain their perfection. The community does not exist apart from or above the person, but in the and for the person (Ślipko 1987, p. 37).

The personalistic character of *bonum commune* is determined by two interdependent relationships. On the one hand, the good of particular societies are interrelated and mutually prioritized – in respect to the sphere of the personal good which they represent. However, on the other hand – limits for the personal good are indicated by every society which can be autonomously obtained (Strzeszewski 1994, p. 518). Humanity's *bonum*

commune is achieved by the good of diverse communities, since man does not implement all of his goals in one community. The person thus has the right and responsibility to create such groups, organizations, associations, which are necessary for them to achieve set goals.

The *bonum commune* norm is related with “giving” – one of two principle tendencies in the functioning of a community. It obliges a person to contribute to the social life of all subjects which comprise the community. This primarily concerns the contribution of individuals and smaller communities to the common good of the greater society and including the common good of humanity. In relation to this, the principle of the common good determines responsibilities from the foundations and rights from above. Responsibilities rely on the contribution/giving of individual people and their communities on behalf of the greater society. However, rights are related with the community using the greater contribution/giving by individual people and smaller communities (Piwowarski 1993, p. 66; Drożdż 2002, p. 553; Borutka and others 2004, p. 58).

2. The Regulatory Functions of *Bonum Commune* in Community Life

The principle of the common good fulfils three functions in every society (Wycisło, p. 21):

1. as the formal cause, it initiates and safeguards the durability of the community,
2. it mobilizes the members of the community to act in solidarity,
3. it ensures respecting the dignity and rights of the person.

Re 1) Initiating the Community Goal. The norm of the common good contributes to the development of society, which in its activity undertakes the assignment of accomplishing the designated *bonum commune* (Piwowarski 1993, p. 196-197). Individuals concentrating on common goals leads to cooperation and acting together, and in this way, community goals arise. The personalistic value of the initiated society points to the scope and measure of common activities.

Re 2) Solidarity of Activities. The common good expects the involvement of all members of society. It is important that everyone, based on their potential, participate in its multiplication and expansion. A person feels the need to “give,” meaning to get involved in resolving the matters of particular people, diverse groups and the whole of society. Without the possibility to

accomplish this need, the individual human being cannot properly develop. It is interpersonal solidarity and service to another person which really shows the true meaning of the common good (Wańkiewicz 1969, p. 169).

Re 3) Respecting the Dignity and Rights of a Person. The common good cannot be acknowledged as a goal in itself, since the human person is found to be its core element. The goal of *bonum commune* is therefore to create common values while simultaneously achieving constantly fuller development of a person. This means that the common good must respect the good of individuals and cannot be accomplished by hurting them, since its meaning is expressed in service to man. This deals with stressing the fact that man is the goal of every social policy. In achieving the principles of *bonum commune*, every totalitarian social order as well as using a person for the common interest are excluded (Klose 1985, p. 31). On the other hand – its most important element is respecting human dignity (Catechism of the Catholic Church 1993, no. 1934, further abbreviated CCC).

3. The Meaning of Regulations of the Common Good in Promoting Health

Community bonds have a great significance for the functioning and development of man – particularly during a tragic moment, with suffering or experienced failures (Kalinowski 2010, p. 6).

Directive of the principle of the common good: One must get involved on behalf of other people, ensuring their good and values, keeping in mind that this is also the personal good of each one of us (Rauscher 1975, p. 38-47).

By making this rule one's own, pro-social attitudes are born – and their foundation is the feeling of community and awareness of the common good, being at the same time the good of each one of us (Skorowski 1994, p. 84-85). Therefore, in the personalistic social order, the relationship between the common good of every community and the good of each individual person is very clearly marked, the so-called lawful good (Koperek 2004, p. 139-140). Only such a context of the common good – cognitive, moral and creative development of an individual – is granted if each person lives in a family, nation, country, Church. It ought to be clearly stressed that:

Without the good of the human person, we cannot engage in activities supporting health in the somatic, psychic and/or social aspects.

Attitudes directed toward the common good comprise the effect of interaction of factors characterized by (Ślipko 1974, p. 25-31):

- Social – most of all information provided by the “social nets” (media, significant persons, reference groups) which decides the interpretation of set behavior as valuable for the individual and communities of people;
- Subjective – internal factors, thanks to which the individual undertakes intentional activities in changing life circumstances.

The presented regulation has an important practical implication:

Thanks to appropriate interaction between community and subjective factors, we can formulate the character of a pro-social person’s attitude.

Social Modeling for Pro-Health Behaviour. Man possesses diverse abilities, which serve to adapt to the surrounding realities. Learning new behaviours most often occurs in human societies. That is why forming behavior directed at achieving the common good is most effective in situations when it is the effect of interpersonal influences. Manifesting a constructive attitude mainly results from social modeling, since observing the “person-model” makes it possible for a person to more quickly disperse knowledge on the topic of a given type of common good in the ways it serves to achieve it (Bandura 1977).

The mechanism of learning behaviours which promote health through interpersonal modeling go through the following scheme (Bandura 1986, p. 37-40):

1) Observing the behaviour of other people.

To a great extent, the behavior is attractive if the model is attractive, known or strange.

We relatively easily learn behaviour which we:

- notice in a relative,
- make an impression on us,
- draw our attention by their originality,
- correspond to our needs.

2) We memorize these models of behaviour.

In order to remember observed behaviour, it is important to understand its meaning.

3) Creating a matrix of observed behaviour.

Observed activity creates a type of rule for generated behaviour for people learning from designated people, places, values or situations with the result that they comprise the basis for acquiring lasting:

- cognitive schemes,
- emotional reactions,
- behaviours.

4) Motivation for repeating observed behaviour.

The person learning must have a desire to repeat the observed activity, or in the opposite case the activity will only create a “passive cognitive model” or will not be remembered at all.

5) Motor repeating of activities.

Observed behaviours are practiced in various social situations, thanks to which the person acquires experience, and next life competencies.

The speed of learning pro-health behaviour by individuals as a result of social modelling depends to a great extent on “person-model” traits – primarily their adequacy, trustworthiness, and to the degree that the observer feels likened to them (Rosenthal, Bandura 1978, p. 622).

What influences using learned patterns of behaviour in everyday life? The answer leads to the issue of motivation:

A person will learn and next repeat such pro-health behaviour which in their estimation brings benefits/rewards to the people modelling the set behaviour.

Strengthening the feeling of one’s effectiveness and pro-health behaviour. People choose the place where they live, identify the existing situation, adapt their own functioning to various circumstances, create situations for inventing behaviours, reach their life goals in changing circumstances – all these are proof that man is not reactive in relation to incoming stimuli, but actively contributes to changes in the surrounding reality.

Concerning undertaking a designated activity, effort put into accomplishing it, perseverance, feelings accompanying goal-oriented activities, coping with obstacles and mobilizing internal resources to make right the demands of a situation all to a great degree are decided by the subjective factor, which is described as the feeling of personal efficiency (Bandura 1997).

The influence of the feeling of one’s efficiency in forming pro-health behaviours reflects the following truths (Bandura 1997, p. 56-58):

– People with a high feeling of their personal efficiency choose that which is a challenge for them, putting great effort into obtaining the goals they strive for, more easily overcome barriers and are able to endure failures.

– Lack of conviction about one’s efficiency leads to a lowering of self-esteem, a pessimistic view of the past and lowering of activities which have as a goal changing the surrounding reality.

The significance of experiencing personal efficiency in shaping pro-health behaviours ought to be considered in categories of motivational resources (Skinner 1996, p. 556):

The Motivational Function of Personal Efficiency – Liberting Self from Alternative Goals

Man is characterized by the tendency to describe life's endeavours in such a way so as to have the possibility to obtain success with the help of existing personal resources. That is why a person devalues endeavours whose accomplishing may end in failure, and at the same time more beneficially values goals which may lead to success (Wrosch, Heckhausen 1999, p. 415-427).

This type of dependency allows formulating the conclusion that the appearance of pro-health behaviours ought to be linked with the subjective interpretation of the efficient subject with a high probability of obtaining personal success.

The Motivational Function of Personal Efficiency – Control of Designated Goals

The most universal motivational tendencies are tied with ascribing to self the ultimate result of undertaken activities. When obtaining the goal is impossible, then internal control processes lead to cognitive transformation of endeavours – for example by devaluating inaccessible goals or applying defense mechanisms (Heckhausen 2000, p. 1015-1029).

The presented norm suggests that a person displaying behaviour directed at promoting health ought to have the feeling of control over undertaken assignments so as to perceive the possibility of accomplishing these types of plans in the surrounding environment.

The Motivational Function of Personal Efficiency – Perversion in Endeavours

Human perversion for intended activities depends on the positive or negative reinforcements in further steps of the accomplished activity. Results of research confirm greater strength in the positive feedback mechanism between success and increase in motivation for further activities with a goal-oriented character (Bandura 1977, p. 191-215).

The presented mechanism allows concluding that the optimism of people preferring pro-health behaviour ought to be strongly related with experiencing progress and success in the framework of accomplished activities, while pessimism and low satisfaction from life – with experiencing difficulties and/or failures in accomplishing these types of endeavours.

The Motivational Function of Personal Efficiency – Forming a Self-Evaluation

Growth of a positive attitude towards self in the case of a high feeling of personal efficiency is the sequence for selecting more difficult to accomplish goals, confirming personal competence, experiencing a better frame

of mind by the accomplished intentional activity and optimistic attitude towards the future (Holden 1991, p. 53-93).

The relation between a high level of personal efficiency and positive self-esteem shows that people obtaining success in the pro-health sphere of behaviour ought to be marked by a positive attitude towards self.

The mentioned motivational mechanisms decide whether the feeling of personal efficiency ought to be used in various types of strategies whose goal is health promotion. In the context of the presented postulate, additional conclusions are also important, which are worth taking into account when constructing a prophylactic (prevention) program. The first of these depends on the existence of a feedback mechanism between the conviction of personal efficiency and effects of undertaken intentional activity: experienced success leads to increase in the conviction of personal efficiency, and failures – its lowering. The second dependency refers to the accumulation of success, similar to the accumulation of failures which has an impact on generalizing the conviction of one's efficiency in foreseeing future life situations (Oleś 2005, p. 215-216).

It ought to be emphasized that efficiency in shapping pro-health behaviour in the context of experiencing personal efficiency demands applying certain rules (Rosental, Bandura 1978, p. 622):

Rule no. 1: We must order assignments to learn in a subsequent sequence of steps.

Rule no. 2: We must clarify general rules of carried out activities.

Rule no. 3: We must ensure the possibility of:

- perfecting the learned assignment,
- Independently lead learned behaviour.

Rule no. 4: We must check acquired skills:

- in their natural conditions,
- In constantly more difficult situations.

Rule no. 5: We must ensure feedback information on the quality of acquired competencies.

Strengthening Internal Standards and Pro-Health Behaviour

An important role in the motivation of behaviour of individuals also play personal standards – interiorising (making one's own) values and norms of behaviour. Through the system of internal standards, we understand the subjective elements of cognitive structures, which comprise a relatively lasting organization of convictions concerning states of existence and preferred ways of behaving, arranged according to their relative importance (Stępień 1986, p. 287-288).

The significance of internal standards in intentional activities of a person result from the fact that thanks to this system of choices undertak-

en by an individual, they are directed towards such goals which in their subjective feelings comprise the essence of values, therefore giving them meaning in actions serving their accomplishment (Bielicki 1991, p. 5-13).

Mechanisms of the functioning of internal standards can be illustrated in the following way (Hołyst 1990, p. 5):

1) In certain situations, the individuals think that they can obtain a designated goal as a result of undertaking certain efforts.

2) If the "supposition" is strong enough, then it is set to accomplish the goal, which is:

- A subjective value for the subject,
- Accomplished in accord with the subjective norms of behaviour, applied to the existing situation and possessing competence.

3) Responsible for accord with internal standards in the accomplishment of an activity is the appropriate self-control:

- Perceiving the standards leads to satisfaction and increased self-respect,
- Breaking the standards results in feelings of a guilty conscious and lowered self-esteem.

Conclusion

People do that which gives them a feeling of satisfaction and strengthened feeling of self-esteem, however, they tend to do things which trespass their moral standards, and this leads to negative self-evaluation, lack of personal acceptance and lowered level of conviction concerning personal internal development. The mentioned truths decide on whether the internal standards – concerning treating health as an important value and norms serving to obtain this value – comprise an important condition for initiating, and then strengthening, pro-health behaviours.

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Chapter X

The Principle of Subsidiarity

(MIROSŁAW KALINOWSKI)

1. The Essence of Subsidiarity

The principle of subsidiarity rests on an axiom of providing complementary assistance to smaller communities by larger ones; and all collectivities taken together ought to support the human person (Piwowarski 1993, p. 197). The rule described is also defined as a subsidiarity norm (Lat. *subsydium* – in military terminology meant assistance from supplies and reserves). It may be said that behaviour conformed to this rule is a subsidy on the plane of man's personal development. Support of social life structures is necessary in order to guarantee capacities of development at an individual and social level (Kumaniecki 1981, p. 479).

The rule is defined as “the most important principle of social philosophy” (Pius XI 1931, no. 79, further abbreviated as QA). That most weighty principle, which cannot be set aside or changed, remains fixed and unshaken in social philosophy: just as it is gravely wrong to take from individuals what they can accomplish by their own initiative and industry and give it to the community, so also it is an injustice and at the same time a grave evil and disturbance of right order to assign to a greater and higher association what lesser and subordinate organizations can do. For every social activity ought of its very nature furnish help to the members of the social body, and never destroy or absorb them. For this reason state authorities ought to leave to subordinate communities the fulfillment of less important tasks and duties, which would in any case be too distracting for them. This, in turn, will allow them to perform in a freer, more definite and effective way their duties, which belong exclusively to them, and which can be carried out only by them, namely: management, control, pressure, punishment of abuses, depending on what becomes prominent at a particular moment and what the need requires. Those in position of

power ought to be convinced that, based on this principle of subsidiarity, the more perfectly the gradual social order is carried out among the individual communities, the greater the social authority and social energy, the happier and more successful the state of the affairs of the country.”

The subsidiary character of each community is a result of a natural priority of the human person over a community. A community is never an objective in itself but plays a subservient role in relation to its members. This role is determined by the fact that only man is an independent personal being (Strzeszewski 1994, p. 517; Nagórny 1998, pp. 185-187).

Each community should also be characterised by purposefulness of actions, determined by human needs. It is satisfying those needs that determines the number, character and range of communities. In accordance with the principle of subsidiarity, individual persons, social groups and also citizen associations, religious denominations, governments of individual countries and international institutions are obliged to build the common good of humanity in a solidary way, in line with their competences and resources (Majka 1993, pp. 51-53).

Just as man looks for support in various communities in a situation when he is unable to accomplish his life tasks on his own, similarly each community, smaller or subordinate, seeks assistance of larger or superordinate communities only when it cannot perform certain tasks, determined by the needs of its members (Noszczyk 2005, p. 341). Smaller and larger collectivities differ in the number of individuals united with one another, and subordinate and superordinate communities – in the scope of human needs they satisfy (Strzeszewski 2004, p. 517).

The sense of subsidiarity can be expressed in two statements:

1. As much freedom as possible, as much socialization as absolutely necessary.

2. As much of society as possible, as much of the state as absolutely necessary.

The elucidation of the statements presented above requires an assertion that the rule of subsidiarity forms the rights of individuals in relation to a community, and the rights of a smaller community – in relation to a larger one, based on the fact that larger communities provide complementary assistance to smaller ones, and all larger and smaller collectivities – to the human person (Koperek 2004, p. 1605). The norm presented is based on a community life tendency which is defined as “**taking**” because of the primacy of the human person over a community and the priority of smaller human groups over larger ones. Due to this fact the norm formulates obligations “**from above**” and rights “**from below**” in all forms and

manifestations of community life (Piwowarski, 1965, 1993a, 1993b). The subsidiarity norm is to be carried out in two aspects:

1. negative
2. positive

Re 1) Carrying Out the Negative Aspect of the Subsidiarity Norm.

This type of activity is based on respect for initiative, freedom of activity, competence and responsibility of human individuals in relation to societies, and of smaller communities in relation to larger ones. In a negative approach of the analysed rule, help is therefore paradoxically associated with lack of help. It is man who is responsible for his own fate so a collectivity cannot absorb him and, the more so, it cannot make him a tool, an object or an exploited article. At the same time, larger communities cannot take away initiative from smaller groups since it is an infringement on their rights to exist and develop within the framework of a society. That is why an important postulate results from the principle of subsidiarity that all human collectivities should stay within the framework of their own activities and not encroach on the scope of activities of other communities since every encroachment on the autonomy of the human person or on rights of smaller groups by larger groups makes it impossible for them to carry out their tasks and thus it violates the natural law (Piwowarski 1971). The regularities mentioned determine the fact that the subsidiarity norm constitutes a negative criterion for evaluation of any top-down activity in social life structures (Piwowarski 1993a, pp. 197-198).

Re 2) Carrying Out the Positive Aspect of the Subsidiarity Norm.

The positive aspect of the analysed rule consists in providing help where it is necessary. The help in question is, however, not permanent but temporary so that an individual or a human group which is unable to achieve their purposes, after receiving the necessary support, can continue to carry out specific tasks in an independent way. Consequently, activities of larger and better-organized societies should in a complementary way help smaller and less-organized communities, and all communities – larger and smaller – are supposed to support man's activities only in a subsidiary way since neither another person nor any collectivity is able to perform his tasks. Therefore, the directive presented clearly indicates that human individuals do not create social life so that communities should take autonomy and initiative away from them, but so that they should provide them with supplementary help in pursuing their life goals.

2. Regulatory Functions of Subsidiarity in Community Life

The rule of subsidiarity is of great significance in regulating actions of human collectivities due to the fact that it performs three basic functions of (Piwowarski 1984, 1988, 1992):

1. guaranteeing autonomy (a guarantee and protective function),
2. providing multidimensional support (a subsidiary function)
3. forming pro-social attitudes (an educational function).

Re 1) Guaranteeing Autonomy. The guarantee and protective function results from the emphasis on reaching one's own goals, and thereby responsibility for one's bottom-up development. A community cannot take individual tasks away from a human person, and a larger community – away from a smaller one. Thus, the subsidiarity norm provides a guarantee of autonomy of lives of individuals and smaller collectivities and it protects them against an enslaving and compelling system of large social structures (Höffner 1999, p. 57). On the basis of the analysed norm a postulate was formed that the ancillary activities of public authorities should consist, among other things, in stimulating social initiatives, responsibility for others, coordinating activities of individuals and communities and in maintaining their own activities within a clearly defined framework of competences. Service which violates rights of individuals and smaller human groups in the sphere of autonomy is a totalitarian activity, which eventually leads to trampling man's dignity and rights (Piwowarski 1987).

Re 2) Providing Multidimensional Support. On the one hand, the subsidiarity norm protects the autonomy of individual and community life, however, on the other one – it is associated with intervention top-down help. Support on the part of a larger human collectivity may be undertaken for two reasons. Firstly, in a situation when individual persons or smaller groups are unable to perform tasks allotted to them. Secondly, it concerns activities which can be undertaken exclusively by larger social bodies because larger systems are created due to the fact that neither an individual person nor a small group are self-sufficient (Höffner 1999, pp. 57-58). In other cases, there cannot be a situation in which a fundamental right to achieve one's own goals is taken away. Stronger communities are obliged to learn about problems bothering people in a given social milieu and support weaker ones by stimulating, supporting and coordinating their activities with activities of other groups, with the view of achieving common good (Mazurek 1982; Zwoliński 2000).

Re 3) Forming Pro-Social Attitudes. A very important aspect of the subsidiarity rule is its educational function which ought to be marked

in all areas in which human collectivities function, where important attributes are such as: independence, initiative, one's own activity, responsibility and democratization (Piwowarski 1986). The subsidiarity norm also presupposes forming attitudes of a pluralist society in relation to the common good. Attitudes concerning common values should not be formed exclusively top-down but also bottom-up. That means that authentic convictions and valuating assessments of society members, which are a proof of responsibility for the common good, ought to have an influence on order and management of community life (Messner 1961).

The social space between an individual and his family and the state is taken up by intermediate communities of various scopes of activity – e.g. school, professional, friendship, social, political, economic communities. If a smaller community is able to satisfy basic human needs, then there are no sufficient indications to establish and engage broader communities, providing supplementary help. “The smaller the community – Cz. Strzeszewski writes – the more can it be permeated with personal elements and the closer it is to the human individual. This refers not only to a family, but also to a small business, in which relations can be more human than in a larger workplace where relationships have an anonymous character” (Strzeszewski 1994, p. 512).

In social life, in order to avoid taking possession of individuals or social groups, one ought to be guided by proper principles, among them the principle of subsidiarity, which is a particularization of the principle of personalism (Koperek 2000; Nell-Breuning 1987). Then we avoid the danger of higher order structures arrogating an excess of subsidiary and intervention rights, which can consequently make it difficult or simply impossible for individuals and/or groups to function properly. The aim of parents should be to lead their children to independence.

Tasks of state authorities should consist, among other things, in creating new jobs, stimulating economic development, initiating social insurance systems, while simultaneously implementing freedom in political life, affirming pluralism, strengthening the parliamentary system. The structure of the state ought to be of such a type that it mobilizes individual people to work for the common good. The ideal is minimum limitations – maximum cooperation. The consequence of the principle of subsidiarity is also decentralization of authority, i.e. passing on powers to local self-governing bodies. Another conclusion arising from the analysed principle is that there ought to be a minimum of regulations and decrees, and a maximum of freedom of action – obviously within the framework of ethics (Kowalczyk 2005, p. 262). Thus the content of the subsidiarity principle is expressed in a statement: as much freedom as possible, as much of the

state as necessary, which is still more fully expressed in the following way: as much personal responsibility as possible, as much interventionism of the state as necessary. Therefore it may be said that the principle points to the necessity and boundaries of freedom of man and smaller communities.

It ought to be emphasised that the educational function of subsidiarity is closely connected with shaping inter-human relations in a way in which the primacy of the human person and his rights and the principle of priority of smaller communities over larger ones are marked (Koral 2000, p. 165). The following regularities ought to be taken into account:

- On the one hand, the principle of subsidiarity protects autonomy of life of individual people and smaller social groups against attempts of larger social organisms in such a way that it is a guarantee of autonomy.

- On the other hand, subsidiarity defines “from top to bottom help”, which, in a biased way, is frequently failed to mention. This intervention which has features of help of a larger community may be undertaken for two reasons:

- Firstly, because individual people or smaller social groups are unable (in a way that they are or are not to blame for) to perform tasks allotted to them.
- Secondly, because the tasks in question can be performed exclusively by larger social organisms (Höffner 1999, pp. 57-58).

A vital confirmation of the principle of subsidiarity can be discerned in the need of inter-human solidarity. A society should be in solidarity with individuals and groups and should provide them with help; what is more, solidarity is to be implemented with respect for their capacity for action and their competences.

3. The Significance of the Rule of Subsidiarity in Health Promotion

The rule of subsidiarity is a fundamental principle for prophylactic social capital at all its levels since it determines a mode of action of various communities for the sake of the human individual – specifically for man who is in difficult life situations.

Subsidiarity ought to be respected both by entities providing help on a local scale and by agencies which promote health at a macro-social level. Respecting this norm provides a guarantee that appropriate conditions to

encourage a person's multidimensional development will be created and that subsidiary activities will be more suited to individual needs.

It is important that communities dealing with various aspects of health promotion should be able to use effectively the negative and positive aspects of the rule of subsidiarity. Implementation of the below mentioned directives constitutes a guarantee that health promotion by various kinds of agencies at macro- and micro-system levels will take place with respect for human dignity.

Directive one for entities dealing with health promotion:

- When man is able to secure his elementary needs, he ought not to be substituted in his actions.

Directive two for entities dealing with health promotion:

- When a human individual is helpless in various life situations, community actions ought to be adjusted to his needs - until the moment the person acquires freedom of action.

Directive three for entities dealing with health promotion:

- Subsidiary activities ought to be directed at leading man to full development of his creative powers and forming an attitude of activity in all spheres of his life.

Respecting the negative aspect of subsidiarity in actions promoting health takes into account an individual's responsibility for his own development by means of the fact that a community cannot take away his "own tasks". In this way the norm of subsidiarity protects autonomy of man's life in all kinds of societies. Taking into account the autonomy of beneficiaries of prophylactic actions consists mainly in forming their own efficiency and respecting their rights and freedom in creating their own life situation.

In the positive aspect, the subsidiarity norm is associated with the fact that entities promoting health provide intervention help in a situation when a person is unable to cope on his own with the problems he is going through - among other things with an accumulation of unpleasant physiological disorders, experiencing mental suffering and/or a sense of social marginalization. Satisfying various needs of man who has found himself in a difficult life situation requires undertaking comprehensive actions, the aim of which is to make the individual cope on his own with the difficulties he is experiencing. Therefore the comprehensiveness of subsidiary actions requires that health promotion be characterised by an availability of specialists, subsidiary communities and self-help groups. Stability and undertaking various tasks by the entities mentioned should contribute to eliminating seasonal actions within the framework of strategies aimed at encouraging man's multidimensional development. It is also important, as part of health promotion, that we should increase general social responsi-

bility for the fate of the weakest ones by strengthening inter-human solidarity, building relationships between sick and healthy people and by integrating the local community.

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Chapter XI

The Principle of Justice

(MIROSŁAW KALINOWSKI)

1. The Essence of Social Justice

The term “justice” (*iustitia*) used to have a greater meaning in the past because it referred to all instances of concordance with the “law” which was understood as a collection of moral or religious norms (Arystoteles [Aristotle] 1956, pp. 160-161; Anzenbacher 1982). However, despite the fact that throughout the course of history the term underwent considerable modification, its essence in modern times is still in accordance with the norms of behaviour (Radzyński 1958). Justice “derives” from morality because each human act is conditioned on the thinking: “what should be done in this situation?” so, in other words, it is conditioned based on moral rules (Majka 1982, p. 188).

Since the times of Aristotle there have been distinguished: (Pietras, Kunachowicz 1988, p. 61):

- compensatory justice – proportionate punishment which results from the relation of the perpetrator’s responsibility towards the damage he has done;

- distributional justice – fair division of goods (or obligations) in relation to the person’s contribution to the common good.

Compensatory justice results from the premise that an attack on any kind of good brings about the state of injustice, which on the one hand has to become the subject of internal sorrow and on the other – it needs to be compensated for, externally repaired. Whereas distributional justice allows man to participate in the common good through an even division of profits and duties. Among various formulas of distributional justice we may distinguish its two basic types:

- egalitarian,
- merital

Egalitarian formulas of justice take the equality of all participating people as a starting point in the division. Because of this, they demand equal division of obligations and resources of goods. Merital formulas, on the other hand, take one factor on the part of the subject which constitutes the basis for the division of a particular good or obligation – for example, to each according to his birth, to each according to his effort, to each according to his contribution, to each according to his needs, from each according to his talent, from each according to his vocation (Ziemiński 1992; Zwoliński 2000, p. 74; Pennock 2000).

St. Thomas Aquinas distinguished three types of justice on account of the typical areas of interpersonal relationships (Kowalczyk 1998, p. 119):

- commutative
- legal
- distributive

Commutative justice occurs in bilateral relationships, between two countries or it regulates to the exchange between people. It assumes equal status of the exchanged goods and services or a compensation for the harm done. Its ideal is to reinstate the *status quo ante* that is to lead to the state of affairs from before the voluntary exchange or harm illegally done (Strzeszewski 1994, p. 563; Zwoliński 2000, p. 74).

The scope of legal justice encompasses all the entitlements that the state law grants the public authorities in relation to its citizens so as to give the country everything that is necessary for its existence and the realization of its duties, with a simultaneous care for the good of an individual (Żeleźnik 1993, p. 171). The achievement of the goals presented above – common good and human good – depends on the concept of the civil law and its concordance with morality. When norms instituted by the authorities are at variance with human nature, they are merely tools of a particular social order, and in this way they are a form of injustice (United States Catholic Conference, 1991).

Distributive justice regulates the relationship between a community and an individual. It encompasses both the creation of the common good by all members of the community and the division of riches, honours or offices – public goods which are connected with the functioning of a society or a smaller community as a whole. The basic subject of this form of justice are people who are in power, as it is their responsibility to justly divide the possessions, material goods, duties, privileges and social tasks. The secondary subject of distributive justice are all the members of the community who are vested with particular entitlements and responsibilities (Strzeszewski 1994, p. 563; Żeleźnik 1993, p. 172).

Starting from the 19th century, besides the three above mentioned forms of justice, there started to be distinguished another one – social justice.

However, the notion has not yet been unambiguously defined (Krucina 1971, 1977). According to the catholic social science (Piwowarski 1993a, pp. 199-200; Wielowiejski 1975):

Social justice constitutes a norm which regulates human relations – it regulates mutual entitlements and obligations by means of the requirement to give everybody what they deserve by virtue of their inalienable dignity.

The principle of social justice is ontological, moral and legal in character. Its ontological nature means that it encompasses all human communities. As a moral obligation it indicates human rights and obligations as well as the hierarchy of moral values. As a legal rule it is characterized by the reference to another subject, a constant character of obligations and the balance between what is due and what is granted (Strzeszewski 1994, p. 399; Höffner 1999, p. 75). The rule analysed here organizes the communal life to the highest extent when it simultaneously refers to the three types of social relations. The first type is connected with relations between equal partners, the second – with relations between the whole community and its individual members, while the third one – with relations between individual members and the whole community.

A just person is someone who does not merely aspire to the realization of his freedom and his rights but who also grants other people their freedom and rights (Höffner 1999, p. 55).

2. The Regulatory Functions of Justice in Community Life

The basic goal of the principle of justice is to create a personalistic social order which is characterized by an appropriate participation of individuals and communities in the shaping of the common good and in its division. The principle of social justice may be realized through the fulfilment of – mainly by social authorities – three functions (Piwowarski 1993b, p. 68; John Paul II 1987a, p. 147):

1. securing the activity of communities of goals,
2. freedom of civic initiatives,
3. care for the weakest.

Re 1) Securing the Activity of Communities of Goals. A top-down goal of the principle of justice is to “give to each person what is due to him” as well as to make a harmonious distribution of the worldly possessions among communities. Therefore, one of the duties of public authorities

is to create law and public life in such a way so as to secure the entitlements due to them and at the same time to reduce the number of conflicts and social inequalities (Witek 1982, p. 327). “Do everything – John Paul II writes – so that the unjust division of goods is replaced by the just division (...), because only a just society possesses a reason to be” (Jan Paweł II 1980, p. 15). The realization of human rights also requires a human social structure (Klose 1985, p. 46). Therefore, civil law protection of the rights of the individual and the community which realize common goals is the best way to ensure absolute obligation to respect their rights to certain goods and values (Skorowski 1996, p. 47; Kowalczyk 1998, p. 183).

An example of this proposition is the law of the Republic of Poland which distinguishes two essential rights (DzU 1997 No. 78, item 483) which are of great significance in the promotion of health. Article 38 of the Polish Constitution (fundamental statute) says that “the Republic of Poland shall ensure the legal protection of the life of every human being.” Access to health care institutions is guaranteed in article 68 § 1: “Everyone shall have the right to have his health protected.” Health services are due the sick, irrespective of their age, background, economic or social position and irrespective of the kind of illness or disability that they suffer.

Re 2) Freedom of Civic Initiatives. Securing the right of freedom to all citizens is an important goal of the state (Kowalczyk 1998, pp. 183-184). Therefore, the state’s intervention in the social life should, on the one hand, not hamper the freedom of the citizens and, on the other, it should stimulate the initiatives of individual people and various associations (Jan XXIII 1961, no. 51, 55, from now on referred to as MM). Catholic social teaching does not present an ideal model of the state but it indicates that it should merely serve auxiliary functions towards various subjects of social life (MM no. 53, 67).

Re 3) Care for the Weakest. “Social justice may be compared to medicine. If there was no medicine, only the strong would survive while the weaker would die” (Dziewulski 1997, p. 179). Securing the rights of people who do not have a chance to function independently in communal life – the sick, the disabled, people who are too young or too old – is an important function of social justice (Kowalczyk 1998, p. 167). State authorities should see to it that the benefits of the common good are available for everybody, and especially so for the people who have been afflicted by illness, suffering or death (Jan Paweł II 1987a, p. 109). The support for the needy provided by state authorities in the form of appropriate legal regulations does not constitute an act of mercy but an act of social justice (Radzyński 1958, p. 113).

3. The Significance of the Principle of Justice in Promoting Prevention

The subordination of social justice to the rules of the social standard of living – the common good and subsidiarity – can be expressed in the following words: “as much personal responsibility as possible, as little interventionism of the state as necessary” (Kowalczyk 1998, p. 262). The state’s role in public life consists most of all in stimulating individual and collective initiatives which are to realize the common good. John Paul II in his encyclical “*Sollicitudo rei socialis*” (1987b, no. 28) writes that “there are some people – the few who possess much – who do not really succeed in “being” because, through a reversal of the hierarchy of values, they are hindered by the cult of “having”; and there are others – the many who have little or nothing – who do not succeed in realizing their basic human vocation because they are deprived of essential goods.”

The first indication of the subordination of social justice to the rules of the common good and the subsidiarity of the state in health care are the regulations in governing law which enable different subjects of social life to create health care institutions. As an example we may quote the regulations of the Polish law. Article 8 of the Health Care Institutions Act (DzU 1991 No. 91, item 408) distinguishes the following subjects who can set up this kind of institution:

- 1) a minister or a central body of government management;
- 2) a provincial governor;
- 3) a unit of local government;
- 3a) a state school of medicine or a school which carries out didactic and research activity in the field of medicine;
- 3b) The Medical Centre of Postgraduate Education;
- 4) a church or a religious organization;
- 5) an employer;
- 6) a foundation, trade union, workers’ self-management or association;
- 7) other domestic or a foreign legal entity or natural person;
- 8) a company which does not have a legal entity.

On the basis of this list, we may state that in Poland there is considerable freedom of social initiatives to set up health care institutions. At the moment the communities which are involved in the promotion of health can function under the patronage of state institutions, social, or self-government organizations, the church or other subjects. An internal organi-

zation, its structure, functions and statutes fulfil their own functions and automatically those of their subjects, which realize the goals connected with health care.

Another manifestation of the state's subsidiarity in the realization of the principle of social justice in health care is that statutory regulations give health care institutions a considerable freedom to act – statutory regulations merely determine general rules of their functioning. For example, in the Polish Health Care Institutions Act (DzU 1991 No 91, item 408) there is a norm saying that the system of the institution which is being created as well as other issues connected with its functioning, which are not regulated in the Act should be determined by the Statute. According to Art. 11 § 3 it is the founding subject that provides the statute – unless it is otherwise stated in the Act. However, article 11§ 2 describes its basic content. The statute of a health care institution should particularly include (DzU 1991 No. 91 pos. 408):

- 1) the name of the institution responsible for the scope of the services provided;
- 2) the goals and tasks of the institution;
- 3) registered office and the field of activity;
- 4) kinds of and the scope of health care services;
- 5) the institution's organs and its organizational structure;
- 6) the form of economizing finances.

The protective function of social justice – care for the weakest – is of significant importance in the case of the sick. Patients' suffering is the reason why they often constitute the category of the weakest, those who are usually unable to defend their own status. That is why the sick often have their dignity and rights violated when their care-takers neglect their duties (Bochenek 1995, p. 5). The impaired ability of the sick to take care of their own business means that it is the state's responsibility to protect them. As an example, we may quote Polish law where the basic protection is constituted by patients' rights which are contained in the three acts: Health Care Institutions Act of 30 August 1991 (DzU 1991 No. 91, Item 408), Nursing and Midwifery Profession Act of 5 July 1996, (1996 No. 91, Item 410), and the Medical Profession Act of 5 December 1996 (DzU 1996 No. 28, Item 28).

The documents presented above contain regulations which make up a catalogue of patients' rights including:

- 1) **The right to health care services** fitting the demands of medical knowledge, and in the situation when the possibilities to provide them are limited – the right to a reliable procedure of setting the order in which to have access to these services, which is based on medical criteria (art. 19

sec. 1 item 1, art. 20 sec. 1, item 1 and art. 26 of the Health Care Institutions Act). Health services should be provided by people who are authorized to do so in places and with the use of tools which meet the professional and sanitary demands (art. 9 sec. 1 and art. 10 of the Health Care Institutions Act). People who are authorized to provide health services – a doctor and a nurse – should do so in accordance with the recommendations of current medical knowledge, using methods available to the doctor and nurse, according to the rules of professional ethics and with proper care (art. 4 of the Medical Profession Act; art. 18 of the Nursing and Midwifery Profession Act). The patient also has the right to discharge himself from hospital at his own request and to obtain information from the doctor regarding the possible consequences of cessation of the treatment in this health care institution (art. 22 sec. 1 and 3, art. 26 of the Health Care Institutions Act).

2) The right to additional nursing care taken by a close person or another person that the patient indicates (art. 19 sec. 3 item 1 of the Health Care Institutions act).

3) The right to information. The patient should be able to obtain accessible information from the doctor about his health, diagnosis and possible diagnostic and healing methods as well as the consequences of employing or abandoning them, the results of the treatment and prognosis (art. 31 sec. 1 of the Medical Profession Act). The patient has the right to demand to know in advance if the doctor is going to withdraw from his treatment and expect to be informed of the real possibilities to receive health treatment from a different doctor or another health care institution (art. 38 sec. 2 of the Medical Profession Act). When the patient has doubts about the way his treatment is conducted, he may request the doctor to ask a specialist's opinion or to organize a case conference (art. 37 of the Medical Profession Act). The patient may also obtain information regarding his condition from a nurse, provided it is connected with the scope of nursing care (art. 20 sec. 2 of the Nursing and Midwifery Profession Act). The patient also has the right to indicate a person or an institution which the health care institution is obliged to inform in case his condition has deteriorated causing a threat to his life or in case of the patient's death (art. 20 sec. 2 and art. 26 of the Health Care Institutions Act).

4) The right to secrecy. The patient may demand from the people who provide health services to keep the information regarding these services secret (art. 40 sec. 1 of the Medical Profession Act; art. 21 sec. 1 of the Nursing and Midwifery Profession Act). In addition, the patient has the right to agree or disagree to make his personal details public (art. 40 sec. 4 of the Medical Profession Act; art. 21 sec. 4 of the Nursing and Midwifery

Profession Act). The patient is also entitled to choose the people who will be informed by the doctor about the health services provided (art. 31 sec. 2 of the Medical Profession Act). The right to secrecy is also connected with the data included in medical documentation. The patient has the right to demand the protection of these data (art. 18 sec. 2 of the Health Care Institutions Act), and at the same time to decide on making the data available to himself or another person that he indicates (art. 18 sec. 3 item 1 of the Health Care Institutions Act).

5) The right to agree or disagree to be put in a health care institution. When there is need to provide health care services, the patient may exercise this right after the doctor has informed him about the goals, ways and conditions of the services as well as the risk and expected healing benefits. The right to agree or disagree is especially important in case of a surgery, the employment of a method of treatment or diagnostics which creates a higher risk or when the patient takes part in a medical experiment (art. 19 sec. 1 item 3, art. 21 sec. 1, art. 26 of the Health Care Institutions Act; art. 24 sec. 1, art. 25 sec. 1, art. 27 sec. 1, art. 34 sec. 1 and 2 of the Medical Profession Act).

6) The right to intimacy and respect for dignity when receiving health care services (art. 19 sec. 1 item 4 of the Health Care Institutions Act; art. 36 sec. 1 of the Medical Profession Act).

7) The right to personal, telephone or correspondence contact with people outside the institution (art. 19 sec. 3 item 2 of the Health Care Institutions Act).

In institutions destined for people who require 24-hour or daily health care services, the patient has:

8) The right to pharmaceutical preparation as well as medical materials, room and food suitable for his condition (art. 20 sec. 1 item 2 and 3, art. 26 of the Health Care Institutions Act).

9) The right to pastoral care (art. 19 sec. 3 item 3 of the Health Care Institutions Act). The spiritual dimension of man's existence can be expressed by means of yearning to gain and experience incorporeal values – truth, good, justice, beauty as well as the need of contact with the Supreme Value called the Absolute or God (Pawlak 1997, pp. 56-58). Sacramental service can have – and it usually does – therapeutic effect, but in fact it should be perceived most of all in terms of a religious dimension (Block 1996, p. 49). Administering the sacrament of penance, the Eucharist or extreme unction, the priest enables man to meet God (Ziemiański 1987, pp. 777-781). Confession is usually very intimate – man stands before God with his regret, guilt and trust. Thanks to this encounter man cleans himself and experiences an inner transformation. Extreme unction gives

strength through meeting with the crucified Christ, while the Eucharist strengthens the unity with the Church community (Kalinowski 2002, p. 88). For believers, the possibility to receive sacraments when they suffer constitutes an important reinforcement – it is due to the unity of their own suffering with the Passion of the crucified Christ (Tomkiewicz 2002, p. 617). In this way, people may realize a different dimension of their experience and get closer to the secret in which death becomes the beginning of life (Drażkiewicz 1989, pp. 351-367).

The sacramental dimension of spiritual service is often a point of departure for other forms of pastoral care – shared prayer, reflection on the Bible, individual counselling, reading books on religion, singing psalms (Kalinowski 2001, pp. 91-92). Systematic presence of the chaplain makes religious service one of the elements of the comprehensive care of the patient.

10) The right to the information on the patient's rights. It is nurses who have a particular obligation to inform the sick on their rights (art. 19 sec. 6 of the Health Care Institutions Act; art. 20 sec. 1 of the Nursing and Midwifery Profession Act).

The list presented above shows that the realization of the patients' rights takes place on the plain of the relationship between their rights and other people's obligation to accept and help in exercising them. Only on the condition that this obligation is fulfilled can we say that the patient's rights – and thereby the protective function of the principle of social justice – are realized (Strzeszewski 1994, p. 392; Mazurek 1982, p. 205).

Moral norms constitute yet another form of the protection of the patient's rights. Ethical culture is connected with the ability to acknowledge values and affirm them through appropriate behaviour. It may be gained through experience and interpersonal relations in which these values are of importance (Kujawska-Tenner 1996, p. 42). Below – for the sake of an example – we present ethical rules which the members of the team taking domiciliary care of the sick should abide by (Kromolicka 2000, pp. 27-29):

– The date of the arrival at the patient's house, agreed on with the sick or resulting from the previous arrangements at the hospice, is indisputable and has to be kept. It concerns both the day and the hour. An unexpected random event needs to be reported to the hospice straightaway.

A member of the team which takes care of a terminally ill patient:

- does not accept any meals or snacks from the sick; an occasional tea or coffee with the patient or his family is not a meal;
- does not accept any presents from the patient or his family;

- comes to the patient without company, although he may bring another member of the hospice if it has been agreed on beforehand – as the sick often understand a bigger number of guests as an indication of a deterioration in their health;

- does not look around the patient's house, does not ask about the patient's assets, does not give his opinion about the shortages or deficiencies of the house;

- does not advise any treatment to the family without a previous agreement with the attending physician even if it is a seemingly easy treatment;

- immediately after the visit he informs the attending physician about any changes in the patient's condition;

- does not advise the patient or his family anything outside the scope of his duties;

- does not transmit to anybody any information about the patient's or his family's private life that he has learned while doing his duties;

- comes to the patient modestly and functionally dressed, without heavy make-up or perfume; does not talk about his problems or fatigue.

Generalizing the issues connected with the protection of patients' rights, we should emphasize that the norms of civil law constituted by the state are of basic importance here. It should be clearly stressed that human rights result directly from his dignity (John XXIII 1963, No. 9). They are not conditioned upon the will of the people exercising power, nor are they products of social and economic relations. On the other hand, it is the task of the political authorities to articulate, affirm and protect these rights so that a man can exercise them in his relationships with other people, social groups and public institutions (Mazurek 1983, p. 201). Therefore, an important function of the principle of social justice is to protect human rights on the public and legal plane so that the rights resulting from his natural dignity are respected (Borutka et al. 2004, pp. 50-51; Kaczyńska 1998, pp. 183-206). A personalistic approach is also the foundation for the ethics of service to another person – and especially so to the helpless. It demands affirmation of the person only on the basis of his dignity.

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Chapter XII

The Principle of Charity

(MIROSŁAW KALINOWSKI)

1. The Essence of Social Charity

The term “love,” or “charity,” covers a number of attitudes and behaviours; what they have in common is a “true openness” to the other person and to a community of persons. In its former dimension, love consists in affirmation of the other person through acts of kindness, brotherhood, helpfulness, protectiveness, responsibility or mercy (Skorowski 2000, p. 205). Love having a personalistic character is a phenomenon that occurs in the world of free and intelligent people. The condition of belonging to the other person, which a love relationship entails, does not destroy personality but respects it and contributes to its development. A gift of love – offering oneself to the other person – requires getting to know that person, respecting them, showing concern and responsibility for them, as well as sharing whatever one has with them (Kowalczyk 2005, p. 198).

In relation to communities, charity consists in the affirmation of these groups on account of the fact that they constitute communities of persons (Skorowski 2000, p. 206). Social charity does not characterise a relationship between one person and another since it is directed towards human communities, not towards particular individuals. Its essence lies in a sense of group community and the attendant readiness to contribute to the benefit of a specific community (Strzeszewski 1994, p. 396). In practice, this attitude manifests itself through commitment, dedication, and active contribution to the community. Its practical realisation may take a range of forms, depending on particular situations. Sometimes it will amount to solidarity, understood as the love of the common good, or responsibility, defined as active commitment to that good. On other occasions, it will show as dedication, justice, solidarity, mercy, kindness, generosity, or service to one’s neighbour (Skorowski 1994, p. 50). Thus, social charity amounts to a kind

of obligation on the part of community members to participate in building the common good. It stands in contradiction to the attitudes of egoism and hostility towards other social groups (Kowalczyk 1998, p. 201).

In the early stage of Catholic social teaching, charity was rarely mentioned in the context of the functioning of society. Even if it was presented as the force dynamising the life of the human community, the term itself was not used. The concept of *caritas socialis* was first employed by pope Pius X (Nagórny 1998, p. 227).

In his encyclical *Quadragesimo anno* (1931, no. 137-138, further abbreviated QA) Pius XI recognised social charity – beside justice – as a fundamental moral principle that makes it possible to shape social and economic life. According to the Holy Father, those who call for justice alone are making a mistake because “even supposing that everyone should finally receive all that is due him, the widest field for charity will always remain open” (QA, no. 137). The special role of charity becomes evident in the context of preserving peace and social order. “For justice alone can, if faithfully observed, remove the causes of social conflict but can never bring about union of minds and hearts” (QA, no. 137). It is precisely social charity that constitutes the most reliable basis of every juridical and social order by being “as the soul of this order” (QA, no. 88). Only internal communion and real cooperation of everyone for the universal good makes it possible to build a true community. Even the wisest regulations fail when that communion is missing (Ryczan 1989, p. 226).

In the teaching of John XXIII, charity – beside justice, truth, and freedom – is named as one of the four principles of social life which condition the realisation of the common good in a human community. In his encyclical *Pacem in terris* (1963, no. 167, further abbreviated PT) the Holy Father writes that social order must be based on truth and shaped in accordance with the precepts of justice, that it comes into being in freedom, and that it reaches its plenitude thanks to charity. Social charity, then, constitutes the foundation of communal life and the creative force of community in that it brings people to a genuine and manifold unity of hearts and works. That material and spiritual unity is the foundation of order and peace because, built on love rather than fear, it brings an understanding that consideration for the habits of other individuals and the customs of other nations is one of the basic obligations resulting from a common human nature (PT, no. 227).

The Second Vatican Council also calls for charity in social life. Conciliar documents present the commandment of love as the fundamental law of human excellence and the law governing the transformation of the world (Pastoral Constitution on the Church in the Modern World 1993,

no. 39, further abbreviated GS). Its significance lies chiefly in the fact that true external social union stems from a unity of minds and hearts – that is, from faith and charity (GS, no. 42).

For Paul VI, charity is above all a natural virtue. Brotherhood of the entire human family in Christ makes charity everybody's duty. Out of concern for the human person, the pope called for building a civilisation of love, to which all people are called irrespective of religion or denomination (Borutka et al. 2004, pp. 55-56). A negative evaluation of the contemporary civilisation as being directed against man or driven by hatred towards the human individual points to the need of a transformation of the world into a civilisation based on values – primarily on charity, but also on justice, truth, freedom, and solidarity. This model is also characterised by the primacy of ethics over technology, person over thing, spiritual over material values, and mercy over justice. Although the concept of a civilisation of love is based on evangelical values, it is nonetheless a universal idea, as it serves everyone and can materialise only if everyone, irrespective of differences in outlook, becomes committed to its realisation (Wagner 1993, pp. 32-33).

In his encyclical *Dives in misericordia* (1980, further abbreviated DM), John Paul II points out that charity and justice are fundamental principles of social life because they condition the existence of societies and give meaning to human life. At the same time, the pope stresses the complementary nature of these principles. "The experience of the past and of our own time demonstrates that justice alone is not enough, that it can even lead to the negation and destruction of itself, if that deeper power, which is love, is not allowed to shape human life in its various dimensions" (DM, no. 12). "Love is 'greater' than justice: greater in the sense that it is primary and more fundamental. Love, so to speak, conditions justice and, in the final analysis, justice serves love" (DM, no. 4). Moreover, "if justice is in itself suitable for 'arbitration' between people concerning the reciprocal distribution of objective goods in an equitable manner, love and only love (...) is capable of restoring man to Himself" (DM, no. 14). The same encyclical also provides a characterisation of an important dimension of social charity, namely mercy, which contributes to the good of every community, family, and social group, to the good of children, adults, parents, the ill, and the elderly – in a word, of everyone without exception (DM, no. 15). Mercy "is manifested in its true and proper aspect when it restores to value, promotes and draws good from all the forms of evil existing in the world and in man." This form of charity manifests itself particularly in moments of contact with pain, injustice, suffering, or poverty, and in any situation in which man's physical or moral weakness shows (DM, nos. 3, 6).

The principle of social charity has also been articulated in the Catechism of the Catholic Church. The document reads: “Charity is the greatest social commandment. It respects others and their rights. It requires the practice of justice, and it alone makes us capable of it. Charity inspires a life of self-giving” (CCC, no. 1889).

The social charity directive:

Social order must be based on justice, but its justice can only be realised thanks to charity, which gives expression to the universal brotherhood between people (Piwowarski 1993a, p. 197).

Based on the above statement, we may conclude that the norm of charity in community life constitutes a specific complement to justice. In social relations justice precedes charity, but not in the sense that the principle of justice must be realised first as the necessary minimum and only later can the principle of charity emerge, since both these virtues occur side by side; justice precedes charity in the sense that the virtue of charity cannot possibly develop where justice has not been done (Strzeszewski 1994, p. 394).

A question thus arises: what should be done for social charity directives to be fulfilled? In general terms, the answer is that social charity demands a transformation of social relations and structures towards giving them a more human character; in other words, it determines the individual’s conduct in communal life as well as their specific actions towards human communities (Skorowski 1994, p. 49). Therefore, charity may be considered a social principle if it determines the directions of communal activity. When realising this norm, it is necessary to take into account the social processes limiting the freedom of such activity as well as build structures enabling temporary activity (Strzeszewski 1993, pp. 279-289).

2. The Regulatory Functions of Social Charity in Community Life

The social charity norm translates into various social attitudes in specific life situations. One of its most important manifestations is the building of unity and reconciliation between people, social groups, and countries through mutual forgiveness – particularly when many people are destroyed, killed, deprived of freedom, or denied their basic rights ostensibly in the name of justice (Strzeszewski 1994, p. 393; Nagórny 1998, p. 270).

As already shown, the principle of social charity may be realised in a number of ways. Still, it also appears important to give some thought to its

aims. In the context of the social teaching of the Church, we may suggest that the principle has three main functions:

1. adoption of the attitude of mercy;
2. affirmation of community;
3. building a civilisation of love.

Re 1) The Attitude of Mercy. Presented in the context of social charity, mercy acquires a new dimension, becoming an indispensable norm in human relations rather than merely amounting to mere external gestures of help (Olejnik 1970, p. 107). The spiritual act occurring between the person showing mercy and the person receiving it is a shared experience that creates a spiritual bond uniting both sides (Borutka et al. 2004, p. 57). Merciful love allows us to discover, experience, and understand human dignity (Majka 1993, p. 362). This attitude is strongly marked by affirmation of the other person through kindness, brotherhood, helpfulness, service, protectiveness, and responsibility – that is, through acts of availability and selflessness towards the other person. Availability consists in capability of self-giving. It manifests itself in a constant readiness to be beside the other person and offer up one's life to them (Nagórny 1998, p. 223). Selflessness, on the other hand, results from a situation in which love is not limited to a mere general vision but expressed in concrete service to the neighbour, particularly one who is in serious need (Czuma 1937, p. 12).

Re 2) Affirmation of Community. In relations with various groups, social charity consists in the affirmation of those groups for the reason that they constitute communities of persons. Its vital role stems from the fact that it takes the individual beyond the world of their own affairs and makes them involved in the problems of the group (Bartoszek 2000, p. 199). Belonging to and acting for the benefit of a community in turn results in the formation of a special bond among its members: the bond of human brotherhood, which motivates sensitivity to the needs of others, coexistence, unity of goals, and cooperation in their achievement (Piwowarski 1993b, pp. 22-23).

Re 3) Building a Civilisation of Love. Because it brings people closer together and safeguards their shared values, social charity is the path to a universal civilisation of love (Piwowarski 1993a, p. 197; Nagórny 2006, p. 425). The significance of this norm in shaping a new vision of humankind rests on a few premises. Firstly, social charity makes it possible to break free from egoism and abandon the pursuit one's own benefit for the sake of the common good (Höffner 1999, p. 61). Secondly, it generates willingness to help as well as capability to serve and make sacrifices for other people and their communities. Thirdly, it acts as a uniting force by evoking compassion, easing conflicts, and enabling forgiveness (Olejnik 1970, p. 112).

Fourthly, brotherly interpersonal relations are usually oriented towards building bigger communities and eventually creating universal brotherhood among people (Nagórny 1998, p. 232).

3. The Significance of the Social Charity Principle in Health Promotion

The social charity principle demands a transformation of the relations and structures of communal life towards giving them a more human character; in other words, it determines the individual's conduct in communal life as well as underlies their specific actions towards human communities (Strzeszewski 1994, p. 130; Skorowski 1994, p. 205).

In the domain of health promotion, the analysed principle is exemplified by various forms of volunteer work. The attitude of mercy is part of volunteer activities owing to their voluntary nature and the openness to the other person that such service involves (Górecki 2000, p. 67; Szot 2010). This norm safeguards the ideological identity of the individuals committed to health promotion and/or health care, because it draws both on traditional models of that service, understood since the very beginning as a manifestation of love of the neighbour, and on social pedagogy, underscoring the moral and practical value of volunteer participation in solving human problems.

Volunteer work may be defined as a kind of social activity in the form of unpaid, conscious, and voluntary commitment for the benefit of others, going beyond the ties between family members, friends, and colleagues (Gawroński 1999, p. 10). The dynamics, flexibility, enthusiasm, and intrinsic nature of this form of aid make volunteer work a vehicle of personalistic values, and by highlighting the sense of serving others – particularly the weakest and the poorest – such work fulfils the principle of social charity in the highest degree (Chrapek 1996, pp. 11-22; Kalinowski 2004, pp. 151-159). The fulfilment of this principle finds confirmation in the following objectives of multifaceted volunteer activity (Gawroński 1999, pp. 26-27):

- demanding that public authorities, mindful of the equal dignity of all citizens, guarantee the weakest individuals their rights;
- anticipating the response of the state to the needs of the weakest;
- designing ways of intervention and positive operation models for public structures;
- moulding public opinion with regard to various social problems;

- integrating public services in those sectors in which state intervention is insufficient;
- demonstrating the significance of service to society in a situation when public structures remain indifferent or when aid activities are inadequate to the needs, bureaucratized, or belated.

Hospice volunteer work may be cited as an example of voluntary health promotion activity. It must be stressed that most forms of work with the terminally ill – except for hospitalisation and medical counselling – mostly utilise the resources of volunteer work. People engaged in voluntary activities include individuals with professional medical training, ordained clergy, and lay people who wish to commit themselves to helping the incurably ill. Members of teams that care for the dying are characterised by a high degree of self-awareness and sensitivity to the needs of others as well as by openness and availability in the service they perform. Although recently there has been a growing tendency towards formalising hospice care (e.g. transferring volunteers to paid posts or offering semi-professional freelance services), we still observe a care about preserving the central idea of the service – namely, voluntary involvement in service to the dying (Drażkiewicz 1989, p. 165; Górecki 2000, p. 68).

What testifies to the interest in selfless service taking the form of volunteer work is the implementation of various programmes by specialised institutions. The three-year “I enjoy helping” (“Lubię pomagać”) programme, run by Hospice Foundation and the National Chaplain of Hospices, may be cited as an example.

The strategic objective of this initiative in the years 2007-2008 was to raise interest in selfless service in hospice communities and palliative care centres by (www.hospicja.pl):

- presenting this kind of activity as a possibility of self-realisation for young people and adults;
- creating professional centres of volunteer work, attached to communities that care for the dying throughout the country;
- promoting the “I enjoy helping” slogan among people;
- training coordinators of hospice volunteer work centres.

In the years 2008-2009, programme activities were oriented towards initiating volunteer work activity among children and young people. This objective was achieved thanks to the implementation at schools of strategies such as (www.hospicja.pl):

- teaching about dying with dignity, hospice care, and mourning;
- shaping pro-social attitudes;
- teaching proper behaviours towards different forms of disability;
- promoting hospice volunteer work and the “I enjoy helping” slogan.

The strategic objective of the initiative in the years 2008-2009 was to raise the social awareness in adult members of society and their sensitivity to the problems of the ill and the elderly by (www.hospicja.pl):

- publicising the activity of volunteer work centres attached to hospices and palliative care centres;
- enabling schoolchildren to visit residential and nursing homes;
- propagating volunteer work among adults and the elderly under the banner of “50+ volunteer work.”

The above facts show that hospice volunteer activities range from accompanying the ill person, through help in solving social and living problems, to performing various care-related services (e.g. washing, nursing, giving food and drink, administering medicines, making the bed, and buying medicines or other articles for daily use). Also very important is the involvement of volunteers in actions propagating the hospice idea, such as street collections, public fund-raising campaigns, charity concerts, or distributing donation certificates (Bartoszek 2000, p. 203).

It must be stressed that selflessly helping someone who is experiencing difficult life situations creates a reciprocal relationship. Through the good done to another person, both the giver and the recipient obtain mercy (DM, no. 14). Performing care-related functions, close contact with patients and their relatives, as well as teamwork – these are the circumstances that allow volunteers to feel beneficiaries. According to those who provide help, the “gifts” received equal or exceed their own contribution to hospice work because, as they say, “we receive more than we give” (Hołubicki 1997, p. 10). Among the most valuable “benefits,” the givers of Samaritan help mention the increase of personal and communal good, which amounts to a considerable reinforcement of their own lives (Kromolicka 2000, p. 148).

The realisation of social charity by members of health promotion teams is also a factor establishing a community directed towards realising the common good (Wojtyła 1982, pp. 41-45; Nagórny 2005, p. 95). An example pointing to the significance of social charity for the development and functioning of human communities are the two principles that underlie the functioning of the hospice movement:

1. the principle of teamwork;
2. the principle of extending care to the patient’s family.

Re 1) The Principle of Teamwork. This principle follows from two key assumptions of hospice work. The first of these is a constant care for and full availability to the patient. The ill person should be convinced that they will never be left alone with their problems if they trust their carers. The other assumption is connected with the ethos of the hospice volunteer, who not only provides services but first of all watches over the patient and

accompanies them to the very end of their life. Teamwork enables mutual complementation and substitution of carers in the course of their daily duties. What is also important is that the community allows the members of aid teams a regeneration period after the death of the patient they used to care for and before taking the next one under their care (Górecki 2000, pp. 65-66).

In order to manage its tasks, the community of people supporting terminally ill patients meets frequently, at least once a week, so as to consult the adopted schedule of care and medical procedures with regard to each patient. Very close cooperation is desirable in order to achieve unanimity of decisions, especially as the normal course of work excludes individual changes in treatment, which considerably affect the physical and spiritual condition of the dying person. Still, the functioning human communities demands that the leader is clearly appointed. In the hospice movement, the position of senior medical officer has been created; the person occupying it is usually a palliative medicine specialist. The role of this superior comes down to coordinating the activities of teams and providing them with guidelines necessary in their work. Periodic meetings of hospice staff most often combine discussion concerning the problems experienced by patients with reflection on the quality of the work done by staff members. The cooperation of various specialists makes it possible to conduct a comprehensive examination of the dying person's situation as well as generates a broader scope of solutions to the problems that occur (Reczek 1999, p. 114-116).

The principle of teamwork is also a kind of response to the specificity of hospice service. By their frequent and active participation in the tragedy of death, carers are constantly exposed to stress and the experience of negative emotions – in other words, to the so-called psychological burn-out. After several patients have passed away in a short period of time, inner dilemmas, bitterness, and a feeling of helplessness may appear, as well as questions concerning the meaning of life, suffering, and death. Belonging to a community gives members of aid teams a sense of security and creates conditions for discharging tensions, thus being a source of positive reinforcements, indispensable in this type of work (Górecki 2000, pp. 65-66). Additionally, in order to confirm their staff in the ethos of service to the dying, hospice communities organise formative meetings, e.g. prayer retreats or visits to sanctuaries.

Re 2) The Principle of Extending Care to the Patient's Family. The second norm contributing to the affirmation of community by the hospice movement is oriented towards supporting the patient's closest environment. Individuals remaining in close relationships with the incurably ill

person often show an irrational tendency to blame themselves for the patient's state and situation. Patients in turn blame themselves for the suffering of their beloved and worry about their fate. Consequently, supporting the patient requires supporting the entire family system, particularly when, during the illness of one of its members, the family faces problems that it is unable to solve on its own. Thus, the task is not to take over the care-related function of the family but to support the family in performing that function, to help its members discover the sense of human suffering, and to prepare the relatives for the imminent parting with the dying person (Adamczak 1989, pp. 57-59). The other factor that argues for extending care to the patient's relatives is the fact that accompanying the patient obscures the distance between the ill person's family and the hospice staff.

However, the realisation of the principle of extending care to the patient's family requires the fulfilment of certain conditions. Firstly, the carer ought to sense to what extent the ill person's environment expects support from them and, depending on their judgement of the situation, introduce appropriate methods into the programme of support for the patient's relatives. Secondly, all the rules of conduct in dealing with the patient also apply to the contacts with members of the patient's family. Thirdly, helpers should not get involved in family problems that go beyond their mission, and are obliged to keep secret any unintentionally obtained information (Kalinowski 2003, p. 128).

Supporting the patient's closest environment does not end with the patient's death. Mourning requires moments of solitude, sadness, and grief connected with parting, but at the same time close presence of other people is also needed (Stroud 2000). In a hospice community, the bereaved can tell others about their feelings, recollect the dead person, and at the same time experience consolation and encouragement to return gradually to normal life.

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Chapter XIII

The Missionary Aspect of Health Care Promotion

(BOHUMIR ZIVCAK*)

– *Where does Health Care Promotion draw its missionary aspect from?*

The striving of man for a happy life, which includes of course complete health has been permanently present in human history possibly from the moment of the biblical picture of casting out of Paradise (Gn 3,7-24), when man lost his immortality and physical lightness.

People are called to joy. Nevertheless, each day they experience many forms of suffering and pain (John Paul II 1988, no. 53).

Suffering as such has become a part of life for every man on Earth, but on the other hand it has also become a special place where God shows his sovereignty, faithfulness, power and mercy.

1. God's Health Care in History

In the history of Israel, the prophets often interpreted suffering, whether physical or spiritual, and expressed the attitude of God himself toward this suffering. Moses in the book of Deuteronomy showed clearly in whose

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hands lays the healing of man (Dt 32, 39). God alone is the one who hurts but heals as well. Similarly, God explained this to suffering Job, who has become the symbol of the suffering man searching for meaning in his suffering (Job 15, 8). There are many such places in the book of Psalms which are the cries of a suffering man to God in hope that God has the power to solve his problems. “Who forgives all your sins and heals all your diseases” (Ps 103) – here we find one more aspect connected with illness. The Old Testament is full of examples that teach Israel an important rule: illness is mysteriously connected with sin and evil (CCC 1502). “Among the punishments threatened by God for the people’s unfaithfulness, sickness has a prominent place (Dt 28, 21-22, 27-29, 35). The sick person who beseeches God for healing confesses to have been justly punished for his sins (Ps 37; 40; 106:17-21)” (Ratzinger, Bertone 2000, p. 1).

From the stories which are connected with illness and its healing in the Old Testament result two facts, which are necessary in the healing process:

That prayer with confidence mentioned in the introduction of the Instruction on prayer for healing by Cardinal Joseph Ratzinger corresponds with “crying to God” so often expressed in the Psalms (Ps 107).

If the desire for health is deeply rooted in the human being, then prayer – crying to God – for healing is an answer to this longing.

Rescue, healing, salvation or even deliverance from the situation that no man can solve (grave), come as an answer to turning man to God and crying to Him (Ps 103, 3-4 and Ps 107, 19-20).

The fact that physical healing can become the way to discovering God is very well illustrated by the example of the Aramaic Naman (2 Kings 5, 1-19), who was leprotic and who was healed according to prophet Elisha’s directions. Healed Naman, whose body “was clean again, like the body of a small boy” excited claims that there is no God on Earth except the One in Israel (2 Kings 5, 14-15).

The ministry of God is fully revealed in Jesus’ public ministry with extraordinary effectiveness. Jesus has been sent by the Father and has been anointed by the Holy Spirit to forgive sinners, to heal the sick and to deliver the oppressed (Lk 4, 16-21, Acts 10, 38). He therefore invites all who are burdened in any way to come to him to receive his healing rest and life to the full (Mt 1, 28, John 10, 10), and charges his followers to do the same: to heal the sick, to cast out demons and even to raise the dead (Mt 10, 8). Inspired by his example and motivated by his pleas, the Church has continued the proclaiming and healing ministry of Christ in the Sacraments and through the charisms (CCC 1508).

The Gospels are full of healings, Jesus healed many. And this ministry to the sick could possibly be the reason for the big crowd that followed Jesus everywhere he moved (John 6, 2). The context of each individual healing was different, but in every case it was not only about the outer (physical) healing but about the healing of the whole person.

The Gospels testify that Jesus proclaimed the word and HEALED the sick, A SIGN PAR EXCELLENCE of the closeness of the Kingdom of Heaven and A SIGN OF GOD'S PRESENCE in the midst of his people with its suffering (Benedict XVI 2010).

Matthew, who gave the largest number of accounts of healing by Jesus, described the extent of the healing ministry in his Gospel just prior to setting down the beatitudes (Mt 54, 23-24). Matthew saw Jesus' ministry to the sick in the context of the Old Testament: "That evening they brought him many who were possessed by devils. He drove out the spirits with a command and cured all who were sick. This was to fulfil what was spoken by the prophet Isaiah: 'He himself bore our sicknesses away and carried our diseases'" (Mt 7, 16-17).

The healing of diseases served as a display of love, compassion, and divine power; it was the physical manifestation of his spiritual role in healing the rift between man and God. After giving some details of individuals healed in body and spirit, Matthew repeated his earlier statement, this time referring to his further travels that extended beyond Galilee: "Jesus made a tour through all the towns and villages, teaching in their synagogues, proclaiming the good news of the kingdom and curing all kinds of disease and all kinds of illness" (Mt 9, 35).

Jesus' healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their

- physical
- mental
- spiritual

healing (John 6, 35; 11, 25-27). He "came so that they might have life and have it more abundantly" (John 10, 10). Life to the full means total well-being, and if we want this we will need healing.

In the Gospels there are 41 specific instances of healing, and 727 verses (which is about a fifth of the Gospels) are devoted to the subject of healing. When Jesus heals it is a sign of the presence of the Kingdom of God, and the full process of healing in this Kingdom is total restoration - not just from sickness and oppression, but into the reign of God here and now (Whitehead 2005, p. 2).

So it is logical that when the Church thinks about her mission, she takes as a source Jesus' ministry, which integrates serving the sick with proclaiming and later through apostles incorporating liturgical celebrations and the ministry of love as well.

– *Does Health Care Promotion fit into the call of the universal Church?*

The Second Vatican Council does not speak in its documents about such basic functions concretely. This was rather the task of the theologians working in Pastoral theology during the Council and mainly after it. *Lumen Gentium* speaks about three aspects of Jesus' mission on earth – as the teacher, the king and the priest of all (*Lumen Gentium* 13.) This triple mission, triform function of the Redeemer is closely tied with the act of redemption and stays in the Church. The Church inherited this mission of Redeemer, because she has become the people of God and received a share in Christ's priesthood, prophetic ministry and kingship. "The holy people of God also share in Christ's prophetic office; they spread abroad a living witness to Him, especially by means of a life of faith and charity and by offering to God a sacrifice of praise, the tribute of lips which give praise to His name (Hebr 13,15)" (*Lumen Gentium* 12). "Christ, the great Prophet, who proclaimed the Kingdom of His Father both by the testimony of His life and the power of His words, continually fulfils His prophetic office until the complete manifestation of glory. He does this not only through the hierarchy who teach in His name and with His authority, but also through the laity whom He made His witnesses and to whom He gave understanding of the faith (*sensu fidei*) and an attractiveness in speech (Acts 2, 17 -18; Rev 19, 10) so that the power of the Gospel might shine forth in their daily social and family life" (*Lumen Gentium* 35). The Council teaches that the whole Church as a people of God takes part in this triple mission of Christ, and the Church fulfils herself in the world in this way and continues in the redemptive work of God.

2. The Debate about the Basic Functions of the Church in Pastoral Theology

Many theologians start from this triad:

MARTYRIA – proclaiming – ministry of the word

LEITURGIA – celebration – ministry to God

DIAKONIA – charity – ministry to man (Przygoda 2000, p. 142-143).

Building fellowship – *koinonia* is most often mentioned as a fourth function. W. Przygoda in summarising the post-council descriptions of the basic function of the Church points to the richness of the Church's mystery, which gives more possible ways of describing her life and mission. In general, there is no consensus among theologians regarding the number, the names or relationships between the basic functions of the Church. So let us hold on to the functions that are mentioned most often: ***martyria, liturgia, diakonia and koinonia***. These four are named directly or implicitly in all concepts (Przygoda 2000, p. 141).

Today's Pastoral Theology has the function that came out of Christ's Kingly mission and is named *diakonia*. The broadest meaning of this word is any ministry in the Church. In a narrow meaning, *diakonia* is the servant attitude of the Church and ecclesial communities towards broadly understood needs of man (Schutle 1978, p. 33).

Ministry to the sick should satisfy all mentioned basic functions, which can heal a man completely. Healings are the signs of Christ's messianic mission (Lk 7, 20-23). They proclaim the victory of the Kingdom of God over every kind of evil and become the symbol of rehealing of the whole man in body and soul as well. They are also proof that Jesus has the power to forgive sins (Mk 2, 1-12), and they are signs of salvation, such as healing the ill at the Pool of Bethesda (John 5, 2-9. 19-21) and the man born blind (John 9) (Ratzinger, Bertone 2000, p. 2).

Today, just as it was in Jesus' time, special healings which accompany the Church's ministry to the sick have the power to testify about the Messiah. Such healings during Christ's ministry happened according to "the logic of the Spirit", which is mentioned by St. Paul: "But one and the same Spirit produces all of these, distributing them individually to each person as he wishes" (1 Cor 12, 11). The healings and the ministry to the sick were, during Jesus' public ministry, as well as during the ministry of the apostles, always connected with proclaiming the Good News that was and still is the first task of the Church.

"The gifts and the fruits of the Holy Spirit were very much an integral part of the ministry of Jesus. Jesus healed many from physical, spiritual, psychological and spiritual sickness (Mt 4:23, Lk 9:11). He exuded joy, peace, patience, kindness, generosity, faithfulness, gentleness and self-control (Gal 5:22-23). Moreover, the Book of Acts, written by St. Luke, describes the earthly ministry of Jesus in such a powerful manner. And because God comes with Him, "Jesus went about doing good and healing all who had fallen into the power of the devil (Acts 10, 38)" (Grech 2007 p. 2).

Together with the growth of the Church body, the apostles noticed some inadequacies, which started to appear in the care of the poor during the

ministry. The choosing of the seven deacons is: **the beginning of the organised diakonia – the charity of the Church** (Acts 6, 5-6).

– *Vigorous body = alive with all the vital functions*

The history of developing an organised charity ministry of the Church is transparently described by the present Holy Father in his first encyclical *Deus caritas est* (Benedict XVI 2005, no. 21-24). The testimony of the effectiveness of this ministry to the world is mentioned in the encyclical where Julian Apostata was impressed by only one aspect of the Church and this was charity work (Benedict XVI 2005, 24). A realisation of the ministry of love is not only the self-realisation of the Church but also a step towards the world. The diakonia of love might be the first contact with the mercy of God – a God who waits for every man to be received in His arms – for people who are not in the Church and even unbelievers.

This third basic function of the Church is directed in its operation on the inner life of the Church, but at the same time to her missionary calling, which has been realised on every level of ecclesial life, starting from families, through small groups, parish communities, dioceses to the universal Church.

3. Ministry to the Sick as an Integral Part of the Third Basic Function of the Church

Care for those in need is an integral part of the history of human culture. Christianity has brought a big breakthrough in viewing those in need.

Work in this area has become one of the most important tasks of the Church (Kalinowski 2006, p. 780).

The Church's diakonia grows from the ministry of Christ Himself and from his servant mission. Christ decided freely to be a servant (Flp 2,6), though he is truly the Lord and the King of this world. He was not afraid to accept the position of a servant when on earth he was doing good (Acts 10, 38), feeding the hungry (Mt 14, 13-21; Lk 9, 12-17; John 6, 1-15), raising the dead (John 11, 1-44; Mt 9, 18-26), healing people's sick bodies and spirits (Mt 15, 30-31; Mk 6, 53-56) and even washed the feet of his apostles during the Last Supper (John 13, 5). This theme of love to man is in Christ's life and in his redeeming work, which in his suffering, death and rising from the death is manifested in a unique way.

Christ did not make the ritual sacrifices to God but he sacrificed his very life as one act of obedience and love (Zuberbier 1997, p. 9-11). Jesus' surrendering himself is a sign of fulfilling the Father's will as well as a sign of his love for his brothers (John 13,1). It is an example of love for his disciples and the testimony of the highest love of God to man (1 John 3, 16).

The Church has become the first recipient of Christ's love and this love should motivate all Christians to love their neighbours, and the whole Church to a constant realisation of charitable ministry.

Love which is not returned, dies, and love that is not demonstrated in acts becomes only empty words (Przygoda 2004, p. 60-61).

The teaching of the Second Vatican Council about the community of the people of God has a decisive influence on understanding the character and tasks of the Church, for any ministry in the Church is not understood as an element of power and rule but as an act of ministry, which is in unity with the Church's mission and is directed to fellowship. The council calls this mission the real ministry that was entrusted to the shepherds of the flock by the Lord himself and the Holy Scripture literally calls it "diakonia" (Lumen Gentium 24). Everything that refers to shepherds is related to the whole hierarchy of the Church, which means bishops, their helpers the priests and deacons, who perform ministry in the fellowship (Lumen Gentium 20).

Among the basic functions of the Church, only the function of diakonia has the character of an inner bond with all other evangelising and apostolic activities (Kalinowski 2006, p. 783). This involves not only the hierarchy in the Church. When the Church works as a body, it is necessary for the basic functions to operate in the whole organism, which means even in her biggest part that consists of the lay people.

Charity work has its own specific profile. It should be up – to – date and answering the immediate needs of people, it should be professional, and it should be human (it asks for an attentive heart towards the needy). Christian charity has to be independent of political parties and ideologies and it must not be an instrument for enforcing the faith of the Church onto others but it should be a free gift of self and the clear testimony of God at that (Benedict XVI 2006, no. 31).

Man has been given the ability to use this free gift of himself, which is love, right from the moment of creation, and this ability is an expression of his similarity to God and confirmation of his participation in the very life of God. Man should be aware of his own calling to love in his conscience. It is a matter of course that this ability to love and the fulfil-

ment of this calling to love is abundantly present in Jesus Christ (Nagorny 2005, p. 97).

It is impossible for man to live without love as it is impossible for him to understand the core of his being alone. His life is without sense when he does not meet love, when he cannot touch love, when he does not participate in love. Only in Christ man finds his own worth and greatness (John Paul II 1979, no. 10). Man himself and his highest calling is revealed in Christ through the mystery of the Father and his love. There is no other way for him to be open to Christ and his love but only through opening up to the love of the Father (John Paul II 1980, no. 1).

The late Pope John Paul II was confident about the need to proclaim the mercy of God to the contemporary world. This is the reason for the encyclical *Dives in misericordia* and the reason for the beatification of Sister Faustina, later canonized. Through it he made her message universal for the whole Church. "The time has come for the message of God's mercy to pour into the hearts of man the hope which will become the beginning of a new civilization – the civilization of love" (John Paul II 2002, p. 102).

The acts of love and mercy are an excellent testimony of Christian lives. So apostolic training should lead to practicing them and in this way, believers can learn from childhood to have compassion for brothers and to help them in need with magnanimity (Apostolicam Actuositatem no. 31).

Every apostolic activity should spring from love and from love it should draw its energy. Firstly, for the apostolate of lay people, love to another man should be practised in the family fellowship and in other fellowships, too. Every, even the smallest deed of a believer is a realisation of the Church in faith and love and is an apostolic act. Any action oriented towards another man, fellowship, whether it is marriage, monastic life, priesthood or in a small group, community or movement is the building of the Church through the function of diakonia (Kaminski 1997, p. 194). In the apostolic exhortation *Ecclesia in Oceania* the late Pope John Paul II says to the peoples of the South Pacific, "Jesus came to heal the sick and comfort the afflicted. As the risen Christ, he continues His ministry of healing and comfort through those who bring God's compassion to people in their weakness and suffering. The ministry of the Church of Oceania is for many people the most visible and tangible proof of God's love. The messianic mission of mercy, of healing and forgiveness, must be continued unstintingly and accomplished in new ways that respond to current needs" (John Paul II. 2001 no. 34).

– *Can prayer for healing be a part of Health Care Promotion?*

Someone could ask whether health care is really the responsibility of the Church. Again, Jesus in his teaching is rather clear about it and we

can find many details in the discussion Jesus had with the teacher of the law.

The story of the Good Samaritan is one of several inspirations for Christians to become involved in providing health care to those in need. The parable is relayed in the Gospel of Luke. Luke, who may himself have been a physician (and is considered the Patron Saint of Physicians), was a disciple of Paul, who guided the early development of the Church through his visits and letters. In this passage (Lk 10, 25-37), Jesus is challenged to give a clear instruction on how to gain eternal life. And Jesus replied with a question to which the Pharisee was able to answer correctly – to love God with all your strength and to love your neighbor as yourself. In explaining who is my neighbor according to the story about the Good Samaritan, Jesus draw his desire for a health care in His future Church.

This story is not solely about the need to provide medical care, but because the example depicts medical assistance, it is the one frequently used as an example of how Christians are to respond to those who have medical needs. Jesus clarified this teaching with a related picture to the Good Samaritan in Matthew's Gospel (25, 31-46). There He himself identified with the person in need. In the examples given in this teaching of various kind acts – feeding the hungry, giving refreshment to the thirsty, visiting the sick – they are all considered to be of a similar nature. A person offering assistance of the sort depicted here, particularly to a stranger, would be considered a good Samaritan. Since it is clearly taught that people who are sick, injured, or otherwise suffering are to be helped, it is incumbent on all to find ways of providing assistance. Some may become a healing practitioner, such as a medical doctor, dentist, nurse, pharmacist, or other role where one routinely provides direct assistance, or may take the position of a helper behind the scenes, such as a medical or pharmaceutical researcher, a diagnostic laboratory technician, or designer of medical devices. Still others may bring their skills to this field and work as assistants, secretaries, policy makers, managers, medical publishers, and so on, in support of those who provide remedies for the sick. Aside from those who make a career in these fields, others may undertake a variety of charitable acts such as visiting the sick, contributing or raising funds, being an inspiration to their neighbors through their good deeds, and by praying for those in need.

The details provided in the story of the good Samaritan foretell a Catholic health care system, one which began developing almost immediately, developing into an extensive network.

Catholic health care institutions are powerful witnesses to the charity of the Good Samaritan because, in caring for the sick, we

fulfill the Lord's will and contribute to realizing the Kingdom of God (John Paul II, 2002).

John Paul II shows his seriousness in following Jesus' desire; in 1985 he announced the formation of the Pontifical Commission for the Apostolate of Health Care Workers. And in the letter that initiates this he states: "In her approach to the sick and to the mystery of suffering, the Church is guided by a precise concept of the human person and of his destiny in God's plan. She holds that medicine and therapeutic cures be directed not only to the good and the health of the body, but to the person as such who, in his body, is stricken by evil. In fact, illness and suffering are not experiences which concern only man's physical substance, but man in his entirety and in his somatic-spiritual unity" (John Paul II, 1985).

4. The History of Development of the Prayer for Healing in the Church

"Prayer is the raising of one's mind and heart to God or the requesting of good things from God." But when we pray, do we speak from the height of our pride and will, or "out of the depths" of a humble and contrite heart? He who humbles himself will be exalted; humility is the foundation of prayer. Only when we humbly acknowledge that "we do not know how to pray as we ought," are we ready to receive freely the gift of prayer. "Man is a beggar before God" (CCC, 2559).

Cardinal Tomas Spidlik quoted in his book about prayer the principle of Clement from Alexandria and Origen:

"Et tu cum ora, magna ora, ora que aeterna sunt, non caduca" the magnificence of values we ask for shows our imagination about God's greatness (Spidlik 1999, p. 87).

Since Abraham, intercession-asking on behalf of another-has been characteristic of a heart attuned to God's mercy. In the age of the Church, Christian intercession participates in Christ's, as an expression of the communion of saints. In intercession, he who prays looks "not only to his own interests, but also to the interests of others," even to the point of praying for those who do him harm (CCC 2635).

The mission character of Health Care Promotion itself that is done by the Church in professional Health Care through priests or believers that work in this area, or in creating Church health institutions both general and specialised, right from the beginning of the Church's spiritual minis-

try to man's health has been present on every level. Very often the professional care for the sick cannot be separated from the prayer care for man's health. It could be done through intercessory prayer or a liturgical form of prayers for healing or by practising the charism of healing as mentioned in the New Testament. The Acts of the Apostles refers above all to the miraculous healings worked by individual preachers of the Gospel: Stephen (Acts 6,8), Philip (Acts 8,6-7), and, above all, Peter (Acts 3,1-10; 5,15; 9,33-34, 40-41) and Paul (Acts 14,3, 8-10; 15,12; 19, 11-12; 20,9-10; 28, 8-9) (Ratzinger, Bertone 2000, p. 3). In the Acts of the Apostles we can find eight individual miraculous healings, which are done through the apostles (Scanlan 1974, p. 15).

When the Church undertakes its procedures to determine whether or not a holy person should be formally classified as a saint, it seeks to evaluate miracles that have been reported to result from people who have been praying for the intercession of that person. These miracles are most often based on healing of a disease that was thought to be incurable, where the change in the disease condition is unexplainable by medical science; prayer made for the intercession of the holy person is the action to which the healing is ascribed. That is, intercessory prayer was the method utilized in gaining God's grace in performing a miracle. According to the current rules outlined in *Divinus Perfectionis Magister* (John Paul II 1983, no. 14.1) there is to be a board of medical experts in the Sacred Congregation whose responsibility is to examine reports of healings which are proposed as miracles.

Along these lines, when intercessory prayers are invited from parishioners during Mass, as frequently is the practice during the daily mass at the end of the Liturgy of the Word, aside from general requests, the most common specific requests are for healing of persons who are suffering serious diseases, such as cancer, and those who are facing risky medical procedures, such as surgery. But the Church has implemented the prayers for healing into the Mass since ancient times. Many prayers after holy communion are asking for healing through the words:

"... but only say the word and I shall be healed" are the summit of the confident prayer for healing (McManus 1984, p. 68-80).

Many saints directly cared for the sick – such as doctors like St. Luke, Cosmas and Damien, or those who served like Francis of Assisi, Elizabeth of Hungary, John of God, Camillus of Lellis, Martin de Porres, St. Bartholomew, St. Peregrine Laziosi, St. Maron, St. Damien de Veuster, and Benedict Menni through whom God has done many miraculous healings in their everyday ministry.

Another point are the examples of saints who performed the ministry of preaching or carried out a sacramental ministry, and the healings came as a confirmation of their ministry, more as a side effect (St. Padre Pio, St. John Marie Vianney).

As an answer to the needs of the world and of the Church, God often initiated the beginning of consecrated fellowships and societies where care for the health of others is preferred and the main point of the fellowship's charism – e.g. the orders of St. Vincent de Paul, St. Camillus de Lellis, sisters of Mother Teresa, the sisters of St. Elisabeth, and the sisters of the Holy Cross. But still the field is vast and many workers are needed.

The Catechism of the Catholic Church, when speaking about the Sacraments of healing, puts the prayer for healing in the discipleship of Jesus according to the example of the first disciples (Mk 6, 12-13). Here they proclaimed the need for repentance and expelled many demons, anointed many sick people with oil and healed them. This ministry brought about the special liturgical form of anointing the sick as one of the seven sacraments. As time went by the anointing became more and more exclusive and was called “the last anointing” by the Trent Council (CCC 1512). But the Second Vatican Council restored this sacrament to be a part of the life of a sick person. The anointing of the sick is not a sacrament for only the last moments of somebody's life. The proper time is certainly when a believer seems to be in mortal danger because of illness or old age (Paul VI 1963, no. 73). It is even possible to again receive this sacramental anointing when an illness comes back again or the person's status gets worse. Before difficult surgery as well as when an old person gets weaker it is convenient to receive anointing (CCC 1515). Through this sacrament the bishop or the priest makes present in a quite special way the Lord Jesus Christ, Head of the Church. As they are the only ones who can minister the Sacrament, the Church never contemplated the possibility that the minister can be a deacon or a lay person (CIC 1003).

In the administration of the sacraments, the bishop or the priest acts *in persona Christi Capitis* and *in persona Ecclesiae*. The person who acts in this Sacrament is Jesus Christ; the priest is the living and visible instrument. He represents and makes Christ present in a special way, which is why the Sacrament has special dignity and efficacy in comparison with a sacramental: therefore, as the inspired Word says concerning the Anointing of the Sick, “the Lord will raise him up” (Jas 5, 15). The priest also acts *in persona Ecclesiae*. The “presbyters of the Church” (Jas 5, 14) pray on behalf of the whole Church... Such a prayer is heard (Ratzinger 2005).

5. Practical Issues of Prayer For Healing and the Instruction on Prayers for Healing

In Matthew's Gospel, the Church has received the task from the Lord to "Heal the sick" and she has tried to fulfil this command by a health care ministry as well as by intercessory prayer that accompanies the sick. It was obvious that the early Church obediently carried on this ministry enthusiastically and effectively.

The Church, entrusted with the task of extending Christ's mission in time and space, cannot neglect these two essential tasks:

evangelization

the care of the sick in body and in mind.

Indeed, God wants to heal the whole person... (Benedict XVI 2010).

The Catholic Church has a long history of legitimizing the charism of healing. More than one hundred years of Lourdes pilgrimages plus the many miracle cures associated with the saints makes healing prayer less suspect and more acceptable than in some mainline Protestant churches. However, it is important to note that Protestants anointed with gifts of healing were very influential in launching many Roman Catholics into healing ministries. In recent years, a renewed appreciation of the healing power of the Eucharist has prompted the scheduling of regular healing Masses in nearly every diocese in the United States. Participants in these services are often reminded of the prayer recited prior to receiving the Body and Blood of Jesus Christ: "Lord, I am not worthy to receive you, but only say the word and I shall be healed" (Shlemon Ryan 2003, p. 6).

Many things have been said since the Second Vatican Council about the fresh air of the Spirit in the Church. Certainly the new movements that began to appear in the Catholic Church between 1960 the 1970's were considered as an inspiration of the Holy Spirit. In almost all of them a new hunger for a deeper relationship with God and for spiritual gifts was a common sign. Of course, this hunger was the strongest in the Charismatic Renewal. At the beginning emphasis was laid on the gifts of speaking in tongues, interpretation and prophetic words, but gifts of healing were generally avoided in prayer meetings. The reason was a fear that people might focus on a "selfish need to get healed" instead of the "more important need for spiritual growth." Teachings on healing and healing services were not encouraged in the early years of the Renewal.

Francis MacNutt is credited by many with breaking the taboo against this charism. As a Dominican priest his workshops and seminars on healing began to break down the barriers of ignorance and misunderstanding among Catholics. His insistence on the centrality of healing in the Gospel of Jesus Christ – he used to call the New Testament the Book about Healing (MacNutt 1991, p. 93) – eventually influenced the National Service Committee to permit the first national public healing service to be held at the 1974 National Conference at Notre Dame. The persons who participated in that historically memorable event were: Bobbie Cavnar, Fr. Tom Forrest, Fr. Francis MacNutt, Fr. Michael Scanlan, Sr. Breige McKenna and Barbara Shlemon Ryan (Shlemon Ryan 2003, p. 5).

Since then, the last decades of the 20th century have brought a new dynamism in the area of prayer for healing, but there have also been some mistakes, misunderstanding and misuse. The Vatican Congregation for the Doctrine of the Faith published “*Instruction on Prayers for Healing*” on September 14, 2000 by Joseph Card. Ratzinger as Prefect and Archbishop Tarcisio Bertone, S.D.B. as Secretary with the approval of John Paul II. But its publication stirred up public opinion due to the arbitrary interpretation by some of the mass media.

In answer to this, the Pontifical Council for the Laity with the collaboration of the International Catholic Charismatic Renewal Services convened the International Colloquium on Prayer for Healing and the Charismatic Renewal in the Catholic Church in Rome. The Pontifical Council for the Laity President, James Francis Cardinal Stafford, presided over the assembly of some 87 invited participants mostly from the worldwide Catholic Charismatic Renewal and 12 Vatican representatives. The Colloquium specifically focused on the Catholic Church’s understanding of the healing ministry, taking the Instruction on Prayer for Healing by the Congregation for the Doctrine of the Faith as the basis for the discussions and reflections (ICCRS Press release 2001).

So the *Instruction on Prayers for Healing* somehow summarizes what has emerged after the Second Vatican Council both in the renewed liturgy as well as in movements that were stirred up. As Archbishop Bertone in an interview for Vatican radio explained: “In order to avoid automatism, we have not said ‘healing prayers’ in the document but ‘prayers to obtain healing.’ This specification is important because a necessary and unavoidable healing is not automatically connected to prayer, with the risk of very great disappointment, or even desperation, if healing doesn’t take place” (Bertone 2000).

The document gives clear doctrinal aspects that express a biblical view from the Old and New Testaments. The historical context of prayer for

healing in the Catholic Church distinguishes all the liturgical forms of prayer for healing (first the Sacrament of Anointing of the Sick and then the other forms in the Liturgy) from the other prayers that are separately used apart from the liturgy.

But it does not avoid the Charism of Healing and ministering through this gift in the Church's traditional setting which is the right direction for today's ministry. It is rather clear about discerning the charisma of healing, how the gift operates and the possible dangers of misuse.

The second part of the document contains ten disciplinary norms that designate the parameters for prayers for healing in the Catholic Church today.

"Prayer for the restoration of health is therefore part of the Church's experience in every age, including our own. What in some ways is new is the proliferation of prayer meetings, at times combined with liturgical celebrations, for the purpose of obtaining healing from God" (Ratzinger, Bertone 2000, p. 6).

The idea of praying for the sick is not new at all but we can observe that at many places (not only traditional pilgrimage places like Lourdes, Fatima or Czestochowa) the local Church has begun to pray with fresh dynamism. The author has had the opportunity to observe such a process in the tiny town of Podolinec in the Slovakian mountains where in the former Piarist monastery and concentration camp for priests and clerics during the communist regime, the local fellowship having seen the great needs of the sick people in this area has begun to hold a small meeting with prayers for healing.

The true reason for calling such a meeting was the inability to satisfy the number of sick people asking for intercessory prayer. So fifteen years ago they began to pray after the evening mass in the monastery church without any announcements or invitations. "It was not about the numbers. We just wanted to pray for the sick and ask God to heal them" (Zamkovsky 2010). At that time there was a lack of any information or experience in this area. The sacramental ministry, which has strict rules, is one thing and the physical, psychological or spiritual sufferings of everyday life are another thing. People cannot ask for the Sacrament of Anointing the sick with every pain or look for the exorcist with every temptation. But to pray for the sick is warmly recommended by Holy Scripture as well as the Magisterium of the Church.

A simple form has developed in those years of ministry that happens every First Sunday of the month: after the evening mass (there is a clear separation from the liturgy) the prayer begins with a time of worship.

Simple, straight songs speaking to God and praising him directly are carefully chosen, for this is not a Gospel concert.

The only aim is to get closer to God and pray honestly. After all those years the time of worship seems to be the most important time for the majority of those gathered (the church has been packed every time with 800-900 people from all over Slovakia). An outsider's look at the worship time does not offer any dramatic manifestations. Many people express the freedom to access God as they are and rejoice in his presence. Many testimonies speak about healing the hearts during these times of worship.

After worship there is a time for short testimonies, very concrete, about experiences from these prayer meetings. It is not an easy moment but feedback is necessary in order to know what is really happening. The priest usually concludes the testimonies with a short kerygmatic message and then the Most Holy Sacrament is exposed. The ministry team tries to discern in the prayer what God is doing right now in this place. Following this is a procession with the Holy Sacrament which closes the time of prayer. Again this is also one of the strongest moments for many.

“When we started these prayers for healing we didn't know what to expect. After quite a few years we can say that the healing as such is not the centre of these prayers. Of course we have seen healings from cancer, alcoholism or other serious diseases. But much more often God touches broken family relationships and hearts destroyed by sin. People may expect more physical miracles, but I think that these many inner healings are bigger miracles than a healing from a cancer” (Zamkovsky 2010).

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Part III

**Communities Fullfilling
the Personalistic Aspect
of Health Promotion**

Chapter XIV

Healthy Public Policy

(MIROSLAW KALINOWSKI, IWONA NIEWIADOMSKA)

1. Characteristics of Macro- and Micro-Social Health Promotion Systems

In many countries, we observe a shortage of undertakings directed towards health promotion. What is more, the programmes implemented are characterised by low effectiveness. Tendencies of this kind in turn translate into an increase in health-hazardous behaviour among citizens (Urban 2004, p. 215). The effectiveness of prevention significantly depends on the creation of system solutions at the macro- and micro-social levels (Świętochowska 1995, pp. 122-124; Eckstein, Sierosławski 2007, p. 198).

At the macro-social level, the following factors should be taken into consideration (Świętochowska 1995, pp. 122-124; Niewiadomska et al. 2010, p. 68):

- 1) general and long-term principles of health promotion;
- 2) development of health policy at the national level (i.e. in the Ministries of Health, Labour and Social Policy, Education, Justice, Defence, the Interior, and in others) as well as on the regional level;
- 3) modern techniques of preventing negative social phenomena;
- 4) lists of programmes, services, and institutions active in this field;
- 5) funds allotted to health goals;
- 6) guidelines for institutions responsible for the issues of education, labour, child care, health, social welfare, and crime prosecution;
- 7) support for state bodies, self-government institutions, and non-governmental organisations that implement the objectives of healthy public policy;
- 8) mechanisms aimed at integrating the initiatives undertaken – e.g. coordinating the cooperation of public entities, NGOs, and mutual aid groups in the performance of their shared prevention tasks.

The micro-social health promotion system should be developed on the level of local communities. The following arguments speak in favour of this idea (Urban 2004, pp. 225-226):

- the possibility of diagnosing problems at an early stage;
- high adequacy of prevention activity to the needs of recipients;
- a chance to take preventive measures with regard to risk group individuals starting from the earliest developmental stages;
- the existence of natural social bonds, increasing the organisational efficiency and effectiveness of implemented programmes;
- large possibilities of conducting periodic evaluation research;
- flexibility ensured by introducing corrections and modernisations to prevention activities;
- high economy.

The literature on the subject emphasizes that the optimal area for working out and implementing health promotion activities is that level of local community on which local government, self-government, and non-governmental institutions work closely together. The coordinated activity of these entities offers a natural opportunity to create a local prevention system.

We may define local prevention system as a complex of activities (methods and forms) organised by appropriate institutions and intended to have preventive effect, directed to maladjusted individuals as well as to forms of regulation of the functioning of the local community as a whole (Michel 2004, p. 292).

A system of local prevention must therefore take into account the features of and relations within the local community that determine the fate of each individual and the entire community. Thus, the main idea of local health promotion is to shape these elements in such a way that they make up a dynamic and harmoniously working whole (Michel 2004, pp. 292-295).

The need to initiate health promotion strategies at the local level finds confirmation in the results of evaluation research, which indicate that the most effective programmes are those that use the resources of small communities to a considerable degree. The initiative of institutions engaged in preventing various kinds of problems – on the individual and communal levels – should therefore be directed to the integration of activities in the immediate environment and to the search for partners in schools, NGOs, churches, and different social groups (Jameson et al. 2000, p. 225; McKay 1993, pp. 27-30).

The existence of close connections between the occurrence of different kinds of problems underlies the health promotion policy of those countries in which emphasis is placed on solving various problem issues in a given

area. This approach is justified by the nature of social difficulties, which come in characteristic clusters – e.g. delinquency co-occurs with alcohol abuse, social marginalisation, poverty, and neglect of health (Seligmann et al. 2003, pp. 744-745; Bałandynowicz 2004, p. 71). Empirical analyses indicate that members of local communities realize the occurrence of multiple problems in such communities as well as the interconnections between them. Respondents also believe that local prevention programmes should address issues such as (Sierosławski, Świątkiewicz 2002, p. 15):

- unemployment,
- psychoactive substance use,
- livelihood problems,
- delinquency,
- public safety,
- poor health of the society,
- the use of violence.

We may then conclude that disorders of various kinds influence one another, forming a system of individual and social pathologies, which in turn necessitates developing integrated actions that will prevent its emergence or reduce its acuteness (Świętochowska 1995, pp. 122-124).

Therefore, it should be stressed that the success of health promotion activities in the local community significantly depends on (Świątkiewicz 2002, pp. 42-44):

- the multifacetedness of strategies adopted,
- their integration,
- their incorporation in social policy,
- the involvement of local authorities,
- good awareness of the available human and institutional resources,
- the release of the creative potential of community members.

The effectiveness of health promotion also depends on the quality of cooperation in both vertical and horizontal dimensions. Vertical cooperation – between national and regional level entities – should especially address priority setting as well as planning, coordinating, funding, and evaluating prevention activities at the local level. Bodies involved in vertical cooperation should also feature representatives of institutions responsible for preventive education, family medicine, social welfare, education, public order, and administration of justice (Eckstein, Sierosławski 2007, pp. 195-199).

Horizontal cooperation – between entities active within the local community – should result in (Eckstein, Sierosławski 2007, pp. 195-199):

- adjustment of general prevention guidelines to local needs and possibilities,
- complementary initiation of activities;

- synchronization of tasks;
- clear specification of competences for each of the entities involved
- e.g. institutions, NGOs, or mutual aid groups.

The above principles differ from the actual ways in which healthy public policy is implemented. The results of empirical analyses clearly indicate that prevention activities lack integration – both at the macro-social level and in local communities. Entities involved in their implementation do not cooperate with one another in promoting proper values and norms of behaviour among citizens. This manifests itself in the lack common strategies of influencing society as well as in the views of individuals responsible for shaping social policy (Barak 1998, p. 277; Stretesky, Unnithan 2002, pp. 213-214).

The lack of coherent health promotion policy contributes to the disintegration of humane values. This manifests itself in the fact that the pathology of behaviour – on the individual and/or social levels – develops very quickly in those countries that exhibit the characteristic features of consumerist industrial civilisation. With economic profit coming to the fore and other values being deprecated in interpersonal relations, such civilisation results in “one-dimensional society” and “one-dimensional human.” Additionally, mass culture patterns are usually adjusted to the level and tastes of recipients with distorted needs (Karpowicz 2001, p. 13).

It should be stressed that only coherent healthy public policy at the macro- and micro-social levels may effectively reduce the phenomena that significantly contribute to deviant style of behaviour. Such phenomena include (Karpowicz 2001, p. 15):

- orientation to material goods, with simultaneous neglect of other values;
- one-dimensional view of life success, leading to ruthless competition and workaholism;
- spiritually impoverished culture patterns;
- media messages allowing the promotion of deviant behaviours – e.g. the popularisation of youth subcultures or psychoactive substance use;
- low control of organized crime;
- anonymous character of interpersonal relations – individuals living in the same neighbourhood rarely get to know one another or establish closer relations, which results in degeneration of social control.

2. An Example of Integrated Health Promotion Activities: Poland's Nationwide Network of Addiction-Free Colleges (OSUWU)

A survey¹ conducted in 2004 on an Poland's nationwide sample of college students revealed two tendencies. Firstly, nearly 41% of students – full-time and part-time – had had contact with drugs. Over 22% of them had used drugs in the previous year, and 12% had done so in the previous month. This means that approximately 380 thousand students had used drugs and that about 200 thousand of them were in danger of addiction.

Secondly, about 80% of the respondents expressed the opinion that higher education institutions ought to be an environment creating effective anti-drug policy by promoting healthy lifestyle as well as by equipping students in proper knowledge and professional competences necessary to implement anti-drug policy as part of their future professional activity.

Additionally, as part of the “Drug-Free Colleges” action, for over two years student organizations launched various initiatives aimed at curbing substance abuse in their academic communities. Analysis of these activities leads to a clear conclusion: the effectiveness, versatility, and professionalism of anti-drug activities were greater where students received real support from college authorities.

The arguments presented above gave grounds for the initiative of Mrs. Barbara Labuda, Secretary of State in the Chancellery of the President of the Republic of Poland, to establish Poland's Nationwide Network of Addiction-Free Colleges (OSUWU) in the academic year 2004/2005 (Kalinowski, Niewiadomska 2005, p. 2; Niewiadomska, Kalinowski 2005, pp. 18-19). In October 2005, 115 higher education institutions volunteered for participation in the Network. They included schools offering programmes in:

- Liberal Arts,
- Art,
- Educational Studies,
- Technology,
- Medicine,
- Economics,
- Agriculture,
- Uniformed Services training.

¹ The survey was carried out by the Sopot-based Social Research Agency (PBS DGA).

Such a large representation of the academic community showed that academic authorities are more and more acutely aware of the seriousness of the addiction problem and are willing to join the efforts undertaken to counteract this threat. During a special session, vice-chancellors and other representatives of academic environments appointed the OSUWU Steering Committee, consisting of representatives of seven Polish colleges that were the most advanced in their prevention activities.

The tasks of the Steering Committee included:

1. coordinating the work on drawing up substantive, financial, and organisational standards for prevention work at colleges;
2. supporting higher education institutions in the initiation and implementation of undertakings reducing the problem of substance abuse in local academic communities.

On account of its nature, the Network project was taken under the wing of the Conference of Rectors of Academic Schools in Poland (CRASP). Figure 1 presents the network of entities making up Poland's Nationwide Network of Addiction-Free Colleges.

Figure 1. Entities implementing the objectives of integrated substance abuse prevention in Poland's Nationwide Network of Addiction-Free Colleges

Conference of Rectors of Academic Schools in Poland (CRASP)
- Patronage of Poland's Nationwide Network of Addiction-Free Colleges
The Steering Committee of Poland's Nationwide Network of Addiction-Free Colleges
- developing prevention standards in OSUWU
- initiating and coordinating integrated prevention at individual colleges
Colleges participating in Poland's Nationwide Network of Addiction-Free Colleges
- entities implementing the programme in local academic environments
- entities participating in the development of integrated prevention standards for the Network

General objectives of Poland's Nationwide Network of Addiction-Free Colleges. The population of students comprises individuals to varying degrees in danger of psychoactive substance dependence. The activities of the Network were aimed at two groups, characterised, respectively, by low and high risk of substance use. The following objectives were set with regard to the former group:

- enhancing the students' development potential,
- developing competences conducive to prevention activity in their future professional careers,
- promoting healthy lifestyle.

With regard to students from the high-risk group, the main objective was the reduction of the factors that contribute to psychoactive substance use, mainly through intervention activities and counselling.

When designing the programme, special care was taken to ensure that the standards implemented possess the attributes of the contemporary prevention model (Gaś 1993, pp. 29-30):

- **Proactivity** – taking action before psychoactive substance use problems emerge, which means, above all, enhancing the development potential and promoting health rather than combating pathology.

- **Orientation to the needs of the population that the programme is directed to** – taking action based on the results obtained in diagnostic research, aimed at reducing the causes of psychoactive substance use.

- **Variety and multidimensionality of activities:** using strategies of different types – e.g. information, education, or intervention – in order to meet the specific needs of recipients.

- **Personal responsibility and active involvement** – the assumption that the acuteness of problems connected with psychoactive substance use will decrease if students develop a greater sense of responsibility for their own development as well as for promoting healthy lifestyle in their communities through active involvement and participation in the realisation of different tasks.

- **Individual-orientated and community-orientated action** – the assumption that the promotion of attitudes conducive to abstinence should be oriented both to individuals and to various groups making up the academic community.

- **Low operational costs** – activities connected with development support, health promotion, and risk factor reduction for substance abuse are cheaper than damage reduction strategies for individuals addicted to psychoactive substances.

Within a relatively short time, OSUWU functional framework was created with regard to the implementation of prevention standards in higher education institutions, as illustrated in Figure 2.

Research standards. Two types of research were undertaken in OSUWU: diagnostic and evaluation research. Diagnostic research was aimed at characterising the phenomenon of psychoactive substance use among students – at describing, among other things, the spread and patterns of substance use, consumption styles, the amount of supply, factors increasing the risk of chemical substance use, and factors protecting from such behaviours. Evaluation research concerned the effectiveness of prevention activities implemented in particular academic centres. The work connected with diagnostic research was divided into four phases:

Figure 2. The scope of integrated substance abuse prevention activities in Poland's Nationwide Network of Addiction-Free Colleges

Type of OSUWU activities:
RESEARCH
+
PREVENTION ACTIVITIES
+
MEETINGS OF PLENIPOTENTIARIES FOR PREVENTION
+
COOPERATION WITH INSTITUTIONS FOR PREVENTION
+
FUNDING PREVENTION ACTIVITIES
+
INFORMATION FLOW WITHIN THE NETWORK

- I: designing a method of preventive diagnosis to be used at colleges;
- II: conducting research in particular academic centres of the Network;
- III: calculating the results obtained;
- IV: working out conclusions concerning the need for prevention in particular academic centres as well as in the entire Network.

A preliminary version of the method was designed in the centre responsible for the Network's research procedures (Jagiellonian University). During the first meeting of the people in charge of prevention at colleges, changes in the proposed method were discussed. During the second meeting of plenipotentiaries for prevention in academic communities, work on the method of preventive diagnosis was completed and common algorithms were worked out concerning the way of conducting research as well as processing the obtained results – e.g. selecting representative samples, the schedule for submitting research results, processing the results, and presenting them. Based on the diagnostic method, a questionnaire for the evaluation of implemented activities was also prepared.

Figure 3 presents a summary concerning research standards in OSUWU. It should be noted that working out standards of this kind is very important because on the one hand they enable comparing the obtained results in terms of various criteria (e.g. type of schools or region), and on the other – they allow to design integrated strategies for prevention activities.

Figure 3. Research standards in Poland's Nationwide Network of Addiction-Free Colleges

1. WORKING OUT RESEARCH STANDARDS	RESEARCH DIAGNOSING SUBSTANCE ABUSE PROBLEMS	COMMON RESEARCH METHODS
		COMPARABLE RESULTS
2. COORDINATION OF RESEARCH IN ACADEMIC CENTRES	EVALUATION RESEARCH OF IMPLEMENTED ACTIVITIES	COMMON RESEARCH METHODS
		COMPARABLE RESULTS

Prevention activity standards. It was undertaken in the Network to work out several kinds of standards that were supposed to help in the attainment of the prevention objectives set. This entailed working out the following:

1. the scope of rights and duties of the plenipotentiary for prevention;
2. courses – compulsory and elective – aimed at enhancing the students' personal development and potential;
3. ways of filling students' spare time that contribute to health promotion in the academic community;
4. curricular content, serving to equip students in knowledge and skills in the area of substance abuse prevention;
5. aid activities for students experiencing difficulties.

The function of plenipotentiary for prevention was created in order to design, coordinate, and supervise college prevention programmes as well as represent colleges outside in matters of designing integrated substance abuse prevention. Creating this function was justified as serving the effectiveness of health promotion, which is considerably affected by the comprehensive, interdisciplinary, and long-term character of the undertaken and implemented strategies.

The team of experts established at the beginning of OSUWU's existence, suggested that colleges may optionally use various forms of activity that serve the fulfilment of prevention objectives.

The recommended activities aimed at students' personal development included:

- adaptive classes at the beginning of the first semester of studies;
- workshops and trainings in substance abuse prevention.

Strategies promoting health in the academic community included, above all:

- creation of internal cooperation networks at colleges for the implementation of various kinds of constructive activities;

- involvement of students in the creation of the college prevention programme;
- supporting the activity of students' research circles;
- assistance in the implementation of all students' initiatives contributing to constructive use of free time;
- extension of library opening hours;
- increasing the availability of sports facilities;
- cooperation with local self-government in the area of prevention activity.

It was also recommended that compulsory classes concerning addiction issues should be introduced, especially in faculties and departments of law, psychology, educational studies, and journalism, as well as in medical colleges and uniformed services schools, so that future lawyers, psychologists, police officers, or teachers have the knowledge and practical skills in the area of counteracting the substance abuse problem.

As regards help for students experiencing difficulties, activities were recommended such as:

- opening counselling points for young people experiencing various problems – to be run by professionals as well as trained students;
- supporting peer self-help;
- creating crisis intervention centres;
- substance abuse trainings for college staff – especially for people in charge of supervising students.

In order to work out standards for enhancing students' individual development potential, promoting health in the academic community, building professional competence, and initiating an integrated help system for students who experience difficulties, working teams were created in OSUWU whose task was to prepare projects of activities adjusted to specific types of higher education institution. Figure 4 summarizes information concerning prevention activity standards in the OSUWU system.

Competence standards for plenipotentiaries for prevention. In order to enable plenipotentiaries for prevention to acquire and improve their skills, OSUWU introduced two types of activities: meetings and trainings. Meetings came down to discussions on current problems in the functioning of the Network and its programmes implemented at the college level. OSUWU rules provide for biannual general meetings of plenipotentiaries for prevention.

The other type of activity implemented in OSUWU, aimed at improving the competence of plenipotentiaries, was training. Based on the information obtained from plenipotentiaries for prevention, 11 types of training were designed. They covered issues such as:

1. Multidimensional problems of students – somatic, psychological, social, and spiritual.

Figure 4. Prevention activity standards in Poland's Nationwide Network of Addiction-Free Colleges

Type of planned prevention activities in OSUWU	
APPOINTING THE PLENIPOTENTIARY FOR PREVENTION	– activity common to all colleges
+	
CLASSES ENHANCING STUDENTS' DEVELOPMENT POTENTIAL	– activity common to all colleges – activities specific to a particular type of college
+	
CLASSES PROMOTING HEALTH	– activity common to all colleges – activities specific to a particular type of college
+	
CURRICULAR CONTENT INCREASING PROFESSIONAL COMPETENCE IN THE AREA OF SUBSTANCE ABUSE	– activities specific to a particular type of college – activities specific to a particular profession (within a given college type)
+	
INTERVENTION WITH REGARD TO STUDENTS IN NEED OF HELP	– activity common to all colleges

2. Psychoactive substance use in the population of young people: causes, kinds of psychoactive substances used, signs of use, and symptoms of addiction.

3. The construction of prevention programmes at colleges.
4. The funding of prevention programmes at colleges.
5. Integrated health promotion strategies – applications to the academic community.
6. The strategy of information – applications to the academic community.
7. The strategy of education – applications to the academic community.
8. The strategy of alternatives (for using spare time) – applications to the academic community.
9. The strategy of development support groups – applications to the academic community.
10. The strategy of intervention – applications to the academic community.
11. The evaluation of prevention programmes at colleges.

Aware of the diversity of competence among plenipotentiaries for prevention from different types of colleges, the OSUWU Committee decided that the training offer would be sent to every academic centre participating in the Network. A particular type of training was held if a group of participants formed. A summary of issues concerning competence standards for plenipotentiaries for prevention is presented in Figure 5.

Figure 5. Competence training standards for plenipotentiaries for prevention in Poland's Nationwide Network of Addiction-Free Colleges

MEETINGS OF PLENIPOTENTIARIES	TRAINING COURSES FOR PLENIPOTENTIARIES
↓	↓
Objective: Improving the effectiveness of activities at the Network level	Objective: Improving the effectiveness of activities at the college level

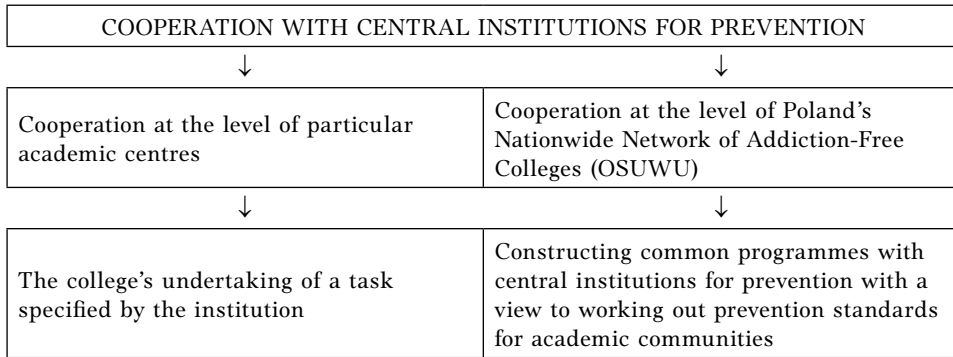
Cooperation with central institutions for prevention. An important element of the activity of OSUWU was the cooperation with institutions whose statutory activity included tasks connected with promoting health and counteracting social pathologies. For this reason, on 18 May 2005 in the Presidential Palace in Warsaw, the OSUWU Committee met with representatives of such institutions. The meeting was attended by: Deputy Chief of Police, Director of the State Agency for Alcohol-Related Problems, Director of the National Bureau for Drug Prevention, Deputy Director of the National AIDS Centre, Resident Representative of the United Nations Development Programme in Poland, and Director of the Department for Higher Education. The talks concerned the possibility of establishing substantial, financial, and organisational cooperation between colleges and the above institutions – at the level of the Network as well as at the level of particular academic centres. Other issues discussed were the following:

- the implementation of college prevention programmes in the activity of government bodies responsible for different aspects of health promotion;
- joint initiatives of OSUWU and state agencies for prevention.

Figure 6 illustrates the possibilities of activity in the area defined above.

Funding prevention activities. Funding is the factor that considerably increases the effectiveness of health promotion activities. For this reason, meetings of people in charge of prevention at colleges also addressed the issue of raising funds for prevention activities – e.g. from the college budget, local self-government budget, the budgets of central institutions for

Figure 6. The possibilities of cooperation between Poland's Nationwide Network of Addiction-Free Colleges and central institutions for prevention



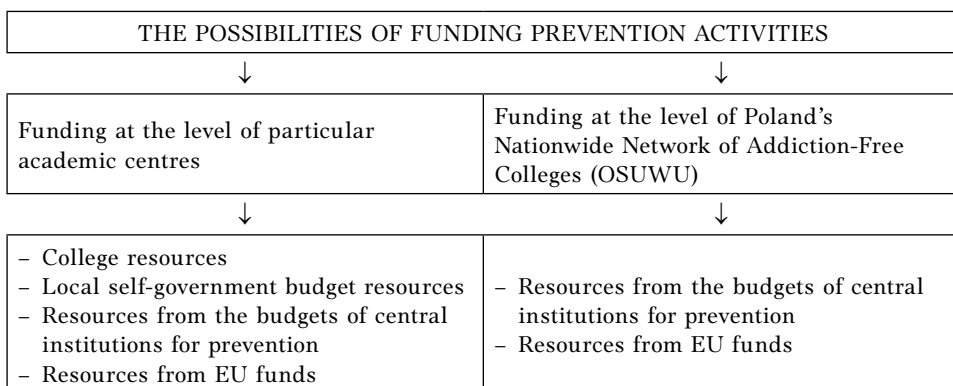
prevention and from EU funds. The last source of funds was given special attention, as being part of Poland's Nationwide Network of Addiction-Free Colleges was particularly advantageous for the college that wants to obtain European funds for its prevention programme. This is a consequence of the opportunity that participation in the Network gives of attracting partners (other colleges) to projects, which makes it possible to create:

1) regional prevention projects – common prevention programmes for different types of colleges in a given region of the country;

2) prevention activity projects for specific types of colleges – integrated projects for the same type of college in different parts of the country.

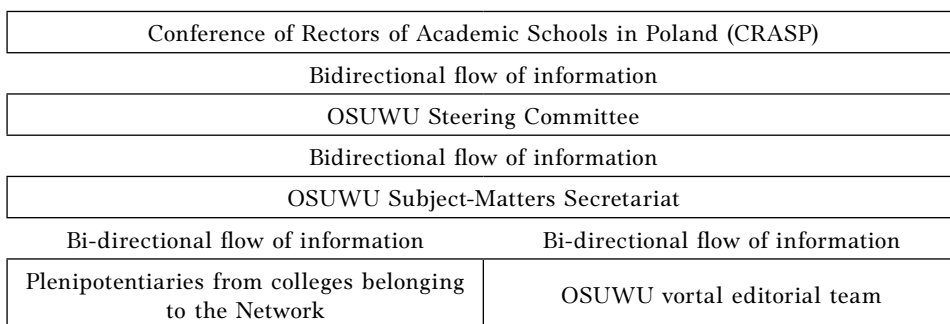
Figure 7 presents the possibilities of raising funds for the implementation of prevention activities in OSUWU.

Figure 7. The possibilities of funding prevention activities in Poland's Nationwide Network of Addiction-Free Colleges



Information flow in Poland's Nationwide Network of Addiction-Free Colleges. In order to ensure efficient functioning of the OSUWU system, a special interactive Internet vortal was opened (www.uwu.pl) and a base of contacts (electronic contacts / telephone numbers / addresses) was built, comprising plenipotentiaries for prevention from particular colleges. This created a unique possibility for the flow of information indispensable to the Network's functioning. Messages contained information concerning the ways in which prevention programmes were implemented at the level of individual colleges and at the level of the integrated system. Figure 8 illustrates information flow in OSUWU.

Figure 8. Information flow in Poland's Nationwide Network of Addiction-Free Colleges



Summing up the Poland's Nationwide Network of Addiction-Free Colleges initiative, we should emphasise the multidimensionality and diversity of the proposed strategies. Joint activities commenced in the academic year 2004/2005. It was in that period that the assumptions of the programme were designed and academic communities were integrated around issues of substance use prevention. In the years 2006-2007, work was in progress on carrying out preventive diagnosis at colleges, establishing OSUWU in the structure of the Conference of Rectors of Academic Schools in Poland (CRASP), introducing the function of plenipotentiary for prevention at colleges, increasing the competence of people in charge of prevention in academic communities, implementing prevention standards, establishing long-term cooperation with central institutions for prevention, and working out ways of funding the Network. OSUWU activities were suspended in 2008 due to financial problems. However, the assumptions and characteristics of the programme presented above argue for the reactivation of Poland's Nationwide Network of Addiction-Free Colleges – mainly on account of its systemic solutions in the area of health promotion at colleges.

3. The Significance of Social Capital in Health Promotion

The case of OSUWU indicates that individual resources connected with the person's multidimensional functioning constitute a result of the interconnection between the person's traits and the "capital" of those groups that create opportunities for long-term increase of the individual's development potential (Sampson & Laub, 1990, pp. 18-19).

Health-related activity should make the greatest possible use of the resources offered by existing social networks.

Two arguments speak in favour of such a solution (Sęk, Cieślak 2004, pp. 16-17):

- high effectiveness of such social networks;
- their easy accessibility.

Family health capital: the preferred values and norms of conduct.

Family constitutes the most important environment for human development. Resources created by other communities – e.g. thanks to friendship "networks" or permanent employment – come later in importance (Thornberry 1997, p. 4). There are three mechanisms that allow family members to transmit social health capital to individual resources (Wright et al. 2001, pp. 5-6):

- time and effort invested in the process of upbringing;
- emotional bonds between family members;
- explicitly articulated instructions concerning acceptable and unacceptable behaviours.

The above mechanisms show that, in designing prevention systems, family health capital should be reinforced, so that family resources serve individuals by contributing to the formation of constructive behaviours as well as by providing support in life problems (Clear et al. 2001, pp. 344-347).

Churches, which constitute natural communities within local communities, may play an important role in promoting positive lifestyle.

The power of the health promotion activities of religious groups is a consequence of the fact that these groups (Hummer et al. 1999, pp. 273-285):

- provide behaviour patterns;
- have the possibility of regulating the behaviour of their members;
- integrate local inhabitants;
- provide multifaceted support.

Christianity holds that the individual seeks a meeting with others in order to find complement in the social environment. The existential iden-

tity of the human person by no means precludes communication with the external world: it actually demands involvement in social life. It is in a community that the individual finds natural culmination (Gocko 2005, p. 39). Groups functioning within the Church are expected to be characterised by the participation of each person in the life of another in the spirit of love as well as by everyone's involvement in and for the sake of the community (Gocko 2005, p. 43). This view of participation shows that in Christian religious groups the individual not only gains a sense of security and belonging as well as multifaceted support – but also engages in conduct following the values and norms established in the religious community (Benda 2002, pp. 91-121). The potential of religious communities for promoting constructive lifestyle is additionally enhanced by Christian anthropology, orientated towards reinforcing dignity, freedom, responsibility, and openness to others (Steuden 2005, p. 34). This rests on the following premises (Kalinowski 2005, pp. 147-151):

- religion satisfies the need for security by giving a sense of “rootedness” in the Absolute and in the unchanging Authority;
- religious identity justifies the subordination of instincts to the sphere of values;
- religious content provides moral concepts that constitute the frame of reference for judging and ordering the world;
- piety is an important resource for coping with problems – in difficult situations the individual may resort to religious motivations to take action; reference to spiritual values makes it possible to retain positive self-esteem, and adherence to moral standards gives a greater potential for positive behavioural orientation;
- mature religious attitude co-occurs with mature personality and constructive interpersonal relations.

The above tendencies show that the teachings of the Church are conducive to the coherence of cognitive, emotional, and active elements orientated towards individual and common good. As a result, the attitudes of believers become effective regulators of health behaviour (Walters 2005, pp. 5-24).

Other communities that play an important role in overcoming life's difficulties are “support groups,” which may be defined as (Schoenholtz-Read 2003, p. 161):

- **small,**
- **interactive teams of people under stress,**
- **led by professionals or non-professionals.**

Members of support communities meet because they need help and expect the community to give them a chance to confide their problems to

others. Sharing difficulties with other people is the key factor in developing group coherence, which in turn enables group members to take the risk of expressing hidden emotions and establishing bonds that ensure support, acceptance, and normalisation of experiences. The established group norms, the observation of others, and social modelling bring about change in the perception of one's own problems, in thinking, and in the emotions experienced. Thus, the social environment created by group members becomes a factor that strongly contributes to constructive change in the individual's behaviour (Schoenholtz-Read 2003, pp. 162-163).

The presented mechanism allows us to conclude that one of the important aspects of the implementation of a health promotion system ought to be the creation of mutual aid groups, whose character may be (Schoenholtz-Read 2003, pp. 164-165):

- psychotherapeutic - diagnosis-based inclusion in the group, group contract, professional leadership, theoretical framework, comprehensible objectives and therapeutic techniques;

- other than psychotherapeutic (mainly mutual aid groups) - entry based on one's own identification of the problem and the need for help, no formal group contract, latitude in attendance requirements, no professional leadership, pragmatic interventions rather than techniques based on psychological theories, stress on social support.

The creation of therapeutic groups is connected with providing specialist assistance to individuals experiencing psychological difficulties. The functioning of the individual addicted to a psychoactive substance in a therapeutic community may serve as an example. Remaining under the influence of such a group for a considerable period of time and being gradually transferred to the care of the family results in the participant of the therapy gradually abandoning contacts with the drug environment and at the same time establishing new ties with the members of the therapeutic community as well as tightening contacts with the family. In this way, social support systems are formed which contribute to health promotion activities and, consequently, increase the chance of the individual's successful adaptation to the demands of the surrounding reality (Leon 2000, pp. 356-357).

The health promotion system should also be reinforced by the activity of mutual aid groups. Communities of this kind emerge on a voluntary basis, bringing together individuals who experience similar life problems and support one another in solving them (Czabała, Sęk 2000, p. 618). The activities of such communities are justified by (Riessman, Carroll 2000, pp. 38-44; Yalom, Leszcz 2006, pp. 444-446):

- their high effectiveness;

- their positive ethos;
- their flexibility – the mutual aid approach is easily adjusted to a broad circle of people with different problems.

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Chapter XV

Family

(IWONA NIEWIADOMSKA, JOANNA CHWASZCZ)

The expression *homo familiaris* indicates that man is a family being, as it is in the family community that individuals come into the world, satisfy their multidimensional needs, as well as develop and fulfil the meaning of their existence (Wilk 2002, pp. 6-7). The Catechism of the Catholic Church clearly points to the significance of this community for individual and social existence (CCC 1994, number 2207):

The family is the original cell of social life. It is the natural society in which husband and wife are called to give themselves in love and in the gift of life. Authority, stability, and a life of relationships within the family constitute the foundations for freedom, security, and fraternity within society. The family is the community in which, from childhood, one can learn moral values, begin to honour God, and make good use of freedom. Family life is an initiation into life in society.

It should be stressed that family community constitutes a dynamic system which determines the development of its individual members as well as of the entire family. This is a consequence of interactions between family members – interactions that have the character of feedbacks (positive and negative). Thanks to these constant processes and the simultaneous ability to maintain a relative balance between them, family is a community that generates very important resources protecting individuals – especially children and young people – from deviant behaviours (Braun-Gałkowska 1989, p. 107; Braun-Gałkowska 1991, pp. 59-60). Factors that should be regarded as particularly important in this respect include (Grze-siuk 2005, p. 190):

- setting clear but at the same time permeable borderlines between the family system and the external environment as well as between subsystems within the family;

- effective interpersonal communication, enabling development stimulation and constructive problem solution;
- satisfying physical and psychological needs – such as a sense of security, belonging, love, and respect;
- creating a natural system of support for the physical, psychological, spiritual, and social development of family members;
- moulding the world view, axio-normative standards, and social attitudes.

1. The Dynamics of the Family System

According to the concept of the family as a system, it is possible to isolate eight stages of family development (Ostoja-Zawadzka 1994, pp. 18-30):

- 1) “without children” – lasts for about 2 years after marriage;
- 2) “with a small child” – about 2.5 years;
- 3) “with a pre-school child” – about 3.5 years;
- 4) “with a school child” – about 7 years;
- 5) “with an adolescent” – about 7 years;
- 6) “launching a young adult” – about 8 years;
- 7) “empty nest” – about 15 years;
- 8) “ageing” – about 15 years.

The above phases of family life development only give a simplified picture of this multidimensional process. We should be aware that the stages may overlap – e.g. “with a pre-school child” and “with an adolescent” phases may coincide in a numerous family. There are also families incomplete as a result of divorce or due to the death of a parent or a child. The above division is only intended to facilitate the understanding of family life cycle and its main tasks at each stage of development. Yet, before characterising the stages of functioning of family community, we should attend to the premarital period, which ought to be the time for a man and a woman to get to know each other, exchange views, and show love (Braun-Gałkowska 1992; Majkowski 1997).

Re 1) Marriage “without children.” During the first stage of marriage, husband and wife learn their new roles. They move from the “I-“you” identities to the “we” identity, thus creating a community. The first marital crisis frequently has its source in disappointment with the relationship itself or with the partner; these seem not to fulfil the expectations of young people because of the additional duties involved. Personal habits

and customs may be another problem, causing numerous conflicts. Both sides begin to try to impose “their own style” (Sujak, 1971, p. 96). Working out “a community of life” demands good communication between spouses, characterised by (Niebrzydowski 1990, p. 81):

- openness;
- discovering various manifestations of love;
- the ability to compromise in conflict situations;
- constructive anger management.

Re 2) Marriage “with a small child.” Another person – a child – appears in the marital community, which results in a shift of borderlines within the family system. The husband-wife dyad is loosened for the sake of the mother-child dyad for a period of approximately 9 months and then restored to the previous configuration. The birth of a child brings considerable change, since the spouses enter new roles as father and mother and take up new duties. In this stage, conflicts most often arise due to:

- the transition from “we” phase to “we and the child” phase;
- the necessity to reconcile different roles and/or divide new duties (e.g. the difficulty of combining professional and family duties in the case of working mothers);
- changes in showing love;
- household budget division.

There is also the issue of alienation crisis in men in cases when the mother strengthens her bond with the infant while the man cannot get used to the role of a father and at the same time feels rejected by his wife. The way to prevent this situation is to involve the husband in all child care activities and to overcome stereotypes concerning male and female roles in family life and at work.

Re 3) Family “with a pre-school child.” This stage is also described as the period of relative stability in family life because it is the time when the relationship between spouses becomes strengthened and the child begins to form a separate subsystem. Moreover, the age of the child allows the parents to continue professional work and social activity. Problems at this stage may be due to difficulties connected with:

- fulfilling parental roles;
- taking up and/or involvement in professional work;
- too tight household budget;
- fulfilling the needs of each member of the system.

If they are constructively resolved in love, trust, and mutual respect, the difficult situations experienced contribute to the deepening of family ties.

Re 4) Family “with a school child.” Family community with a school child is usually also going through one of the earlier phases at the same

time – the second or the third. This makes it necessary for parents to be very flexible in their behaviour. Their conflicts in this stage most frequently concern:

- contradictory needs;
- division of duties;
- expenses;
- ways of spending free time;
- reconciliation of professional and family roles.

An important issue in the marital relationship is the mutual acceptance of physiological changes, mostly concerning appearance. Individuals fixated on youth and driven by lower values – such as erotic love, strength, or fitness – often refuse to accept physiological changes, and this refusal manifests itself, among other things, in looking for younger and/or more attractive partners. Marital infidelity causes an internal integration crisis of the the family system, and divorce causes the crisis referred to as “a change in the living space,” affecting the entire family. The child may experience problems connected with adaptation to school and peer group as well as difficulties with overcoming the exclusive authority of the parents.

At this stage of family development, it is important to cultivate universal values, accept developmental changes, and develop various forms of showing love. These protective factors enable household members to move on to subsequent stages of family system development.

Re 5) Family “with an adolescent.” It should be firmly emphasised that the entire system is “entangled” in the problems of adolescence. The important task in this stage is to establish qualitatively different parent-child relations, with clear elements of separation and controlled independence. Proper relations in this period allow, on the one hand, to maintain the authority of the parents, and on the other – to develop the teenager’s autonomy. A young person – aged between 13 and 19 – is undergoing an identity crisis. This means experiencing numerous internal conflicts, negating what has been received from others, and searching for one’s own solutions. The adolescent’s individual difficulties often translate into interpersonal conflicts involving the entire family, especially when the child’s adolescence coincides with parents’ mid-life crisis. Hence the importance of a proper marital relationship, thanks to which parents constitute an authority for the child and provide it with support. Regrettably, improper shifts in family subsystems frequently occur in this stage due to faulty interpersonal communication, ignorance of one another’s needs, and/or neglect of the marital relationship – as when one of the parents forms a coalition with the child against the other parent. A situation of this kind threatens both the stability of marriage and the teenager’s development.

What makes it possible to go successfully through this difficult stage in the dynamics of family community is the cultivation of proper hierarchy of values and the previously developed problem solving competences.

Re 6) Family “launching a young adult.” This is the stage when the child actually leaves home, not merely a period of his or her psychological separation. Young people enter adult life and experience the difficulties involved – e.g. difficulties in establishing intimate relationships or attaining social position (Płużek 1991). Sometimes a sense of guilt for wanting to live their own life is a very important problem. This is particularly often the case when the marital bond between the parents is weak and when their life concentrates on the child and on the desire to keep it at home. The sense of guilt may be strong enough to prevent the separation of offspring from parents (Barbaro 1994; Grzesiuk 1998).

Re 7) The “empty nest” stage. In this stage of family life the spouses remain on their own, which means that, at last, they have time to fulfil their own plans and dreams. If the marital bond has been cultivated since the beginning of their relationship, they begin to experience relative peace and happiness. Yet, it happens that, after children have left home, husband and wife become strangers to each other, which may lead to separation or divorce. Problems at this stage of family life concern mainly:

- the husband-wife relationship;
- getting used to new roles – mother/father-in-law and grandmother/grandfather;
- ending professional activity and going into retirement;
- organising free time;
- coming to terms with biological changes in the organism and with the experience of diseases;
- death of the spouses’ own parents, which is connected with mourning and with the awareness that the spouses now become the eldest people in the family.

Re 8) The “ageing” stage. In this stage, rapid biological changes occur that lead to deterioration in physical and/or psychological function. It is also at this stage that people take stock of their lives. Positive verification enables them to spend old age in peace; negative verification often leads to despair (Płużek 1991). Serious difficulties in this critical period may also be caused by:

- a serious disease;
- the spouse’s death;
- refusal to come to terms with ageing and one’s own approaching death.

It should be strongly emphasised that, thanks to positive assessment of one's life, this phase should be the time of reaping life's rewards – the joy brought by children, grandchildren, and great-grandchildren – as well as sharing practical wisdom with the loved ones.

The above presentation of stages of family life shows that the family community constitutes a natural system of support for its members – especially when they experience various kinds of problems.

2. Difficult Situations as a Potential Development Factor for the Family and Its Members

Home environment abounds in circumstances which the literature of the subject describes as difficult situations. Experiences of this kind may result in functioning disorders at the individual and community levels, but they may also become a factor stimulating the development of the entire family system and its individual members. The most frequent difficult situations occurring in the family community include: 1) conflicts – intrapsychic and interpersonal, 2) crises – developmental and situational. These are briefly characterised below.

2.1. Conflicts

This term is popularly understood as referring to quarrels or feuds that end in winners and losers being determined (Gut, Haman 1993). The essence of conflict is the clash of contradictory pursuits. If there is a struggle of motives, tendencies, or needs inside an individual, we speak of an internal (intrapsychic) conflict. If, on the contrary, the opposing tendencies originate in two or several individuals, we are dealing with an interpersonal conflict.

It is worth realising that conflicts – internal as well as external – are inherent in human life and development (Płużek 1991).

Intrapsychic conflicts consist in the inner struggle of motives, but at the same time they manifest themselves outwardly in human behaviour – e.g. in absent-mindedness, decision-making difficulties, as well as in chaotic and/or hesitant behaviour. The intensity of conflict depends on the values that the person ascribes to the contradictory pursuits involved, and its resolution is determined by goal preferences and decision-making

abilities (Płużek 1991, p. 95). The three most often distinguished **types of intrapsychic conflicts** are the following:

– **approach-approach**; its essence lies in the necessity to choose between two goals that have a positive meaning for the individual – e.g. between spending the weekend with friends and going on a family trip, assuming that both activities are desirable to the subject who experiences the dilemma; internal dialogue is supposed to lead to a decision regarding the more attractive option;

– **avoidance-avoidance**; a conflict of this kind is connected with a choice between two goals that have a negative meaning for the person; assuming that the forms of spending the weekend that were mentioned above have a pejorative meaning for the subject, the subject follows the “lesser evil” principle in choosing the goal to pursue;

– **approach-avoidance**; the last type of conflict involves only one goal, characterised by both positive (desirable) and negative (rejected) features; a dilemma of this kind is more stress-inducing, since the increasing conviction of the goal’s attractiveness is accompanied by its negative features gaining prominence, which prevents the individual from making a decision.

Summing up the above characterization, it should be stressed that:

Constructive resolution of an internal conflict stimulates the individual’s development by giving a sense of self-satisfaction and reinforcing self-esteem.

Interpersonal conflicts usually arise from a lack of communication between individuals or from mistakes in interpersonal relations. In a situation involving contradictory aims, individuals are inclined to “struggle” to force their arguments through. The resolution of an external conflict demands mainly that the “struggle” proceeds in keeping with the rules of effective communication – the competences it requires include talking skills, active listening, and expressing opinions from the “I” perspective, which makes it possible to express one’s feelings, desires, and/or views in a manner that does not hurt others.

An interpersonal conflict is resolved when both sides are satisfied with the solution, which not necessarily means that they have managed to force their own arguments through. The most popular way to resolve a conflict constructively is to work towards an agreement between the conflicting sides so as to satisfy, at least partly, the needs of every individual involved in the conflict. There are also certain behaviours of the conflicting sides that do not lead to conflict resolution – e.g. total abandonment of one’s own needs or postponement of their satisfaction, separation, periods without talking to each other, or escape into hazardous behaviours (drinking alcohol, fast driving, casual sexual contacts, etc.).

In the context of the analysed issue, it is worth concluding that a total lack of conflicts in a family testifies to the lack of development in that family system due to superficial relationships in which true emotions, aims, and opinions are not revealed. We should bear in mind the developmental potential of this kind of difficult situation, following from the fact that:

Successful resolution of an interpersonal conflict strengthens the ties between the conflicting sides.

2.2. Crises

Just like conflict, also crisis has negative overtones in the popular understanding, as it usually refers to the borderline between the end of “something” and the beginning of “something different.” Psychology treats this phenomenon as a critical event that may have either positive or negative consequences, depending on how it is gone through and on whether its significance is properly acknowledged (Płużek, 1991). For our present purposes, developmental and situational crises may be distinguished.

Developmental crises are an inherent part of the transformation cycle human life undergoes – they require a change of behaviour style and involve taking on new roles; their cause often lies in the discrepancy between the individual’s current mode of functioning and the demands of society (Jacyniak, Płużek 1996).

Following E. Ericson (Uchnast 2002, pp. 11-14), it is possible to distinguish eight developmental crises, during which the individual exhibits both an increased potential for change and a heightened susceptibility to pathology in the somatic, psychological, and social spheres. Developmental crisis essentially consists in the occurrence of a conflict whose resolution is necessary to acquire a new quality of functioning.

– The first developmental conflict takes place in infancy (between birth and the first year of life) and concerns the antagonism between gaining trust and the lack of it. Its positive resolution gives the child hope and allows it to enter the next stage of development.

– The second conflict surfaces in early childhood (between 2 and 3 years of age) on the “sense of autonomy – shame” axis. By going through this crisis successfully the individual gains will power.

– At the age of 4 or 5, the antagonism between initiative and a sense of guilt emerges. The value gained by going through it positively is the strength to pursue goals.

– The fourth developmental crisis emerges in the school years and concerns the conflict between diligence and the sense of inferiority. Its con-

structive handling manifests itself in the desire to gain competences and in healthy competition.

– The next antagonism – the sense of identity versus the loss of role – is experienced in adolescence (between 13 and 19 years of age), leading to autonomous decision-making ability and independent task performance.

– Characteristic for early adulthood (between 20 and 24 years of age) is the experience of the antagonism between isolation and close relations. Working out this dilemma results in the ability to show love.

– The next developmental crisis is typical of adulthood (between 25 and 64 years of age) and comes down to the conflict between stagnation and generating various kinds of activity. The value acquired by going through this dilemma is the concern for others.

– The last developmental antagonism, experienced after the age of 65, concerns the conflict on the “integrity of personality – despair” axis. Resolving it positively allows to acquire practical wisdom.

Situational crises. In a difficult situation, the individual frequently experiences a state referred to as situational crisis, which may be brought about by:

- deprivation of needs;
- states of overburdening;
- important values being threatened;
- conflicts;
- frustrating situations, arising in reaction to obstacles preventing goal achievement.

Not every difficult situation causes a crisis. It is inherent in the nature of situational crisis that the new state of affairs comes as a surprise, the person concerned does not know how to behave, and the previously used ways of coping with problems now turn out to be inadequate. The person finds themselves helpless in the face of difficulties that demand a change of behaviour. In such a situation, behaviour is governed by trial and error, since the person cannot use ready solutions (Jacyniak, Płużek 1996, p. 108).

In a situation of crisis, the individual very often experiences stress. Initially, there is a general mobilisation of the individual’s psychological processes. The short-term effects of difficult situations include mainly unpleasant emotional tension, violent verbal or physical aggression, and the occurrence of defence mechanisms protecting the stability of self-image. The greater the distress caused by particular behaviours, the more probable strong defence reactions become (Siek 1983, pp. 378-380). Prolonged strain causes a deterioration in psychological processes, which may lead to destructive behaviour as the individual is not capable of assessing the

situation and performing actions correctly. Long-term effects of the stress connected with psychological reactions in difficult situations consist in reinforcing a particular kind of motivations and particular modes of behaviour that reduce or eliminate psychological tension. This may lead to maladjustment of the individual or the entire family because the person may develop negative as well as positive stress coping strategies.

Non-constructive ways of coping in difficult situations include (Oniszczenko 1993, pp. 72-74):

- withdrawal (avoidance of or retreat from the difficult situation);
- distraction (creating an atmosphere of fun);
- belittling the danger;
- disregarding the goal or ignoring the possibility of failure;
- identification with a destructive group providing a sense of security.

Apart from the above ways of coping with difficult situations, there are constructive coping strategies, such as (Oniszczenko 1993, pp. 72-74):

- using help from others, particularly family support;
- discharging tension through intense physical effort or strong concentration on the activity performed;
- gaining experience by increasing one's competence;
- seeking information about the event;
- seeking information about the situation.

Summing up the issues connected with going through difficult situations, we must stress that experiences of this kind may contribute to human development. Yet, for the problems experienced to become a factor stimulating positive transformation, a helping hand is needed. In no other circumstances does a person need help, patient audience, and empathy more than they do when experiencing difficulties (Jacyniak, Płużek 1996, p. 108). This finds confirmation in the results of research (carried out on a sample of 3000 randomly selected adult Poles) concerning the actual sources of help in situations of danger (Hołyst 1997). Based on the results obtained, it was found (Hołyst 1997, pp. 562-578) that individuals aged between 18 and 24 were the group that most often relied on the family as the source of help in difficult situations (64%); as regards other age groups, family was indicated by 58% of individuals aged between 55 and 64 and by 54% of those aged between 25 and 34; the oldest respondents (individuals over 65 years of age) turned to the family for help least often (51%).

3. Solving Difficult Situations as a Family

The family may together attempt to solve problems experienced by its individual members or shared by all of them in accordance with the six-step method proposed by T. Gordon (1995, p. 225):

- Step 1: Identifying and defining a difficult situation;
- Step 2: Generating possible solutions;
- Step 3: Evaluating the possible solutions;
- Step 4: Deciding on the best acceptable solution;
- Step 5: Implementing the solution;
- Step 6: Evaluating the solution.

Our analysis of ways of overcoming difficulties together will also use the principles contributing to the development of a healthy family, worked out by the American Association of Parents Against Addictions (Gaś 1993, p. 62).

3.1. Identifying and Defining a Difficult Situation

For the implementation of this step, a meeting is necessary of all the family members who agree to cooperate with a view to resolving the difficult situation (Braun-Gałkowska 1999, p. 71). Each person should focus their attention on the problem, voice their judgements, and express their feelings concerning the issue. Statements that humiliate or accuse individual family members should be avoided. Meeting this condition comes down to following the key principle of building a healthy family, namely the principle of unconditional love.

The key principle of building a healthy family: UNCONDITIONAL LOVE

It is crucial for spouses to be aware of the significance of complete and mutual love in the marital relationship, on which the sense of security experienced by children largely depends. Important conditions of accepting marriage as a value feature responsibility for the partner and for the family, shared experience and joint resolution of difficulties, and the learning of marital love, which consists in mutual concessions and sacrifice as well as mutual help in development (Dąbrowski 1974, pp. 105-108; Grzywak-Kaczyńska 1988, p. 61).

In the parent-child relationship love should be unconditional, making everyone feel important and valuable in the family (Dyczewski 1994, p. 115).

Unconditional love means loving the child regardless of its behaviour, appearance, virtues, burdens, and deficiencies.

The emotional life of children and young people resembles a mirror image: children reflect rather than initiate love (Campbell 1991, p. 21).

The child reciprocates the love it receives. Unconditional love is unconditionally reciprocated by the teenager whereas conditional love is conditionally returned.

Bearing in mind the criterion of unconditional love as the condition of successfully resolving difficult situations, we should note the disintegration of bonds in Polish families. This alarming fact finds confirmation in the constantly increasing divorce rate, divorce being pronounced only in cases of complete and irretrievable disintegration of matrimonial life, provided that granting the divorce is not detrimental to the welfare of common minor children of the spouses or contrary to the principles of social intercourse (article 56 of the Family and Guardianship Code).

Preceded by a period of misunderstandings and acute conflicts and amounting to a legally sanctioned form of isolation from the marriage and family problem, divorce testifies to helplessness in the face of problems and offers no prospect of their positive solution (Steuden 1996, p. 70).

That the dissolution of marriage by court stands in contradiction to complete and unconditional love is shown by the fact that spouses in a divorce situation frequently suffer from the separation anxiety disorder, which manifests itself in negative emotional states, a feeling of loneliness, as well as hostility towards oneself, the spouse, and the children. This disorder is the sum total of experiences constituting a reaction to the loss of belonging to the loved person; it is a kind of crisis in which the person can see no chance of solving the problem. For the children, parents' divorce means the destruction of the fundamental child-parent-world relationship. This results in a loss of the sense of security that rests on the stability of the relationship between the parents (Lachowska 1999, p. 285; Steuden 1996, pp. 75-77).

The causes of danger to marital relationship and family stability are traceable to a shift in the hierarchy of values, in which material goals and the pursuit of career and welfare frequently push family into the background. The disintegration of intrafamily relations manifests itself in the increasing rates of crime against the family, the increasing number of suicide attempts among children and young people, the growing number of punishable offences reported in the population of minors, and the growing scale of social orphanhood (Hołyst 1997, p. 278).

A principle of building a healthy family: SPENDING FREE TIME TOGETHER

The above principle is also necessary for the implementation of the first step in problem solution. Only in a situation of being together, without any external pressure, can parents and children build the irreplaceable bond, necessary to every human being, and especially to a child, in order to face the surrounding reality (Campbell 1991, pp. 27-32). In order to strengthen the relations between family members, it is necessary to pay special attention to organising free time together, as free time may perform functions connected with (Roykiewicz 1979, p. 238):

- instruction (activities connected with satisfying cognitive needs);
- education (activities connected with the need to inform others, create, experience approval and esteem as well as take care of others);
- integration (satisfying the need of belonging, esteem, and accomplishment);
- recreation (activities connected with the need to play, create, and perform feats);
- cultural development (creating and assimilating cultural values).

Parents should consider the following questions: **How do they organise their own spare time? How do their children use spare time? Do they control the behaviour of their children? What do they do together as a family in their spare time?** Research results suggest that parents devote very little time to educational interactions with their children. In the families examined, free time was the least organised and/or used in ways not very diversified in terms of form and content (it was mainly spent on unplanned television viewing); 22% of parents had never thought about interesting ways in which their children could spend their free time (Grochocińska 1998, pp. 415-416).

3.2. Generating Possible Solutions

In this step, members of the family community should consider possible solutions of the problem. All possible ideas should be accepted. It is also important that parents maintain a healthy parent-child relationship. No role reversal – i.e. treatment of children as a confidants and demanding emotional support from them – must be allowed to take place. Children may be asked for advice or opinions, but the basic duty of parents in difficult situations is to maintain authority and give emotional support (Campbell 1991, p. 17).

At this stage of solving the problem, family members should show special skill in applying another principle that contributes to building

a community between them – namely in showing acceptance and respect to one another.

A principle of building a healthy family: SHOWING MUTUAL ACCEPTANCE AND RESPECT

With the need for respect and acceptance satisfied, the individual experiences high self-esteem, looks forward to the future, feels important and needed, and shows good interpersonal skills. Respect should be inherent in mutual relations. It is, however, very often the case that parents address each other or the child by means of insults, without stopping to ponder on their meaning – and every unpleasant expression, taking advantage of family members, ridiculing their beliefs, manifesting irritation, and/or using physical punishment hurts their self-esteem (Kwiek 1994, pp. 27-30).

Generating possible solutions also demands following another principle, presented below:

A principle of building a healthy family: KIND LISTENING

Kind listening consists in listening intently to what the interlocutor is saying; it also allows the possibility of the listener changing their views, since openness to the other person's experiences may inspire a reinterpretation of one's own experiences. Agreement between verbal and non-verbal messages and the reliability of interlocutors are two important issues in the process of kind listening. Family members ought to be aware that posture, tone of voice, and facial expression should be in agreement with the verbal message. As regards reliability, it is the outcome of a long process in which others recognise the honesty, impartiality, and good intentions of a given individual. Reciprocal communication between people is possible as a result of consistent behaviour over a long period of time. A person in a relationship who has repeatedly come up against their partners' reluctance and failure to keep promises will not receive their message with trust (Stoner et al. 1997, p. 515).

Seeking possible solutions to their problem, family members must fulfil a number of conditions (T. Gordon 1995, p. 62):

- find time to talk;
- be able to recognize the psychological difference between themselves and another person;
- accept the feelings of others;
- trust that the other person will cope with their emotions and seek solutions to problems.

Using the kind listening method within the family may foster understanding of one another's views, acceptance of one another's behaviours, and restraint from hasty judgement of one another's conduct. Meanwhile,

research results suggest that the family often fails to be the actual support group for its members because parents spend very little time relating to their children directly (more than 70% of parents do not know what desires and problems their children have). Children in turn have difficulties in deciding which parent to listen to, since the outlook incompatibility index is very high in marital and parental relations. This situation results in a lack of trust for parents – only 27% of respondents confided problems in their parents (Grochocińska 1998, pp. 415-416).

3.3. Evaluating the Possible Solutions

At this stage it is time to think of which of the proposed solutions is the best. Critical analysis of possible solutions should be guided by another community-building norm: offering advice.

A principle of building a healthy family: OFFERING ADVICE

Advice should provide the other person with information, dispel their doubts, as well as provide support and a sense of security, but at the same time leave them the freedom to decide on their actions (Gaś, 1993, p. 68). This kind of behaviour allows the person in need to employ or develop the ability to make responsible decisions. In the process of offering advice, then, one should not impose one's will on the spouse or child or force them to accept one's point of view, since this deprives them of their own opinions.

3.4. Deciding on the Best Acceptable Solution

Decision-making should be accompanied by an exchange of arguments and feelings between family members as well as by the certainty that everyone has understood and accepted their assigned task and is ready to fulfil it. In difficult situations, the solution often involves behaviour that is unattractive but more valuable (Grzywak-Kaczyńska 1988, p. 48), which makes it so important to follow the next intrafamily principle – teaching to distinguish between good and evil.

A principle of building a healthy family: TEACHING TO DISTINGUISH BETWEEN GOOD AND EVIL

Its role in the implementation of values and norms – mainly through written and unwritten rules, customs, holidays, and control system as well as through punishment and reward – makes the family the most important

environment factor that determines the development of young people's attitudes.

The socialisation system provided by the family performs a very important task with regard to children and young people by (Dąbrowski 1974; Kobierzycki 1989, pp. 220-223):

- introducing them into the world of values;
- developing predispositions to the performance of tasks in various spheres of social life;
- fostering affirmation of the other person and the community;
- developing the ability to reflect on the fundamental issues of the meaning of life;
- helping to build such a hierarchy of values in which basic needs are subordinated to higher needs and goals.

The fact that both the young ones and the adults are involved in the socialisation makes the family the centre of cultural transformations and at the same time guarantees its stability and cultural continuity (Dyczewski 1994, p. 19). The family should also be the setting of the internalisation of norms, which consists in accepting the established principles of behaviour and following the rules despite temptations to break them, with no control from other people (Gołąb 1976, p. 248).

Child's development demands hope for the future and at the same time a deeper rooting in the spiritual heritage. One of the major desires of contemporary teenagers is to receive from their parents a system of moral values that would show them the way to live. Those parents who want to give that to their children must themselves find the foundation on which to build their lives and solve everyday problems. Mother and father ought to declare firmly and unambiguously their attitude to religion as the principle behind their line of development, the efforts undertaken, the demands they set themselves, and their respect for other people (Ostrowska 1990, p. 163). Moral confusion in teenagers often stems from the fact that parents fail to pass their beliefs down to children and do not obey their declared spiritual values in everyday life, or fail to obey them consistently (Campbell 1991, pp. 93-102).

Disintegration of the family along with its traditional values may lead to the emergence of the so-called "existential gap" in the attitudes of the young generation, described by R. Rolheiser (1979) as "rootless loneliness." A person experiencing such a state is characterised by the subjective conviction that one cannot feel safe in the surrounding world because, with constant changes and with few phenomena remaining certain and stable, people sail through life "without an anchor," live it "without roots" and without "firm ground" to stand on.

3.5. Implementing the Solution

In this stage a detailed plan of action should be prepared, setting the scope of duties for each family member and aimed at resolving the crisis situation. The implementation of this step should follow the next healthy family principle, namely constructive discipline.

A principle of building a healthy family: CONSTRUCTIVE DISCIPLINE

This principle consists in placing demands on both adults and children that are appropriate to their level of development. In a situation of excessive social demands, the individual may develop a negative self-image and a fear of failure that may evolve into a general fear of undertaking any tasks. The factors discussed result in defensive adaptation, since individuals with low self-esteem are afraid of events happening around them and strongly influenced by society – particularly when their beliefs are not firmly established and when they are connected with self-esteem being threatened. Negative self-image hinders information processing and translates into low subjective probability of success in various spheres of activity. A generalised expectation of failure rather than success translates into lower problem-solving efficacy (Tyszkowa 1986).

Most people are not confident about their abilities until these abilities have been confirmed by family and friends in the course of discussion – through a readiness to listen to and respectfully discuss all ideas, taking into account every participant's viewpoint. Members of families that do not exchange ideas in conversations may develop the subjective conviction that their opinion does not matter, which gives rise to anger, resentment, or even bitterness (Campbell 1991, p. 91).

Constructive discipline also demands that, in showing love, parents should be consistent with regard to their own behaviour and that of their children (Campbell 1991, p. 47; Kwiek 1994, p. 12). People taking care of the child must help it to develop responsible behaviour; therefore, appropriate sanctions for infringement of norms must follow from what actually happened, not from the parents' passing moods; they should also make the child aware of what it is being punished for. Additionally, the sanctions must end within the specified time. If the punishment has its specified end and if the forgiveness of the adults has been granted, it is easy for the child to acknowledge its guilt (Campbell 1991, p. 93; Kwiek 1994, p. 29).

Another aspect of the constructive discipline principle concerns proper control of the behaviour of juvenile family members. It often happens that parents do not know what their children are doing and where they are. There are situations in which peer group may deprave the young person.

Factors favouring deviant behaviour of adolescents – meaning also conflict with the criminal law – include, above all (Hołyst 1999, p. 651):

- weak emotional bond with the family;
- weakening or lack of control by parents and other educational institutions.

In this situation, the behaviours of informal peer group colleagues become the patterns to follow. The environment created by such groups is particularly attractive because (Kozaczuk 1990, p. 105; Markocki 1998, p. 392):

- it allows to identify with the quick fortune-making ideology;
- it permits to indulge the fascination with consumerist and lavish lifestyle;
- it builds self-esteem;
- it satisfies the safety need, frustrated by the inappropriate atmosphere at home and at school.

In order to implement the fifth step, it is also necessary to follow the next principle enhancing the developmental potential of the family community: building a sense of independence.

A principle of building a healthy family: STIMULATING A SENSE OF INDEPENDENCE

When the child is little and unable to judge their behaviour properly, parents take all the responsibility for the child's behaviour. By contrast, entering the period of adolescence is connected with longing for independence. The adolescent tries to gain greater and greater control over decisions concerning their own behaviour. Parents should not suppress that desire for independence but they should control the pace of its acquisition, adjusting it to the level of maturity. The parents' task is to set the limits of independence (Campbell 1991, p. 66).

Adolescence is also connected with experiencing numerous internal conflicts between (Macacci et al. 1996, pp. 76-82):

- independence and dependence on the family;
- fear of taking initiative and securing oneself independent existence;
- the tendency to self-criticism or criticism of the external world on the one hand and the inclination to idealism and the search of higher values on the other.

Independence, then, is the major means of gaining personal experience in the surrounding world. In setting the limits of independence, parents should take into account the increasing socialising significance of the peer group in the child's development. Already in the upper forms of primary school small groups emerge in which individuals share their feelings, secrets, and desires. Peer support system often plays the role of defence

against the power of adults and allows young people to gain a greater confidence in their behaviour. What is more, a constructive peer group allows to prepare young people for adult life by enabling them to (Macacci et al. 1996, pp. 76-82):

- perform various social roles;
- establish new relationships based on competition and cooperation;
- profess values and beliefs.

There is another healthy family principle that should be followed when implementing the decision taken in order to resolve a difficult situation – satisfaction of the needs of all family members.

A principle of building a healthy family: SATISFYING THE NEEDS OF ALL FAMILY MEMBERS

The satisfaction of marriage-related needs and the fulfilment of children's needs – in all their diversity, from biological needs to a whole range of psychological needs – is the condition of proper development, openness to the external world, and confidence about the future (Prężyna, 1989, p. 136). Looking for the causes of disorders in interpersonal relations, A. Maslow (1990) highlights the significance of unsatisfied psychological needs. The author assumes that human behaviour is motivated by the satisfaction of needs, which are organised in a hierarchical order (Maslow 1986, pp. 184-186):

- physiological needs;
- safety need;
- love and belonging needs;
- prestige and esteem needs;
- self-actualisation needs.

The satisfaction of higher needs follows the satisfaction of those of a lower order, and a satisfied need loses its active, determining, and organising role. In the case of unsatisfied love and belonging needs, whose existence does not have to be consciously realised, a person feels severe loneliness among family and friends and seeks a sense of security in other groups (Maslow 1986, p. 187).

In the process of self-actualisation there appears a need to go beyond the community – but this drive develops only thanks to prior contacts with others, which have satisfied the common belonging need that is fulfilled by the family, fraternity, or friendship. We find a confirmation of the above in R. May's statement (1989, p. 188) to the effect that, to a smaller or greater degree, meeting between people simultaneously evokes anxiety and joy. This stems from the fact that a real meeting changes the attitudes of individuals to their own inner world and leads to an extension of consciousness, in consequence of which both individuals undergo a change.

Results of criminological research (Hołyst 1997, p. 288) suggest that the vast majority of registered juvenile offenders are brought up in families that fail to satisfy the natural needs of their members. A cumulation of negative factors – e.g. alcoholism of parents or siblings, lack of emotional family bond, aggressive behaviours, a parent leaving the family, lack of positive social role models, inappropriate upbringing methods, neglect of care, or lack of control – often leads young people into conflict with the criminal law.

Deficiencies concerning the satisfaction of physical and psychological needs which contribute to conflicts with the criminal law are reflected in the portrait of a juvenile offender worked out on the basis of research carried out by A. Woźniak-Krakowian and B. Pawlica (1998, pp. 460-462) and by A. Kozieńska (1982, p. 85). Results of the research suggest that punishable acts are most frequently committed by children aged 13 to 17; the offenders are usually upper-form primary school pupils or vocational school students, mainly boys, truants, often highly deprived, runaways from home or from educational institutions. The following factors were also found to be conducive to delinquent behaviour (Woźniak-Krakowian, Pawlica 1998, pp. 460-462; Kozieńska 1982, p. 85):

- participation in a criminal gang;
- abuse of or addiction to alcohol or other psychoactive substances.

A group gives a sense of anonymity and increases aggressiveness, while alcohol reduces the sense of control. It is also worth noting that approximately 50% of deprived children participating in the study came from pathological families and the remaining 50% came from families with good financial situation but showing a lack of adequate psychological and physical parental care.

3.6. Evaluating the Solution

The final step in resolving a difficult situation as a family consists in critical analysis of the results of actions taken. For the implementation of this step, a meeting of all the family members is necessary during which everyone gets a chance to say what they think about the attempts made to solve the problem. At this stage the family may also gather and decide on the verification of the solutions adopted.

This step requires the application of another principle that regulates the functioning of a healthy home environment: building a sense of reality.

A principle of building a healthy family: BUILDING A SENSE OF REALITY

To the individual, reality is the outcome of subjective perception and definition of situations, crystallising in the process of interaction with the external world. This process results in a stabilisation or modification of one's own behaviour in accordance with group norms, among which family norms are of fundamental importance (Siemaszko 1993).

With positive educational patterns provided, the child develops towards a real, individual, and independent personality. Parents must not isolate the child from problems, bringing it up in an over-protective atmosphere or in a closed environment, because the child must gradually get to know the world and life, learn to bear difficulties and hardships, and get used to the pain of existence in order to grow up to be a sensitive individual, aware of all aspects of life in society (Dąbrowski 1979, p. 240). Therefore, the sense of reality principle demands that the family must be open to its own problems and to the problems of the external world. In order to enter into interactions with the surrounding reality, family members must have an understanding of the rules of the surrounding world as well as confidence in their problem solving abilities.

Distorted sense of reality is exemplified by the way of thinking of an alcoholic, whose defence mechanism of rationalisation results in increasingly strange behaviour and serious distortions in the assessment of facts (Johnson 1992, pp. 40-44). The distortion of the sense of reality in a person addicted to alcohol leads to substantial changes in their system of values, to loss of control over their own behaviour, and to violation of existing moral norms. This finds confirmation in the record of violence, pathological interpersonal relations, and privation in families with the alcohol problem (Hankała 1997, p. 66).

Distortions in the sense of reality may also occur in co-addicted people. This problem manifests itself in difficulties with understanding oneself and the external world, in anxiety-driven attitudes to people and events, and the in ambivalence concerning interpersonal relations exhibited by alcoholics' wives. The above phenomena are largely responsible for the emergence of upbringing problems in families with the alcohol problem (Niewiadomska 1999, p. 314).

Also A. Kępiński (1992a, 1992b) analyses distortions in the sense of reality when examining the issue of information metabolism. The fundamental precondition of establishing information exchange with the environment is the adoption of a "reality-orientated" attitude. Initially, the child's world is limited to the mother, then it includes the whole family group; as the child develops, its social world extends to play groups, to the school group, and to own family. Participation in various communities produces

and reinforces in the individual a specific way of estimating the probability of what might happen to a person in each of these communities.

A. Kępiński (1992b) also draws our attention to the fact that, to a smaller or greater degree, everyone feels a social anxiety, which nonetheless cannot suppress the tendency to expansion to the surrounding world. The pathological nature of pre-disease social anxiety disorder in schizophrenia consists in the fact that the anxiety is too strong and, as a result, not limited to selected forms of behaviour. Schizophrenics' escape from reality starts already in childhood and usually intensifies in adolescence, when the teenager's social environment rapidly expands. To an individual who has abandoned expansion to the environment, the world seems dangerous – it repels rather than attracts. Their “conquest” of such environment proceeds in a heroic manner, since every action demands overcoming an anxiety whose strength is disproportionate to the threat objectively involved.

Summing up the proposed method of resolving difficult situations as a family, we should note that its advantages consist in a multifaceted approach to the problem, a better understanding of decisions by family members, and a greater acceptance of the solutions adopted.

The proposal also makes for a greater integration of the family community, which puts parents in a better position to exercise their constitutional right to rear children (article 48 of the Constitution of the Republic of Poland: *Parents shall have the right to rear their children in accordance with their own convictions. Such upbringing shall respect the degree of maturity of a child as well as his freedom of conscience and belief and also his convictions.*

The presented problem solution strategy finds additional support in the results of Cz. Walesa's research (1988, p. 345) on making momentous life decisions. The author states that facing difficult situations as a community results in an enhanced capability of consciously sharing feelings and values, greater empathy with the experiences of others, taking realities into account, greater openness to information coming from the external world, maturation to independence in decision-making, and greater flexibility of the solutions adopted.

When adopting the presented strategy of seeking solutions in a difficult situation, family members should pay attention to whether the implementation of the strategy is not impeded by a paradoxical effect of acting as a group, which may take the form of (Stoner et al. 1997, p. 501):

– identity paradox – family unites individuals with different abilities and views, and each individual subjectively feels that the community imposes restrictions on their identity;

- revelation paradox, arising from a lack of trust in the family on the part of its individual members;
- individuality paradox – the community draws its power solely out of the individual strength of each of its members and fails to recognise the power of group action;
- power paradox, connected with the fact that, when deciding to join group action, family members give up their power to the group;
- regression paradox, arising from the fact that individuals participating in joint problem solution diminish their own significance and roles in order for group action to be possible;
- creation paradox, referring to the fact that, when seeking new solutions, the family community must change the previously established rules, and unwillingness to destroy the established norms diminishes the ability to solve problems.

The role of the family system in resolving difficult situations also demonstrates how important it is to create an atmosphere of respect for marriage and family. In order to accomplish that goal, the state's social policy should make a more extensive use of the means of social communication, which in turn should propagate patterns of marital and family life as well as reinforce ethical, religious, and social values. The activity of the state should be directed towards protecting and reinforcing the family community also because it comprises the fundamental elements of social life, namely (Dyczewski 1994, p. 191; Prężyna 1989, p. 135):

- the interrelation between individual and common good;
- axiological and normative elements, which regulate interpersonal relations as well as rights and duties following from the social role;
- the experience of the necessity of observing norms as a necessary means of achieving individual and common good.

Based on the relations presented, we may then advance the thesis that protecting the value of the family – built on firm axiological foundations – is the only way to create a personalistic state that serves the development of the individual and contributes to the realisation of the common good.

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Chapter XVI

The Church

(JANUSZ BURZAWA*)

Pastoral activities are very important in the process of building a constructive lifestyle. This is so because the individual's proper functioning strictly depends on finding the meaning of life and following fundamental ethical norms (Ratajczak 1980, p. 241). Owing to the values it teaches and to the competence of its members, the Church has great possibilities in assisting the individual in these respects (Zdybicka 2001, p. 364; Misiaszek 1999, pp. 8-9; Trzaskowski 2004, pp. 46-48). It is for these reasons that, of all pastoral forms of prevention, four categories of action have been given special attention – spiritual assistance, initiating religious communities, pastoral counselling, and pastoral crisis intervention.

1. Spiritual Assistance

Because experiences connected with feeling the meaningfulness of one's life are so important, assisting individuals in their spiritual development should be one of the key pastoral strategies in health promotion (Minirth et al. 1998, pp. 277-281; Nagórny 2007, p. 12).

Undertaking pro-health activity by the Church is justified by the fact that human beings should find answers to questions concerning the meaning of their existence.

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The World Health Organisation treats experiences that go beyond sensory phenomena as constituting the spiritual dimension of human functioning. It is in this spiritual sphere that a person experiences dignity, freedom, responsibility, justice, truth, good, and beauty. A special place in this sphere belongs to religiousness, consisting in a readiness to exceed oneself towards transcendental reality (Stepulak 1999, p. 89; Bartoszek 2000, p. 96; Szczęsny 2003, p. 89; Iwański 2006, p. 25). For this reason, important forms of spiritual assistance include:

1. preaching the Word of God;
2. catechisation;
3. sacerdotal ministry of the sacraments.

Re 1) Preaching the Word of God. The essence of church preaching comes down to the belief that it is not merely human word about God, but God's word in the form of human word (Przyczyna, 1994, p. 57). The fundamental goal behind this kind of assistance is a person's conversion, consisting in a conscious decision to enter the path of faith in Jesus Christ and change the previous lifestyle to Christian lifestyle (Przyczyna 1992, pp. 55-56).

Both types of preaching are of significance in prevention: catechetical preaching, which consists in systematic and discursive lecturing on the truths of faith and the principles of Christian life, and homiletic preaching, connected with leading the faithful to a union with the risen Christ present in the Eucharist that is being celebrated (Siwek 2002, pp. 156-157).

Re 2) Catechisation. This kind of spiritual assistance essentially aims at deepening the faith and at the religious formation of an individual – or, in other words, at reaching the individual's conscience, which, if formed in the Christian spirit, is capable of guiding human actions (Wrońska 2002, pp. 179-181). Catechetical preaching, which to a certain extent combines preaching and education, is of special importance in this respect because it is understood as preaching Christ's message. The development of faith – the aim of catechetical preaching – demands that Christ is a central, actual, and living figure in it. Aware that the Saviour is present in their community, participants in catechesis should develop the attitude of love for God and for people (Majewski 1995, pp. 96-97). An important role in conversion is played by interpretive catechesis, which serves to analyse human existential problems in the context of multilayered interpretation of Divine Revelation, the teaching of the Church, culture, and various human experiences. The connection between God's Word and the deepest layers of human existence provides a basis on which to discover the meaningfulness of one's life as it emerges from the truths of faith (Wrońska 2002, p. 182).

Catechetical classes should realise three fundamental objectives:

- teaching the Christian doctrine;
- showing the truth, i.e. shaping Christian attitudes and stimulating personality development;
- helping individuals in their meeting with God and in deepening the personal relationship with Him (Kraszewski 1995, pp. 5-7).

If catechising takes place at an educational institution, it should be supplemented with parochial catechesis, concentrated on leading people towards a personal meeting with Christ in administering sacraments as well as in celebrating liturgical rites and services (Wrońska 2002, p. 209).

Re 3) Sacerdotal Ministry of the Sacraments. Two sacraments – the Eucharist and confession – are particularly important for man's meeting with God in that they enable a person to have a profound religious experience (Słomka 1980, p. 25; Głaz 1995, p. 20; Kalinowski 2001, p. 90). There is no single clearly defined term for experiences of this kind. This is mainly because man is unable to penetrate the mystery of coming into contact with Transcendence, which, in its complexity, goes beyond the bounds of human intellectual capabilities (Głaz 2003, p. 77).

Yet, the attempts that have been made at describing religious experience make it possible to say that such experiences usually come in several successive stages. The early stages of this process are characterised by a concentration on religious thought, and the subsequent ones – by the involvement of the subject's entire functioning in the relationship with God (Głaz 2000, p. 25).

What is important in the first stage is purely intellectual comprehension, which consists in taking an appropriate stance towards religious contents. After the initial "grasping" of the content of spiritual experience, the second stage comes: the experience of emotional references. In this perspective, the subject experiences characteristic "feelings" that deepen the inner understanding. From this point on, the intellectual formula takes on a "living" character (evokes response) in the individual's experiences.

In the third stage, the subject is overcome by emotion, connected with the increasing profundity of their feelings. Emotional involvement increases the intensity of religious experience, making it more "interesting," "moving," and "captivating" to the person. Positive emotional escalation also results in a consolidation of spiritual experience, because supernatural content engages the self and takes on a special significance for the individual.

In the next phase, the person makes a conscious decision "to follow." The intention to submit oneself to the impact of religious experience manifests itself in wanting it to continue, which leads to its intensification – in

other words, it leads to the fifth stage, consisting in the involvement of all the spheres of personality in thinking about God, which in turn results in the kind of cognition that corresponds to the deepest human longing.

In the next stage, spiritual content is consolidated at the level that has already been reached – in the form of intense experience of God’s closeness. The powerful experience is followed by a phase in which religious experience is transformed into action. This is accompanied by a decrease in emotional experience and a corresponding increase in intellectual effort, primarily in the form of inner reflection on what one has experienced.

The final stage is connected with the interiorisation of the profound relationship with God, which may manifest itself in a variety of ways: through making conscious decisions, through “unconscious” maturation of creative ideas, or through “stirring” the subject’s will (Gruehn 1966, pp. 117-122).

It should be stressed that spiritual experiences of the faithful significantly depend on whether the preaching of God’s word has been adjusted to the mentality and needs of contemporary people. The adjustment is not an easy task, since on the one hand it requires familiarity with the Gospel message and the current situation of its addressees, and on the other hand it must not contribute to the weakening of God’s Word by distorting the message content to make it fit the preferences or expectations of the audience (Siwek 2002, pp. 140-142).

In providing spiritual assistance to children and young people, it is of prime importance that Gospel preaching is adjusted to the level of religiousness in these age groups. This requirement follows from the fact that spiritual maturation does not proceed in isolation from intellectual, emotional, and volitive (motivational-decisional) processes. As any other sphere of personality, the religious sphere functions in ways that are typical for particular periods of the individual’s development (Stepulak 1999, pp. 27-28).

For primary school pupils (aged between 7 and 14/15), authoritarian-legal religiousness is characteristic. Guided by the authority of parents, school, or the Church, a person complies with the established moral and religious principles and is critical of all those who refuse to comply. At the same level of religious development, the naive image of God gives way to the understanding of Transcendence as an omnipresent spirit, possessing traits projected from the image of the person’s own father. Simultaneous ascription of love-inspiring and fear-inspiring attributes to God (e.g. goodness and punishment for sins) often leads to ambivalent feelings towards the Supreme Being (Gruehn 1966, pp. 345-347; Stepulak 1999, p. 32).

In adolescence (between approximately 14/15 to about 18/19 years of age), significant transformations occur in a person’s religiousness. The development of the religious sphere coincides with changes concerning the

individual's entire personality. What is characteristic for teenagers is a redefinition of the self and the environment. While working out new attitudes to themselves and to others, a young person discovers their personal relationship to God. Their system of moral, spiritual, and aesthetic values also undergoes thorough transformation. It is on the basis of these values that a teenager builds their own ideas of God, considerably closer to the essence of Transcendence compared to the image of God that they formed earlier in their life (Gruehn 1966, pp. 357-359).

Individual religiousness does not emerge until the next stage of development – young adulthood. The basis for its emergence appears with the crystallisation of life attitudes, “touching” the essence of *Sacrum*. The dominant problem in the spiritual life of a young adult consists in “struggling for a more spiritual idea of God” and in longing for a “pure religion.” Having discovered the deeper sense of faith, the person begins to make decisions and set goals in the context of values that stem from trust in Christ as the principle of life, thus progressing towards religious maturity (Walesa 1982, p. 163).

Maturity is understood as the target state of religiousness (Chlewiński 1987, p. 9). This concept appears to indicate the direction of development of this sphere in a situation in which the individual undertakes the effort of self-improvement and conscious self-education (Prężyna 1990, p. 270). The following criteria testify to the attainment of mature faith (Chlewiński 1991, pp. 13-30):

- autonomy of religious motivation – a person mature in respect of religiousness does not make their spiritual experiences conditional on other needs because faith constitutes an aim in itself for them, consisting in a desire to be involved in religious life and to evaluate life problems from the angle of their hidden meaning;

- non-anthropomorphic concept of God – awareness that our knowledge of the Transcendent Being may only be analogical to our knowledge of human beings, but cannot amount to attributing human-like functioning to the Supreme Being;

- ability to distinguish between essential elements of religion and those only accidentally connected with it;

- ability to overcome faith crises successfully;

- authenticity of religious beliefs – their conscious adoption and full realisation because of their high value and the logical arguments behind them.

The influence of religious maturity on the formation of constructive attitudes results mainly from the satisfaction of the need for transcendence by subordinating instinctual drives to higher values. The satisfaction

of this need contributes to self-actualisation – e.g. through discovering one's freedom, which allows to set important life goals and undertake activities serving their achievement (Chudy 2005, p. 77). It is worth noting that individuals focusing on issues that have a final dimension experience higher satisfaction with life than those who concentrate on everyday pleasures and/or show interest only in actualising their own potentialities (Oleś 2005, pp. 324-328).

Another important point is that the experience of God's Love translates into constructive interpersonal relations. Thanks to experiences of this kind, a person is capable of opening up to other people, accepting their different attitudes and beliefs, as well as showing respect, kindness, love, and mercy (Styczeń 1993, pp. 25-48; Kalinowski 2005, pp. 148-149).

Attaining maturity in the spiritual dimension also contributes to reducing deviant behaviour. This results from the fact that religious norms are strongly connected with moral principles and with the established prescriptions and prohibitions concerning social conduct. For this reason, individuals who strongly identify with religious values distance themselves from destructive conduct significantly more often than others do (Grasmick et al. 1991, p. 253; Miller 1996, pp. 17-32; Stark, Bainbridge 1997, p. 57).

Summing up the issues concerning the significance of spiritual assistance in health promotion, it is necessary to stress the fact that this kind of experience constitutes an incentive to discover the meaning of life, discover the values and goals that have their source in faith, make responsible choices, and adopt prosocial attitudes – which, consequently, makes it an incentive for constructive development of the individual (Piwowarski 1975, pp. 135-146; Oko 2002, p. 57). This lends strength to the thesis that, proceeding from passive forms of experiencing religious contents, through a slow growth of involvement, to adopting these contents as their own, individuals will at the same time prefer behaviours constitutive of a positive lifestyle (Mądrzycki 1974, p. 176; Tillich 1987, p. 37). Such a thesis finds additional support in the results of research, which found that in depraved offenders an increase in religiousness and the achievement of a greater maturity in this sphere co-occurs, on the one hand, with positive social integration – and, on the other hand, with a lower frequency of deviant behaviours taking the form of punishable offences, aggressive behaviours, involvement in criminal gangs, and drug abuse or trade (Jensen, Gibbons 2002, pp. 215-230; Johnson 2004, pp. 329-354).

2. Initiation of Religious Communities

In the prevention activity of the Church, an important role is played by religious communities, which:

- 1) show the Catholic principles of social life,
- 2) perform apostolate functions,
- 3) create possibilities for adopting a constructive lifestyle.

Re 1) Showing the Catholic Principles of Social Life. Pro-health activities of religious groups are particularly important in those local communities which are threatened with anomy, cultural marginalisation, and/or stigmatisation, since these phenomena lead to strong identification with deviant forms of conduct (Miethe et al. 2000, p. 522).

The involvement of individuals threatened with marginalisation in Church activities should result in moulding such standards of behaviour that reflect the Catholic principles of social life – common good, subsidiarity, social justice, and social charity (Kalinowski 2007, pp. 28-64).

According to the principle of *bonum commune*, the basic aim of individual and collective action is to pursue and attain the common good. This principle, then, obliges people constituting a Christian group to “contribute” in various ways to the development of not only their own group but also other communities (Kalinowski 2007, p 34-35).

According to the principle of subsidiarity, bigger communities are obliged to render supplementary help to smaller ones, and all kinds of social structures are obliged to do the same for the individual. In religious groups, two aspect of the subsidiarity principle should be realised: negative and positive. The negative aspect consists in respect for the initiative, freedom, competence, and responsibility of community members. This is a consequence of the fact that people should be free in making decisions and responsible for their actions. Therefore, the community must not forbid them to take various initiatives or make them an instrument or object of collective pursuits. The positive aspect of subsidiarity consists in providing short-term group support when community members are unable to achieve particular goals on their own. The short-term character of support means ensuring that, after the necessary help has been obtained, persons constituting the religious community remain free to develop their own initiatives in the realisation of common good (Kalinowski 2007, pp. 42-43).

The justice principle concerns the regulation of the individual’s rights and duties in social life, in keeping with the requirement of “giving everyone what is due to them” by virtue of their inalienable dignity. Partici-

pation in a religious community is conducive to developing the conviction that every human being is a subject of clearly specified values and goods, to which they have an absolute right. At the same time, functioning in a religious group contributes to the realisation that justice must not be identified with equality because diversity in treating people does not amount to a violation of their personal dignity but stems from the corresponding diversity of social positions, life tasks, or amounts of effort put into the achievement of a particular common good (Kalinowski 2007, pp. 51-54).

In a human community, order must be based on the principle of justice, but achieving it is possible only thanks to brotherly relations between people. For this reason, the charity principle supplements justice, because it demands such a transformation of interpersonal relations and social structures that will give them a more human character. The implementation of this principle in religious communities may translate into various attitudes and behaviours. Sometimes it will manifest itself as solidarity, understood as the love of the common good of a specific group; on other occasions it may take the form of devoting time to or serving other people; in still other circumstances it will show in the ability to cooperate or to bring about reconciliation between feuding persons (Kalinowski 2007, pp. 61-62).

Re 2) Performing Apostolic Functions. One of the tasks of pastoral care is the formation of communities whose members, through the example of their own lives, deep faith, and consistent life attitudes, perform the apostolic mission of reinforcing Christian values (Mierzwiński et al. 2002, pp. 420-424). Family apostolate may serve as an example. This kind of participation in the saving mission Jesus is possible when two conditions are met. The first of these is being part of a family built on faith and love, thanks to which the household constitutes a Christian community of life. The second condition of involvement in this kind of mission is an open attitude of family members towards other families, which facilitates dialogue with families experiencing problems (Mierzwiński et al. 2002, pp. 435-436).

Reinforcing the value of marriage and family is a very important dimension of the Church's pro-health activity.

In the activity of different family groups within the Church it is firmly stressed that the sacrament of matrimony gives a man and a woman God's blessing for the formation of a domestic church, which is a community of Christian charity as well as a school of human virtues and prayer (Tschuschke 1975, p. 92).

It is, then, a special concern for the family that acts as the factor preventing disorders on both the individual and the collective levels – family,

according to the Second Vatican Council, having a mission received from God “to be the first and vital cell of society” (1999, AA 11). The same conciliar document goes on to say that “family will fulfil this mission if it appears as the domestic sanctuary of the Church by reason of the mutual affection of its members and the prayer that they offer to God in common, if the whole family makes itself a part of the liturgical worship of the Church, and if it provides active hospitality and promotes justice and other good works for the service of all the brethren in need” (Second Vatican Council 1999, AA no. 11). John Paul II points to four major tasks of Christian families (1981, FC 17-19):

1) forming a true community – a communion of persons, based on the sacramental covenant of matrimonial love reflecting Christ’s love for the Church;

2) serving life;

3) participating in the development of society;

4) sharing in the life and mission of the Church.

The significance of the family apostolate in forming constructive attitudes stems from the sharing of living faith, which constitutes the firm foundation of the family community. This faith sharing is done through becoming involved in the community of the universal Church, taking the Eucharist and other sacraments, practising various forms of family prayer – such as reading the Bible and meditating on selected biblical texts or celebrating holidays as a family – as well as through bearing one another’s crosses (Mierzwiński et al. 2002, pp. 437-439).

The testimony of communities comprising Christian families convincingly argues that it is essential for family members to participate actively in the Eucharist and regularly attend the sacrament of confession, which brings a person to meet with the merciful God, improves the matrimonial covenant and strengthens the bonds between parents and children (John Paul II 1981, FC 58). Another important element in the apostolate is family prayer, deriving its primary content from daily life – e.g. the experience of successes and failures, births, trips, partings and returns, illnesses or deaths. The common prayer of people who are closest to one another is understood as an answer of domestic church to God’s call in the form of thanksgiving, imploring, or trustfully putting faith in Him (Paul VI 1974, EN 48).

Prevention goals are realised in the family apostolate also through examples of Christian upbringing, which not only point to patterns of satisfying the multidimensional needs of children in accordance with the Gospel message but also contribute to constructive social, cultural, moral, and religious development of young people. Bringing the offspring to full matu-

rity in the individual, collective, and spiritual dimensions is a long process in which members of religious family groups prefer patterns of behaviour that involve showing unconditional love to children, respecting their dignity and identity, as well as constantly developing their skills in dialogue, diversified support in difficult situations, and constructive solution of interpersonal conflicts (Mierzwiński et al. 2002, p. 438).

Re 3) Creating Possibilities for Adopting a Constructive Lifestyle. Destructive behaviour is often connected with stigmatising a person as “different,” “strange,” or “worse.” The serious consequences of this process include the fact that maladjusted individuals perceive the established axio-normative system as unjust, and the fact that such individuals begin to avoid contact with and commitment to constructive groups and/or public institutions (Poznaniak 1982, pp. 18-24).

That said, we may conclude that preventing further marginalisation should be effected by broadening the social experience of maladjusted individuals in constructive communities. Prosocial behaviour, followed by positive feedback, should significantly contribute to (Garniewicz 2000, p. 52):

- revising the beliefs concerning the established values and norms of behaviour;
- preventing the reinforcement of destructive behaviours;
- learning the desirable forms of activity;
- undertaking new social commitments;
- improving interpersonal communication skills.

Based on the above premises, we may conclude that pastoral care should also comprise groups whose members include socially maladjusted individuals. An important argument for the initiation of such communities is the fact that longing for religious experience does not vanish in many people despite their deviant behaviour. On the contrary, individuals experiencing loneliness often seek spiritual experience in forms that draw them away from the Christian faith and from the Church towards new religious movements (Kalinowski 1999, p. 246).

It should also be stressed that thanks to involvement in religious communities individuals threatened with marginalisation may become missionaries in their environments, bearing witness to the truth and values of the Gospel. The possibility of transforming attitudes – particularly those of depraved young people – finds confirmation in the fact that the religiousness of young people is strongly connected with their sensitivity to the problems that exist in the surrounding world. Seeking justice, the youth open up to the truth proclaimed by Christ and frequently manifest readiness to follow Him and the call of the Gospel (John Paul II 1982, p. 11). At

the same time, opening up to Christ inspires in them a need to deepen the faith through study and prayer, good participation in liturgy, sharing their experience, and bearing personal testimony by performing various deeds for the benefit of other people (John Paul II 1985, p. 335).

Strong motivation to engage in prosocial activities also constitutes the basis for orienting religious youth groups to volunteer work. The sense of initiating and promoting communities of this kind stems from the very nature of the Church, in which great importance is attached to activities fulfilling the Evangelical obligation to serve one's neighbour (John Paul II 2004, p. 20). John Paul II (1987) writes: "If this impartial service be truly given for the good of all persons, especially the most in need and forgotten by the social services of society itself, then, volunteer work can be considered an important expression of the apostolate, in which lay men and women have a primary role" (ChL no. 41).

The essence of volunteer work comes down to free, conscious, and voluntary activity for the benefit of others, going beyond the ties with family members, friends, and colleagues (Gawroński 1999, p. 10). The goals, dynamism, flexibility, enthusiasm, and the very nature of this form of help make involvement in volunteer work instrumental in promoting personalistic values and moulding constructive behaviour. The adoption of prosocial behaviour patterns is to a great extent a result of pursuing the multifaceted goals of volunteer activity, which include (Kalinowski 2007, pp. 197-198):

- demanding that public services, mindful of the equal dignity of all citizens, ensure the weakest individuals their rights;
- anticipating the actions of central and self-government authorities in response to the needs of marginalised groups;
- initiating new kinds of activities aimed at reducing problems in the local community;
- moulding public opinion with regard to difficulties experienced by the weakest;
- showing the significance of service to society in a situation when public structures remain indifferent or when aid activities are inadequate to the needs, bureaucratized, or belated.

Summing up the issues concerning prevention-related functions of religious groups, we need to stress once again that communities of this kind may be of great significance to the formation of its members' constructive lifestyle if they mould behaviour patterns in keeping with the Catholic principles of social life, reinforce Christian values, and motivate individuals to involvement in prosocial forms of activity.

3. Pastoral Counselling

Counselling may be provided by those representatives of the Church who have been trained to provide specialist assistance in solving various problems (Reber, Reber 2005, p. 106).

The advice given very often concerns issues connected with identity seeking (Obuchowska 1996, pp. 97-98; Birch, Malim 2005, pp. 212-213).

Difficulties in answering the “Who am I?” question frequently cause emotional, cognitive, behavioural, and/or social problems.

A pastoral counselling specialist may encounter depressive reactions, a high level of negative emotions (e.g. anxiety, anger, or sadness), mood lability, and ambivalence of feelings with its typical alternation between love and hate, anxiety and aggression, or delight and disgust (Sęk 2001, pp. 204-205).

Disorders of cognition in individuals seeking their own identity consist mainly in a sense of chaotically incoming information, confusion about the rules governing the surrounding reality, excessive criticism of the world of adults, as well as rebellion against authorities and established norms of behaviour (Sęk 2001, pp. 204-205).

Pastoral counselling specialists may also be approached by individuals who find themselves helpless in the face of various life situations. The reason for this is that precarious identity co-occurs with limited capability of coping with problems. This results in a rapidly decreasing self-esteem in situations of failure, even a small one (Sęk 2001, pp. 204-205).

A large number of people seeking their identity may decide to consult specialists due to difficulties in social functioning. These difficulties may have a number of causes. First, they may be brought about by experimentation with deviant behaviours, most often psychoactive substance use, various forms of aggression, or commission of criminal acts. Second, they may stem from interpersonal conflicts. Third, difficulties may result from ambivalence in behaviour, being the outcome of contradictory desires: independence and conformity, freedom and safety, or rebellion and docility toward authorities (Płużek, Jacyniak 1996, p. 105).

The aim of pastoral counselling specialists should be to bring persons experiencing problems to the attainment of positive identity, using different forms of individual treatment – e.g. increasing their reflectiveness, changing their way of thinking, increasing their life skills, or teaching them to make responsible decisions (Tyszkiewicz 1983, p. 284).

Unrealistic and destructive beliefs must be challenged by a specialist. Through dialogue, asking questions, stimulating reflection, or forcing to

substantiate views, the counsellor should make the person aware of the irrational and illogical nature of their way of thinking. This method is referred to as “cognitive reprogramming strategy” due to the fact that it consists in encouraging the person to think in alternative ways and manage their ideas (Gierowski 2000, pp. 698-699). It should also be emphasised that using this method may contribute to reducing one of the strongest factors behind destructive behaviour – the conviction about the impossibility of changing one’s situation with regard to other people and specific social situations (Górniewicz 2000, p. 61).

Another factor that to a great extent determines constructive human development is the experience of the meaning of one’s own existence (Frankl 1978, p. 15; Oleś 1989, p. 59). Consequently, activities that contribute to the reinforcement of this dimension of a person’s functioning ought to feature prominently in pastoral counselling. Experiencing the meaning of life is connected with the state of subjective satisfaction, which is the outcome of intentional actions orientated to the realisation of values, since man is not the creator of sense but only discovers it in the reality that life’s tasks are connected with (Frankl 1978, p. 15). Such experience consists mainly in justifying to oneself the meaning of one’s own existence and in working out a clear, practical, and acceptable direction of activity to be undertaken. Satisfying the need to feel the meaning of one’s existence is a necessary condition of the individual’s proper psychological functioning, full motivation, and realisation of development potential (Obuchowski 1983, p. 229).

What plays an important role in the subjective pursuit of the meaning of existence is the fact that an individual is aware of their own dignity, experiences freedom, establishes personal relations, develops a sense of responsibility, as well as discovers values and the aspirations they underlie (Popielski 1993, p. 207).

Discovering the meaning of one’s own existence is frequently connected with seeking God and the values that come from faith. Being guided by these values entails special attention to human dignity and development, finding answers to questions concerning the purpose of the individual’s existence, and justifying the existence of subjective relations between people (Mariański 1990, pp. 257-267).

The literature points to two criteria that testify to the fulfilment of the meaning of life. The first of these – the positive criterion – occurs when the individual puts effort into struggling to achieve goals that go beyond the satisfaction of physiological needs. The negative criterion appears when, after certain elements of life situations have changed, the person suddenly starts to experience hopelessness, pointlessness, and emptiness of their existence (Obuchowski, Puszczewicz 1990, pp. 143-144).

Summing up the issues concerning the orientation of pastoral counselling towards help in building individual identity, it is worth stressing that individuals who succeeded in solving this kind of a problem show autonomy in decision-making, the ability to realise higher values, readiness to undertake responsible tasks, and the capability of giving love to other people (Obuchowska 1996, p. 101).

4. Pastoral Crisis Intervention

Proper functioning of a person in various life circumstances largely depends on the existence of resources (the individual's traits, social support, as well as social values and norms) that allow the person to meet the demands of the environment. A crisis emerges when the individual's coping abilities are too weak to solve all the problems that arise (Sęk 2001, p. 57).

Intervention with regard to persons experiencing a crisis should be characterised by the following features (Badura-Madej 1999, p. 28):

- 1) help should be provided immediately after the event by professionals specialising in the field;
- 2) contacts should be highly intensive;
- 3) such intervention should be limited in time (6 to 10 meetings taking place at least once a week);
- 4) treatment should concentrate on problems experienced by the person "here and now";
- 5) preventive treatment should be intensified in case of "overwhelming" circumstances.

An individual going through a crisis may struggle to eliminate negative factors or be motivated to free themselves from negative emotional experiences. Consequently, professional intervention with regard to a person in crisis may be directed towards resolving the emerging difficulties by transforming the person's actions from destructive to constructive. If strategies orientated to problem solving are impossible for the individual to implement, professional assistance should concentrate on creating a relative emotional balance, so that "feelings do not get out of control and damage or break the person's psychological resistance" (Lazarus, Folkman 1984, p. 141).

There are various forms of psychological, medical, social, legal, and spiritual assistance that serve to restore psychological balance after a criti-

cal life event. It is worth noting that there is no universal model of crisis intervention, since its character depends on the needs of the local community with regard to immediate assistance (Leśniak 1999, p. 73).

Still, it is possible to list the basic strategies of support for individuals experiencing a crisis (Leśniak 1999, pp. 74-81):

- telephone contact – this kind of approach derives from the so-called hotlines, aimed at people in danger of suicide; the main task of this form of intervention is to provide information about specialists, aid institutions, and kinds of support given in specified life situations;

- information and consultation points constitute a model of outpatient assistance to be provided to those people in need who report on their own as well as to those who are referred to specialists by different services (e.g. health clinics or the police); the main tasks of this form of crisis assistance are to inform about the possibilities for changing one's personal situation, to give preliminary diagnosis, and to provide multifaceted support; psychologists, lawyers, police officers, social workers, education counsellors, physicians, and addiction therapists are usually on duty at information and consultation points, providing assistance in their respective areas of competence;

- mobile intervention services, reporting at the place where the person in crisis needs them (e.g. at home or at school);

- a stationary form of assistance – to those whose life, health, and/or safety is threatened, specialist treatment is given and at the same time hotel accommodation or a crisis ward bed is offered. Additionally, crisis intervention centres may perform tasks such as: 1) diagnosing the psychological state of patients and, on that basis, referring them to specialists for long-term help, 2) short-term psychotherapy, 3) building social support systems for people leaving the centre, 4) organising mutual aid groups, 5) informing about the available forms of crisis support in the mass media.

The significance of intervention strategy in reducing human crises constitutes a premise that justifies employing this kind of approach in preventive pastoral activities.

An important argument for initiating intervention activities is the fact that, when experiencing a crisis, people are particularly open to help from others because their usual defence mechanisms are weakened and the previously learnt ways of coping are inadequate to the circumstances.

This argument suggests that even small help during crisis may be more effective than much stronger support in a period of greater psychological integration (Badura-Madej 1999, p. 30).

Disintegration in a person's functioning also results in a greater susceptibility to change and a better use of one's development possibilities. For this reason, crisis is compared to a "catalyst for change," speeding up the individual's adoption of effective ways of struggling with problems, which, on the one hand, starts the process of positive adaptation, and on the other – offers a chance to correct the "imperfections" of previously acquired ways of resolving difficult life situations (Kubacka-Jasiecka 2005, p. 65).

Summing up the issues concerning the prevention activities of the Church, we should stress that these activities focus on increasing the developmental "capital" of the individual and his or her environment. What speaks in favour of implementing the directions of activity presented above is both the competence of priests and lay members of that Community and the responsibility of the Church for the quality of life in society – particularly that of young people, who are going to determine the standards of moral and social life in the near future.

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Chapter XVII

School

(IWONA NIEWIADOMSKA)

This article suggests introducing the promotion of health into the school environment. Current preventive measures implemented among young people are criticized for a few reasons. They are criticized above all due to the fact that they do not offer system solutions but are an effect of a momentary sensitivity to young people's deviant behaviours. The programmes introduced are not usually based on a reliable assessment, which results in them overlooking subjective and environmental factors leading to disturbances in the psychosocial functioning of a young person. The lack of the long-term nature of the current programmes is connected with the fact that they are not brought to the next stage and they are not subject to any evaluation. Preventive influence is distinguished by its "isolationism" – there are different programmes realized in the same place by different subjects but there is no agreement or cooperation between them. Despite vast amounts of money allotted to training courses for specialists in prevention, after having acquired the necessary qualifications, the specialists in question conduct classes with a different audience – so, practically, they do not make use of the acquired skills in work with the young people who are at risk of a deviant lifestyle. It should be emphasized that the programmes implemented in state schools more often than not constitute sets of information and activities which are hardly connected with the conditions leading the young generation to destructive behaviour (Urban 2004, p. 215).

On the basis of these arguments we may conclude that the promotion of a constructive lifestyle in the school environment must be planned and then consistently implemented in a definite time span. People responsible for preventive action should therefore formulate a plan comprising the following issues (Gaś 1993, pp. 53-58):

- preventive needs assessment,
- theoretical bases of the implemented preventive strategies,

- determination of the goals,
- turning preventive goals into tasks for the executors,
- step-by-step planning of each task fulfilment,
- analysis of human and financial resources which will condition an efficient and effective implementation of the programme,
- determining the help needed from outside,
- establishing the criteria on the basis of which the effectiveness of a given preventive programme will be assessed,
- determining potential risks and difficulties which may come up in the course of the programme implementation,
- devising the final plan of action.

The outline of formulating preventive programmes presented above will be illustrated on the example of smoking prevention in the school environment.

1. The Assessment of Students' Prevention Needs

People act on the basis of their own definitions of the situations in which they find themselves. In the process presented here, a vital role is played by attitudes, which reflect a lasting assessment of people, objects, events and ideas. The existence of a given attitude is conditioned by negative or positive emotional reactions towards the subject of the attitude, thoughts and beliefs about the subject of the attitude and observable behaviour towards the subject of the attitude (Aronson et al. 1997, p. 314).

The assessment of the students' attitudes towards smoking was made on the basis of an analysis of the results of 63 fourteen-year-olds being tested. The tests were random and anonymous. The students expressed their attitudes towards smoking tobacco, presented their opinions of their peers', parents' and teachers' attitudes towards smoking. The tests comprised 16 open questions.

The tested youngsters' attitude towards smoking. The question "Have you ever tried smoking cigarettes?" helped us to assess the number of people who have already tried smoking. On the basis of the information gained, we found that over 50 percent of youngsters from our random sample have already experimented with smoking. The findings divided the young people into two groups:

- 32 students who have tried smoking,
- 31 students who have not experimented with smoking.

The analysis of the circumstances which create favourable conditions for attempts at smoking enabled us to conclude that young people turn to smoke when they feel they are not being watched by adults. The first contacts with cigarettes are encouraged by informal meetings – especially peer group parties and the way young people spend their free time, including holiday trips, during which young people want to experience something new and abandon their usual mode of behaviour at home and school. The circumstances of smoking presented here are close to the findings of Wojtowicz (1999, p. 3) who tested 180 students from a medical school, medical college and a secondary school. When asked: “In which situations do you smoke?”, most students answered that they smoke at parties. Evaluating the phenomenon of smoking cigarettes, it should be emphasized that peers often “infect” their school friends with deviant behaviours (Kozaczuk 1990, p. 105). The data above also suggest that families monitor the way children spend their free time to a very small extent. Insufficient monitoring results in children escaping their parents’ control, which consequently increases the risk of overstepping social norms, including experiments with psychoactive substances.

A quest for the answer to the question “Why do young people smoke?” is also an interesting problem. Both of the tested groups – smoking and non-smoking – believe that smoking cigarettes is usually motivated by:

– **Willingness to prove one’s maturity** – this kind of motivation arises from the fact that in society there is a general acceptance of certain behaviours which are recognised as typical for adults. Teenagers who smoke gain the sense of being adult – and therefore independent and self-reliant (Gaś 1994a, p. 76).

– **Manifestation of solidarity with peers** – this motive serves the purpose of winning a sense of belonging to a peer group or identification with teenage community. Communities of friends play an important role in the process of socializing children. There are situations, however, when a deviant peer group may cause a child’s corruption – especially when its members constitute the most important guiding light (Kozaczuk 1990, p. 105; Hołyst 1999, p. 651).

– **Demonstration of important attributes of one’s identity.** In this way one may get the label of a “tough guy” or a “good sport”. B. Hołyst (1997, p. 183) says that smoking cigarettes is a rare phenomenon among students from lower school and it is usually connected with learning difficulties and disapproval of a considerable group of peers. The phenomenon of smoking among adolescents, on the other hand, is a group experience and is connected with a strong need to gain peer approval and increase

one's self-confidence, demonstrating at the same time one's independence from the adult world.

– **Reduction of fear or frustration** connected with failures at school or inability to measure up to one's parents' expectations. Contemporary schools place particular emphasis on intellectual education overlooking the promotion of emotional, moral and spiritual development. Fundamental school factors which make children and teenagers experiment with chemical substances are (Karpowicz 2001 p. 20): a) exerting tremendous emotional pressure on students in the form of chronic stress, b) marks in school education, which are the basic means to assess a student's value simultaneously passing over or underestimating his emotional and spiritual life. The effect of promoting the development of intellect at the expense of more creative aspects of personality is frustration resulting from the need to be a member of the school community. It should be noticed that stress always accompanies the process of education. However, being faced with difficult situations too frequently may lead to suppression of the child's adaptational skills because difficult situations disturb the harmony between the child's needs, his activities and the conditions of his activities. The disturbance of harmony between the person who is being educated and the educational environment usually starts from a gentle form of maladjustment manifestation, smoking being one of them (Hołyst 1999, p. 650). The person who is to overcome stress may develop negative as well as positive strategies in managing stress. Withdrawal (avoiding or withdrawing from difficult situations), diverting attention (diverting one's attention from the source of stress by means of setting a mood of fun or deprecating the danger, the goal of action or the possibility of failure) and identification with a negative group assuring a sense of safety count as destructive remedial measures (Oniszczenko 1993, pp. 72-74). Apart from the ways of managing difficulties mentioned above, there are also constructive strategies, which one should resort to when introducing teen smoking prevention (Oniszczenko 1993, pp. 72-74): a) relieving tension by means of an intensive physical effort, b) gaining experience through developing one's competence, c) searching for information concerning the event, d) searching for information concerning the situation, e) using other people's help.

– **Defiance of adult authority and conventional society**, whose norms and values are questioned by the young generation. This type of motivation is connected with the myth of a financially independent person who has money, a car and is surrounded by young girls. Young people are willing to assume "swanky" attitudes negating social values (Kozaczuk 1990, p. 105).

Another problem concerned the answer to two questions: how much do young people know about the effects of smoking? Does the level of knowledge about the problems connected with using nicotine and other substances contained in cigarettes have any influence on refraining from smoking?

On the basis of the information gathered it was noticed that the knowledge concerning the effects of smoking in the smoking and non-smoking group is similar. The subjects are aware of the fact that smoking cigarettes is harmful to health – it increases cancer incidence, hinders growth in adolescence, causes respiratory system disorders. Information given by the subjects is too general, superficial and concise. What is especially striking in their answers is the lack of systematic and organised knowledge of psychological, physiological and social effects of the addiction to these agents. We should now quote the conclusions reached by D. Wojtowicz (1999, p. 3) who, on the basis of her research, concluded that there are fewer smokers among medical school students than ordinary secondary school students and that medical school students pay more attention to the harmfulness of smoking. We may conclude, therefore, that intentional and systematic information about the causes, course and effects of such behaviours play an important role in smoking prevention.

Parents' attitudes towards smoking. Family constitutes the most significant environmental factor in the development and shaping of young people's attitudes (Dyczewski 1994, p. 19). An important question arises in the context of the role which is played by home in the shaping of children's behaviours: Is the parents' attitude towards smoking different in the smoking and non-smoking group of students? On the basis of the information gathered it was found that the parents' attitudes towards smoking in our subject groups were in inverse proportion. Only 19 percent of the smoking students have non-smoking parents and in the majority of cases both parents smoke. Whereas non-smoking students' parents present mostly non-smoking attitudes – with 65 percent of non-smokers and only 13 percent of the households with both parents smoking. It should be emphasized that smoking parents constitute the most serious risk factor for their children's nicotine initiation (Hołyst 1997, p. 180). Smoking addiction is called a "family syndrome" for two reasons. The first is that the frequency of smoking nicotine by each member of the family is strongly correlated with the frequency of smoking cigarettes by the rest of the family. The second reason is that the risk of young people starting regular smoking depends on the number of regular smokers in their families (Hołyst 1997, p. 181). The above data suggests that in smoking prevention in the school environment one should also consider the issues connected with smoking

prevention at home, which consists mainly in making parents aware of how important their own behaviour connected with such substances is.

Teachers' attitudes towards smoking. Teachers' chief qualities should be wisdom, seriousness, straightforwardness, patience, sincerity and inner strength. Thanks to these qualities, teachers motivate their students to learn and act. They also instill in their students respect for themselves. This means that people who are well prepared for their jobs guarantee that they will have beneficial influence on the shaping of the child's goals and ideals (Dąbrowski 1974, pp. 95-96). In this context one should ask: What is teachers' attitude towards smoking in the subjects' opinion?

- Most students believe that their teachers are sensitive to this problem but have no chance of preventing it. Therefore, they concentrate mostly on persuading young people to change their attitude towards nicotine.

- Another strategy reported by the subjects is teachers' lack of interest in adolescents' smoking problem (*They do nothing. They pay no attention.*).

- The third strategy consists in administering punishment for contravention of bans on taking such substances.

- The fourth attitude adopted by teachers is characterized by their inconsistency towards the issue (*They say that smoking is harmful but they smoke anyway.*).

The students' opinions confirm what experts say: school preventive programmes are ineffective. The lack of effectiveness here results from teachers not being prepared for health promotion. On the basis of the information gathered, we may conclude that teachers' preventive competence should be increased as they often want to prevent negative phenomena in school environment but they do not know effective ways of doing so.

Summing up, our first point dealing with the formation of preventive programmes we should pay attention to the fact that mere experimenting with cigarettes may develop into nicotine addiction in three ways (Hołyst 1999, p. 646):

1. as established reactions to stressful situations – smoking may be a manifestation of behaviours aimed at decreasing frustration by means of relieving inner tension;

2. when a child learns norms and behaviours favouring smoking from his closest environment – the process of learning is connected with the mechanism of identification with important people as well as the internalization of the conditions and norms professed by the child's closest environment;

3. as a result of habitual reactions which are contrary to social norms.

In connection with the presented facts, our conclusions will concern the needs not only of the students but also those of their parents and teachers – needs which we should take into account in smoking prevention programmes at school.

Diagnosis of students' needs:

- gather information concerning the causes, course and effects of smoking addiction,
- allow the students to belong to peer groups in which they may acquire norms and values and at the same time enhance a sense of autonomy and independence,
- manage free time effectively,
- develop positive strategies of stress management,
- acquire skills in criticism as well as in distancing oneself when taking decisions,
- achieve higher competence in selected fields of interest so as to win social approval and strengthen a positive self-portrait.

Diagnosis of parents' needs:

- gather information concerning the causes, course and effects of smoking addiction, with a particular emphasis placed on one's own example in the shaping of one's children's attitudes,
- acquire skills in showing feelings and supporting children,
- achieve competence in assuming proper control over one's children's free time, selection of friends and behaviour.

Diagnosis of teachers' needs

- gather information concerning the causes, course and effects of smoking addiction,
- develop coherent non-smoking attitudes,
- increase preventive skills.

2. The Theoretical Basis of the Implemented Prevention Strategies

The initiation of school prevention is justified by the fact that adolescence is naturally connected with entering the world of new experiences and getting to know new values. Young people experience changes in the look of their bodies, acquire concrete and formal thinking abilities and they finally become a part of adult world. However, adolescence is also

connected with going through a number of internal contradictions – for example (Macacci et al. 1996, pp. 76-82):

- between self-reliance and dependence on their family,
- between anxiety about one's own initiative and securing one's own separate existence.
- between the tendency towards self-criticism and criticism of the outside world and the inclination towards idealism and a quest for higher values.

The age of puberty is also often described as adolescent crisis due to a series of abrupt and simultaneous changes which are (Orwid, Pietruszewski 1996, pp. 89-93):

- **biological** – fast growth, changes in body shape, changes in facial features, disproportionality, development of secondary and tertiary sex characters are the cause of young people's concentration on their own body and its functions;

- **psychological** – existential questions, shaping one's own outlook on life, creating an independent system of judgment and values, excessive criticism, youthful idealism, need for self-analysis, planning different roles and achievements, rebellion against former authorities, extreme fluctuation of emotion;

- **social** – expanding interpersonal contacts, functioning in formal and informal peer groups, experimenting with new roles.

E. Dulit (1979, p. 58) defined adolescence as a human, psychological response to the strike of biologically determined puberty events. This response is set in culture and it is shaped by it. It results from the fact that culture consists in an incessant dialogue between generations where the generation reaching the threshold of adulthood must separate and become independent from the previous generation, but this separation cannot be a severance. It is only a significant and open dialogue that ensures the possibility of continuation and reconciliation between the generations which are equal partners that create one and the same culture. A vital role in the dialogue between generations is played by the school environment.

The phenomenon of "criminal career" is another important argument for seeking new solutions in school health promotion. The notion means permanent functioning in a corrupted environment as a result of a personal choice or "being pushed" into such environment by social stigmatization (Błachut et al. 2001, p. 312). Subjective factors, which remain from the early stages of one's development, are essential in the process of such a career coming into being. The role of personality variables which initiate criminal behaviours is accurately reflected in the statement: "an anti-social child tends to become an antisocial teenager and then an antisocial

adult, just as an antisocial adult then tends to produce another antisocial child” (Farrington 2002, p. 658). Empirical tests results indicate the following risk factors in childhood and adolescence which have a considerable influence on the initiation of lasting deviant attitudes (Piquero 2000, p. 104; Benda et al 2001, p. 603; Cottle et al 2001, pp. 367-394; Silver, Chow-Martin 2002, p. 559; Piquero et al 2004, pp. 412-435; Benda 2005, p. 338):

- escalation of psychological problems;
- preference for hedonistic values;
- difficulties in interpersonal relations – especially disturbances in bonds with parents which result from mistakes in upbringing and/or emotional rejection by parents;
- difficulties at school and/or educational defeat in the form of repeating grades or abandoning education altogether;
- disorder in social functioning – frequent deviant behaviours, including signs of aggression;
- taking alcohol and/or other psychoactive substances;
- involvement in youth gangs;
- early criminal initiation;
- high frequency of punishable offences treated as a way to achieve personal success;
- stay in care or rehabilitation centres.

The risk factors mentioned above confirm the evolutionary stand in criminological research, which assumes that criminal career is a kind of development proceeding from a state of relative globalization to a state of relative differentiation, articulation and hierarchic integration. Some people go through three stages in their criminal career – activation, escalation (various activities against the law) and desistance due to the feeling of surfeit. There is a category of offenders, however, who do not go through the stage of cessation from criminal activity. In such cases chronic crime develops, which is sustained for most of such an individual’s adult life (Urban 2000, pp. 126-127).

The significance of early risk factors in destructive lifestyle has been confirmed by research into recidivism patterns. The results enabled the researchers to distinguish multiple offenders with early (before they are 18 years old) and late (not before they are 21 years old) beginning of criminality. Recidivists from the first group constitute a higher degree of threat to the law on account of a bigger frequency of unlawful acts and serious crimes. Offenders who started their criminal career early are characterised also by a high intensity of psychosocial functioning problems – addiction to psychoactive substances (especially alcohol), symptoms of depression,

hostility towards or mistrust of people around them, a feeling of alienation, interpersonal conflicts, personality disorders (especially of antisocial, borderline and schizothymic nature) and frequent aggressive behaviours. Repeated offenders from the other group, on the other hand, constitute a smaller threat to the society because of a lower intensity and low social noxiousness of their offences. Moreover, they do not usually suffer from psychological problems and if they take psychoactive substances, it rarely leads to disturbances in social functioning (Ostrihanska 1976, pp. 75-87; Kjelsberg 2004, pp. 261 -269; Błachut et al 2001, pp. 310-312).

The process of school education is burdened by two basic mistakes. On the one hand, the child is compared with his peers in terms of specific characteristics and on the other, it is assumed that an ideal student is an excessively adapted child who is kind, diligent and receives very good grades in all subjects. Therefore, students who display one-track interests and talents, independence in behaviour and uneven rhythm of work often get a negative opinion. In connection with the presented problems there arises a question: What should the role of school consist in so that it educates and supports students' development?

In personalism there prevails the idea of so called "new schools", in which active teaching methods that respect students' subjectivity and ensure students' development are introduced. The school's fundamental role is not overlooked, but it needs to be integrated with other educational environments – home and local community above all. The utmost attention is focused on the student's existence which is to be full of values. The problem of responsibility, sense of duty and human dignity is especially emphasized. Rejecting the concept of school "neutral" about moral values, a relationship between teaching and upbringing is stressed (Nowak 1992, p. 17). The goals of the "new school" should therefore be focused on shaping children's character, their interests, talents and spontaneity. It is in this place precisely that a person should, on the one hand, experience tolerance, brotherhood and respect for culture, and on the other, understand and appreciate the value of effort, work, cooperation, and mutual support (Dąbrowski 1974, p. 95).

School cannot substitute for the family in the process of upbringing a young person. It should, however, supplement it. One of the most important tasks of the school environment is to help shape young people's moral and ideological attitudes which predispose them to a specific perception, way of thinking, judging and behaviour towards themselves, others and the world that surrounds them (Dąbrowski 1974, p. 96). Children who have particular adaptation difficulties should be able to count on individualisation in education, encouragement to positive action as well as the teacher's

supportive presence in situations which are difficult for them (Ostrowska 1990, p. 171).

The shaping of young people's constructive behaviours should take place not only during their compulsory classes, but also by means of engaging them in extra-curricular activity. Organizing students' free time may be (Roykiewicz 1979, p. 238):

- educational (selfless and unforced broadening of one's intellectual horizons – activities which are connected with fulfilling one's cognitive needs and gaining new experiences),
- educative (assimilating or instilling in others some worldview standards, norms of behaviour and co-existence; activities connected with fulfilling one's need to inform others, to create, to experience approval and acknowledgement from others and the need to take care of others),
- encouraging integration (fulfilling one's needs to belong, to be recognised),
- recreational (activities enabling one to rest mentally and/or physically; activities connected with fulfilling one's need to have fun and rest),
- cultural (creating or assimilating cultural values),
- compensatory (filling in existing shortages – for example of knowledge).

Adolescents' spontaneous initiative should be an important element of the implemented programmes. Thanks to this, the promotion of health constitutes a task for the whole school environment.

Considerable achievements in prevention in school environment were made in the United States – the first ever such programme was promoted there in the 1980s. Its initiation was accompanied by the assumption that school programmes may contribute to shaping teenagers' constructive attitudes as a result of giving students a chance for their individual success and creating an environment which promotes constructive development. At present, preventive programmes are not common in American schools – they are carried out locally and are adapted to particular needs. Each of the programmes, however, must meet certain standards – qualified staff, careful plans of the strategies employed, freedom to join the programme and local community's participation in the activities (Cox 1999, pp. 323-324).

Another example of systemic influence on the promotion of young generation's healthy lifestyle are the solutions suggested by the Ministry of Education in Brandenburg, Germany. In order to reduce the risk of deviant behaviours among young people, the Ministry introduced (Kube 1997, p. 177):

- 1) support for local activities whose aim is to change social norms,
- 2) broadening of pedagogic offers going beyond the curriculum of compulsory teaching – for example organizing all-day schools,

- 3) training courses for teachers developing their preventive competence,
- 4) intensification of pedagogical and psychological counselling in schools,
- 5) regular cooperation with local communities (for example local governments, schools, churches, social organizations) in organizing extramural activities for students,
- 6) regional experience sharing in juvenile delinquency for public order services.

One of the basic strategies of this programme is to reduce unemployment among young people. Precise regularities regarding negative effects of unemployment are not known but research suggests two conclusions. The first shows that a deviant lifestyle may be the cause of becoming unemployed and the other suggests that together with destructive attitudes there appears unemployment of people who have been expelled from their schools or who simply gave up school. One of the programme's suggestions is alternative work, which may contribute to an increase in emotional and social stability. Improving one's skills or "training in advance" serve the same purpose in the situation of social inactivity. The German programme also encompasses different forms of preventive activity on the part of local community, among which there are (Kube 1997, pp. 180-182): a) constructive free time organization for teenagers during school year, b) ideas for winter breaks and holidays, c) providing entertainment facilities, d) street work, e) providing accommodation for teenagers who have run away from home with no unnecessary formalities.

3. The Goals and Tasks of School Prevention

On the basis of the diagnosis made, we may frame two preventive objectives:

1. Promotion of physical and mental health among students. The fulfilment of this aim may be achieved through creating conditions of a "positive infection" in school environment and local community. Engaging students in pro-social activity should be helpful in shaping a hierarchy of values where basic needs are subject to higher needs and goals – for example sensitivity to the needs of others, ability to sacrifice oneself, sensitivity to beauty, work on oneself and cooperation with others.

2. Identification of smokers who experiment with nicotine. Organizing classes for them so as to reduce the risk of nicotine addiction. Classes with students who are at risk from nicotine addiction should be

concentrated on developing attitudes of approval of oneself and others, teaching responsibility when making decisions, encouraging reflection on significant goals and values in life as well as holding on to them in every day life. People at risk from nicotine addiction should also develop skills in defying individuals and groups who display deviant behaviours.

Another step in the shaping of the school preventive programme consists in translating the objectives into specific action. **The first goal** – the promotion of physical and mental health among students – may be reached by means of information programmes at school and in local community, operating after-school clubs, support groups organized to help students develop their interests, psychological counselling for students, environmental system of awards for the promotion of health, a school system of punishment for violating the bans on smoking by students and teachers, and encouraging students to participate in formal youth movements in the local community.

School information programme about the causes, dynamics and effects of tobacco addiction may be run in the form of:

- a series of classes during teacher-student forum periods at school
- each of the students may for example gather information on the subject of multidimensional effects of smoking cigarettes; the classes may be conducted as if they were trials, in which a cigarette is “the defendant”, a group of students presents incriminating evidence, another group acts for the defence and yet another group constitutes the jury whose task is to pronounce a sentence for the cigarette in a particular class; the teacher should perform the role of the judge and the executor of the verdict passed by the jury. The transcript of court proceedings should be put up on a school notice board;

- a series of biology and chemistry classes during which physiological influence of tobacco on all the systems of the human body should be thoroughly discussed;

- putting up posters, distributing leaflets and brochures which present the consequences of using tobacco and encourage young people to lead a healthy lifestyle.

Local information programme about the causes, dynamics and the effects of tobacco addiction in cooperation with parents, district authorities, another school or other local institutions. As part of such a programme the following may be suggested:

- conferences for parents covering short and practical issues on supporting children’s development;

- seminars during which celebrities, invited by teenagers, will present different ideas of how to apply the principles of healthy lifestyle;

- interscholar seminars during which students may discuss the subject of practical ways of developing a creative lifestyle;
- interscholar anti-tobacco contest with valuable prizes;
- competitions and exhibitions of artistic works promoting a healthy life style (with valuable prizes);
- exhibitions of books and magazines concerning the promotion of health;
- students collecting press cuttings about the effects of addictions and information on how to prevent smoking so that this information may be printed on posters and distributed among the local community.

After-school clubs. Institutions of that kind may help students learn and spend their free time in a good way. After-school clubs should provide care for children from lower as well as higher classes. Teenage volunteers are welcome to join.

Support groups for students to develop their interests aim at eliminating boredom and showing alternatives to their previous lifestyle and ways they used to spend their free time. There should be a few special interests groups, clubs and laboratories in schools, depending on finances, personnel as well as the students' interests. Such groups should be led by teachers or volunteers in accordance with their own hobbies and the participants' interests, as participation in such classes should be voluntary. Students should have their free time organized not only after classes but also during summer and winter holidays (summer and winter camps). Example suggestions as to how to fill students' time are as follows: organizing a sports club, tourist club, chess section, computer section, scientific section, film club, artistic classes (drama, music, dance), tailor's shop, automotive section, social initiative section (bringing help to the local community), first aid section.

Psychological counselling for students. The promotion of health should be strengthened by a school pedagogue or psychologist who should take care especially of the children who have difficulties in (Kozdrowicz 1993, pp. 21-22):

- learning - for example concentration difficulties, deficits in learning ability, lack of faith in oneself, lack of success despite a tremendous amount of effort, strong fear of assessment, little motivation to learn;
- functioning in the family - for example no approval or expressing feelings, limited freedom, excess of tasks, conflicts between the parents, breakdown of the family, one parent's alcoholism, lack of space for learning and playing;
- interpersonal contacts - for example combativeness, group rejection, the feeling of loneliness.

Encouraging students to involve in youth movements existing inside the local community. The promotion of involvement in such groups constitutes a significant help in shaping teenagers' social and moral attitudes, because the aim of such communities is to facilitate the physical, intellectual, emotional and moral development of their members. Functioning in a given society imposes an obligation on individuals to determine their attitude towards the events happening in the social world. In order to be capable of such assessment, one needs a frame of reference, which more often than not is based merely on material or economic values – whereas the condition for a unifying philosophy to come into being is the occurrence of prime values in man's outlook on life, which specify his aims in life as well as motivate him to adopt conscious attitudes towards the surrounding reality (Kościuch 1984, p. 50).

The shaping of teenagers' moral and ideological attitudes may be strengthened by cooperation between the school and youth religious communities because the Church in its preventive and educational activity aims at developing each person's mature personality. Preventive activity of the Church is concentrated especially on those who are at risk of losing or who have already lost human values such as love, truth, good, justice, sense of human dignity and freedom (Cekiera 1986, p. 207). The Light-Life movement is an example of such formative youth community. Its founder, Rev. F. Blachnicki (1986, p. 35) suggested realising the personalistic concept of educating teenagers which leads to growing in maturity among peers. In 1973, during the First National Congregation, the fundamental aim of the movement's activity was formulated – to bring up a "New Man", who is free of enslavement, who fulfils Gospel tasks in his everyday life and who grows up to mature Christianity. Being a member of the movement involves weekly meetings in small groups, retreats and summer holiday trips. The formative peer group exerts a positive influence on its members because they share the same values and standards of behaviour, they accept their roles which result from the formal and informal structure of the group, they have good relations with each other – cooperation and active participation are particularly appreciated (Słomińska 1986, p. 16). Getting involved in such groups enables one to shape his mature outlook on life, develop his own hierarchy of values, form the ideal of his "self" and to internalize socially accepted norms of conduct (Kościuch 1984, p. 39).

The second goal – organizing classes for people experimenting with smoking – may be achieved through self-help groups, peer counselling programme as well as information and educational workshops. When fulfilling the above mentioned tasks, one should consider the fact that school is not isolated from the environment. Therefore, school programmes should

be enhanced by close relations to the students' home and by supporting youth organizations' initiatives which may help in organizing their free time (Adamowicz 1990, p. 234).

Self-help groups. Their task is to create communities in which teenagers help one another with their problems (Rosenhan 1994, p. 312; Riessman, Carroll 2000, pp. 38-44). Discussing common problems makes young people realize that other people experience similar difficulties. Moreover, functioning in a self-help group encourages them to look for common solutions to their problems. The identification of students who are to become members of such groups may be made on the basis of individual contacts between the school pedagogue and the students. The activity of self-help groups is based on a few important principles (Pospiszyl 1998, pp. 92-94):

- principle of egalitarianism – the group does not have a hierarchical structure;

- principle of democracy – the power is exercised by the self-government, which has been chosen by the community;

- full participation principle – a person is voluntarily active in the group, has to overcome his passivity and apathy so that other members' affairs are as important as his own;

- realism and naked truth principle – the fullest possible elimination of defensive mechanisms from the behaviours of the community members so that teenagers do not defend their behaviours but take full responsibility for their conduct;

- permissiveness principle – acceptance of each member's behaviour with simultaneous pressure exerted on him so that he changes his behaviour and adapts it to the others' behaviour.

Peer counselling programme. Its most important goal is to prepare young people who enjoy their peer environment's trust to become good listeners who are capable of providing support and who can give their peers essential information in difficult situations (Gaś 1994b, p. 107-108). In order to introduce a peer counselling programme, the following tasks need to be completed:

- identifying students and teachers who enjoy young people's trust;
- ensuring the selected leaders the development of communicative skills, competence in taking decisions, in solving problems and other activities which are to help others;

- planning activities in which the counsellors may use their skills;
- providing the peer counsellor with support during the realization of the programme.

Information and educational workshops. Teenagers from the group at risk of addiction to tobacco should obligatorily participate in this kind

of classes. Thanks to such workshops, students should grow accustomed to school requirements. The scope of workshops should encompass the issues connected with self-portrait, fulfilling needs, interiorization of prosocial values, managing in difficult situations, making decisions. Information and educational workshops should be conducted by specialists in psychological help.

4. Adjustment of the Programme to the Implementation Capacity of Schools

In subsequent steps of planning a school preventive programme one should consider the following:

- the time it takes to fulfil each of the tasks,
- the way of recruiting students,
- the way in which to motivate and involve the group,
- the assessment of the activities which are being carried out,
- the people essential to the fulfilment of individual tasks,
- materials, housing and financial requirements,
- potential threats to the fulfilment of the programme.

As it has already been mentioned, school is “anchored” in local community. Therefore, as part of its preventive activity, its headmaster may turn to local authorities and institutions that carry out preventive programmes (for example social organizations, foundations, churches and/or religious associations) for help.

Determining the criteria of assessment of the programme’s effectiveness as well as appointing the date of the evaluation constitute very important elements of each programme. Diagnosing the effectiveness of the employed strategies should be based on the information obtained in the preliminary diagnosis. The evaluative methods adopted in the assessment should include questions concerning the following:

- change in the students’ attitude towards smoking,
- the students’ knowledge of the causes, course and effects of nicotine addiction,
- the students’ membership in formal groups in the local community,
- the way the students make use of their free time,
- increase in competence in different fields of the students’ interests,
- positive strategies of managing stress developed by the students,
- change in parents’ attitude towards smoking,

- parents' knowledge of nicotine addiction,
- increase in parents' competence in monitoring and supporting their children,
- increase in teachers' preventive competence.

The participants of the programme – students, parents and teachers – should be thoroughly informed about the effectiveness of the preventive strategies that they have been subjected to. Whereas the executors of the programme should use the conclusions they have reached in the evaluation in such a way so as to eliminate the ineffective strategies and introduce essential modifications in the tasks of future preventive programmes.

The last element of the programme consists in **formulating the final plan of action**. The written form should contain a schedule concerning:

- the fulfilment of individual tasks
- by the assigned executors
- in a specified period of time
- in relation to specific participants.

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Chapter XVIII

Peer Groups

(IWONA NIEWIADOMSKA)

1. Informal Peer Groups as a Risk Factor for Deviant Behaviours

In the process of their growing up, teenagers go through an important stage in which they form informal peer groups which gradually replace the family and school environment together with the influence they exert and start shaping their behaviours and attitudes. Peers are attracted to one another because of their willingness (Macacci et al 1996, pp. 76-82):

- to test themselves,
- to compare themselves with one another,
- to gain new experiences,
- to compete with one another for social status.

It is as early as in the final years of elementary school that first groups come into being. In these groups individuals share their feelings, secrets and dreams. Young people begin to display stronger and stronger tendency to gather together and spend their free time in one another's company.

The strong influence of friends on the shaping of teenagers' behaviour results especially from (Orwid, Pietruszewki 1996, pp. 89-93):

- **intensified intergroup conformism,**
- **tendency to encapsulate society, which is emphasized by external characteristics such as listening to the same kind of music, wearing specific clothes or talking in slang.**

In order to illustrate the issues connected with the shaping of teenagers' deviant behaviours by peer communities, we will present the findings of a research carried out on 120 seventeen-nineteen-year-old boys. The subjects were divided into two groups according to their tendencies towards deviant behaviours: 1) depraved boys (N=60), who were found to have resorted to different kinds of destructive behaviours, including pun-

ishable deeds. 2) boys who are positively adapted to the current social standards (N=60). The information concerned with demoralizing tendencies was gathered with the help of the Deviant Behaviours Questionnaire by I. Niewiadomska. The data concerned with the functioning in peer groups was gathered with the help of the Socializing Systems Questionnaire by I. Niewiadomska.

Tendencies concerning teenagers' functioning in peer groups.

- The results of the research allow us to conclude that all the subjects take part in meetings with their peer friends outside school – 92% of the deprived boys and 78% of the positively adapted teenagers meet their friends from the yard, estate and/or stairwell.

- The first difference between the two groups compared is that 8% of the deprived teenagers belong to subculture groups (such as Skate, Hip-Hop, Punk, Hipsters) while nobody from the other group is a member of such.

- The second difference is that 22% of the positively adapted boys belong to formal peer groups (such as Scouts, Youth Academy, school special interests group, sports club, religious group).

Such high intensity of membership in informal peer communities proves that they fulfil important functions for their members – the most significant of which are the protective and stratification functions (Błachut et al 2001, p. 362).

The protective function of peer groups consists in the fact that a “community of equal members” allows a young person to:

- **reduce the tension which appears in connection with being under adult control,**

- **solve his problems through direct contact with his friends.**

The realization of the presented function results from the fact that in an organized teenage community there is a possibility to satisfy one's safety needs (for example the need of acceptance and belonging), to openly express one's thoughts, to solve problems together, to make collective decisions and take collective actions, the responsibility for which is divided among several people. If there is any perceived inconsistency with the group's beliefs, it is eradicated and group conformism is created, which enables the members of a given community to dissociate themselves from the rest of the society (Ostrihanska, Greczuszkin 2000, p. 162).

The stratification function is connected with the fact that an adolescent achieves a social rank due to his abilities and not according to his age.

The relations presented above are confirmed by our research. In both groups the subjects (almost 100%) usually mention the importance of talking with friends and conventional behaviours such as listening to

music, playing computer games, watching films. At the same time it should be pointed out that boys who are socially unadapted meet their friends more often than the teenagers who are positively adapted. On the basis of the research findings we may conclude that informal peer groups are of particular significance to the teenagers who display deviant behaviours. Therefore it is this group of teenagers that is more willing to increase the frequency of their interactions with friends. Attributing such an important role to meeting friends is often a sign of a young person's readiness to submit to the standards of behaviour presented by the group, which in literature is often referred to as "blind conformism" to the group's expectations (Błachut et al 2001, p. 362).

The conclusion presented above can be confirmed by the fact that groups of demoralized youths usually appear in socially disrupted areas, where the normative system binding the society has been considerably weakened and a new set of rules has replaced it and now shapes interpersonal relations. Empirical analyses show that deviant teenage communities often appear in areas where there are high levels of crime and alcohol consumption, high divorce rate and other phenomena which negatively influence interpersonal functioning (Błachut et al 2001, p. 365). Therefore, similarity in social status and insufficient adult control (especially parents' control) are among selective factors for juvenile gangs to come into being (Błachut et al 2001, p. 364).

The reasons mentioned above determine young people to grow up in a "socialization vacuum" which deprives them of the possibility to assume and play unambiguously defined social roles. Marginalized teenagers, however, have the same needs as their positively adapted peers, which motivates them to unite in communities made up of individuals who have similar problems. Such communities give teenagers opportunities to satisfy their frustrated needs. At the same time these people often have problems in establishing long-lasting relationships and suppressing their hostility, which results in them not being able to create a cohesive community. Therefore, socially excluded young people create "**quasi-groups**" which are distinguished by peculiar characteristics (Ostrihanska, Greczuszkin 2000, pp. 162-163; Błachut et al 2001, pp. 367-368):

- in a "quasi-group" there are no clearly defined roles, no precise expectations of individual members, there is no explicit position on binding norms; a direct result of the deficiencies mentioned is the way the young people acquire prestige – through violence and intimidation, the application of which becomes the essential method to satisfy the need of recognition and prestige;

– the members of a “quasi-group” prefer the rule of “manifold ignorance”, which means that each member of the community believes that his friends fully identify themselves with the norms of the community. Therefore, on the one hand, there are no sincere talks on the subject of beliefs and value preferences of individual members and, on the other hand, each member pretends to be stronger than he really is. This generates aggressive behaviours and intensifies negative social roles; however, individual talks with members of different “quasi-groups” prove that more often than not they do not know how to behave in different circumstances and which values to adopt as theirs;

– the majority of a “quasi-group” members function on its fringes, they come and go;

– such communities do not have a permanent leader – this role is sometimes assumed by a permanent member who – at least for a short period of time – is able to gain control over the rest of the people;

– a “quasi group” functions the way its members function (negative social experiences of the teenagers who form the group are reflected in its malfunctioning), but at the same time it makes it easy for the youths to display deviant behaviours because it provides justification for that kind of behaviour.

In the analysis of deviant youth communities we should pay attention to groups which are paracriminal and groups which are abrasive in nature. The first type – **paracriminal communities** – are usually formed in the districts of big cities with high levels of crime, where people from lower social classes live. In such conglomerations children very early start to orientate themselves towards illegal means of gaining success. Patterns of criminal behaviour are usually set by adults. Direct contact with such adults results in teenagers learning deviant activity through the phenomenon called social modelling. Youths coming from “criminal districts” learn deviant roles and try to play them. Seemingly senseless manifestations of aggression or thefts serve the purpose of rehearsing the role. Hierarchical structure of a youth group – with a clear division of each of the members’ rights and duties – very often is a reflection of adult criminals’ communities. Behaviours which are characterized by a high level of conformism to the norms of the “underground” world enable young people to emphasize their qualifications for participating in this world. When an individual or a group rises in the criminal hierarchy, then their aggressive behaviours which are expressive in nature – for example acts of hooliganism or pointless aggression – tend to gradually disappear. At the same time young people often learn that aggression is a criterion according to which, on the one hand, human value is measured and, on the other hand, a control

over one's own and other people's situation is maintained (Poznaniak 1998, p. 137).

Informal youth communities which are combative in nature most usually come from environments of inconstant composition where there is hardly any social control and, at the same time, neither lasting bonds between people nor a cohesive axiological and normative system had a chance to develop. This situation is characteristic to large estates in big cities where the disorganized community is not able to provide individuals who are becoming adult with access to socially accepted ways of achieving success or to ensure a safe future for them. Young people who come from such environment are often forced to solve their adaptation problems themselves. An important method of adaptation for adolescents in the face of social defeat (experienced or predicted) is reflected by the phenomenon called "companions in misery" (Ohme 1993, p. 294). When a teenager experiences his failures, he can reduce his negative emotions in a group of people who are similar to him, who are his companions in misery, as a result of the following processes: (Ohme 1993, pp. 300-301):

- positive emotions induced by a mere act of affiliation and others' presence,
- articulation of the feelings experienced,
- reduced self-concentration and suppression of the processes which lower one's self-esteem,
- dispersal of responsibility – staying with other people after a failure relieves tension and nervousness,
- the feeling of liking evoked by collective activity and similarity between the members of the group – "companions in misery" create a positive bond between one another, which is constantly being strengthened by fear, cooperation and noticeable similarities of the emotional states experienced,
- subjectivism of the group's attitude – the assessment of one's social status depends not so much on one's characteristics but on the comparison of his features with the characteristics of the other members of the group; when the group creates its standard of "being a loser", the person who has actually suffered a failure does not see the contrast between his own social status and the other people's situation.

The factors presented above lead to an increase in the sense of the intergroup identity, to a strong identification with the other members of the community as well as the standards within the group (Gray-Little, Hafdahl 2000, pp 26-54). In this way a redefinition of the reference group for one's behaviour is done – that is the socialization influence of peer

society. The exertion of the group's pressure may consist in: (Błachut et al 2001, p. 363):

- emphasizing the roles which demand behaviours that are at variance with the standards,
- familiarizing the members with the strategies of behaviour which are contrary to social standards and drilling them with arguments which may justify all their wrongdoings,
- interfering with the roles which are essential in proper socialization or making it more difficult for the members to come back to the roles they played before joining,
- facilitating the process of assimilating the values and norms which are at variance with the values of a given society.

Distancing himself from the binding standards, a young person liberates himself also from the restrictions imposed by the society and gravitates towards aggressive behaviours when faced with any source of frustration. Physical strength, ability to fight and/or resistance to pain may also help when social status of adolescent members of a community is being determined (Vitaro et al 2000, pp. 313-325).

In our research we noticed that there are often instances of deviant behaviour when the depraved teenagers get together – as many as 72 % of the subjects stated that alcohol is drunk at such meetings, 38% of the group admitted that they wander around the streets pointlessly, 13% take drugs and 12% of the subjects admitted that they have participated in group thefts. At the same time it should be emphasized that this type of behaviour does not take place at the meetings of the positively adapted boys. The findings of the research confirm the socializing influence of a friendly community on the shaping of deviant activity. We can also see that peer community constitutes the strongest factor affecting the use of psychoactive substances because the onset of such behaviour usually depends on (Ostaszewski 2003, p. 90):

- staying in company of friends who drink alcohol and/or take other psychoactive substances,
- encountering offers to take psychoactive substances (negative peer pressure),
- previous experimenting with chemical substances.

According to the differential association theory the process of learning destructive behaviour undergoes the same mechanisms as learning behaviours which are in conformity with the standards (Sienaszko 1993, p. 87).

A fundamental part of the process of assimilating deviant behaviours takes place within primary groups which play a vital role in the process of

socialization – usually within the family and peer communities (Siemaszko 1993, pp. 101-103). The proposition is supported by our findings, according to which depraved boys – when in the company of their friends – usually display behaviours which are socially disapproved. Among most common deviant activities taken up by youths when with their friends there are: drinking alcohol (93%), taking other psychoactive substances (48%), stealing (50%), starting fights (37%), destroying different objects (32%), using coercion (23%) and mugging (17%). Therefore, we may conclude that some peer factors – for example observing one's friends' behaviours, performing joint activities, encouraging one another to activities which are against the standards and dividing responsibility for the effects of their behaviour – determine the initiation of destructive activity, including taking extreme risk (Ostrihanska, Greczuszkin 2000, pp. 162-163).

The meetings with the members of deviant youth groups may differ in frequency, the time they last, anticipation as well as intensity. According to the concept of differential association the elements mentioned above may influence a young person's behaviour in the following way (Siemaszko 1993, p. 101):

- The earlier the contacts with the patterns of deviant behaviours, the bigger the probability that the person will prefer the observed patterns of conduct,

- The more frequently and the longer an adolescent observes generally disapproved activities, the bigger the probability that he will display them himself.

- The bigger a teenager's commitment to deviant community and its doings, the bigger the probability that he will behave in accordance with intergroup standards.

It should be emphasized that a community exerts its influence more considerably on people who experience difficulties in psychical functioning (for example because of low self-esteem) and/or in social functioning (for example because of the lack of acceptance from other people) (Ostrihanska, Greczuszkin 2000, p. 164). At the same time the results of empirical analyses distinctly indicate that the age of adolescence is often connected with experiencing different kinds of problems. The findings of a research carried out on over 20 thousand teenagers coming from different countries – after rejecting 21% of the answers – enabled us to distinguish three types of development in the age of adolescence (Orwid, Pietruszewki 1996, p. 95): harmonious (23% of the subjects), fluctuating (35%) and turbulent (21%). Adolescents may encounter the following difficulties:

- immaturity and/or restricted way of thinking (52%);

- considerable pressure from the environment, which in consequence leads to a low motivation to act constructively and/or to submission to the group (52%);
- emotional immaturity, including hypersensitivity (50%);
- lack of lasting rules, on which one can base one's own behaviour (46%);
- high intensity of aggression towards others (46%);
- high level of aggression towards oneself (41%);
- lack of faith in one's own abilities, which results in the lack of motivation to take action (36%);
- numerous fear reactions (30);
- tendency to manipulate others (24%);
- desire to stay anonymous because of the fear of interpersonal contacts (23%).

The circumstances which show that friendly communities may contribute to young people preferring destructive activities constitute an important justification to look for the answer to the question, whether a youth community can be employed to prevent this kind of activities.

2. Peer Health Promotion Programmes

An argument indicating that a constructive community of friends significantly contributes to the shaping of young people's positive lifestyle is the fact that functioning in this type of community is one of the most important factors which protects them from destructive behaviour (Wojciszek 2002, p. 38). It should also be emphasized that:

Peer prevention distinguishes itself with a particularly high effectiveness (Gaś 1999, p. 88).

The effectiveness of the programmes which are based on peer instruction results from two ways of teaching (Rosenthal, Zimmerman 1978, pp. 24-31):

1. through social modelling,
2. as a result of experiencing the sense of one's self-efficacy.

Re 1) The effectiveness of teaching through social modelling. Every human has various abilities to adapt to the surrounding world. Human adaptation and developmental changes are rooted in social systems and therefore, teaching new behaviours is more effective when it is connected with a net of influence coming from other people (Bandura, 1977b, p. 59).

Acquiring new behaviours through modelling takes place through the process of observation learning – watching the behaviour of another person. Observed activities carried out by “models” create a kind of a rule (matrix) for the generative behaviour of the individual learning them. The patterns of activity adopted by the observer constitute a basis for the shaping of lasting cognitive attitudes and emotional reactions towards particular people, places or situations (Bandura 1986, p. 11). It should be stated that social learning involves not only gathering new information but also shaping different abilities. The influence of a constructive peer environment on assimilating important life competences by a teenager may consist in:

- showing constructive behaviours before an individual develops his own preventive strategies;
- creating opportunities for a young person to exercise his abilities in different social situations;
- creating situations in which an adolescent will be able to apply his learned competences in everyday life.

The regularities presented above prove, therefore, that:

Modelling a constructive lifestyle in natural environment is the most effective method in the promotion of health (Bandura 1997, p. 27).

The speed of this process greatly depends on the characteristics of the “models” – especially on their accuracy, credibility and to what extent the observer identifies with them (Rosenthal, Bandura 1978, p. 622). It should be emphasized at the same time that the process of modelling the advantageous changes requires an appropriate environment. It results from a regularity according to which a man actively influences the environment, and the environment exerts its influence back on the man, constituting at the same time a store of potential patterns of activity and the information about their effectiveness and value. Therefore, the most advantageous conditions for learning new behaviours are when a person is able to strengthen and generalize the sense of new experiences (Bandura 1997, p. 124; Oleś 2005, p. 229). The reasons mentioned above argue that when planning and then realizing health promotion programmes among the young generation, one should definitely consider peer modelling.

Re 2) Teaching as a result of experiencing the sense of self-efficacy. The sense of one’s self-efficacy determines the act of undertaking an activity, effort put into it, perseverance, overcoming different obstacles and encouraging one’s inner resources to meet social requirements (Sęk 2006, pp. 110-111). The following factors have a particular influence on this conviction (Bandura 1997, pp. 56-64; Pervin, John 2002, p. 484):

– achievements – successes or failures; these experiences are of special importance because success leads to the enhancement of one's self-efficacy, while experiencing failures or lack of success results in its weakening.

– “helpful” experiences – other people's observations concerning the effectiveness of behaviours in particular circumstances. It is a way of integrating one's own competence with the knowledge of other people's effectiveness;

– verbal persuasion – instructions from the environment concerning valuable goals, means of achieving them as well as the cost of the aspirations;

– physiological states – kinds of physiological and emotional experiences which accompany aimed activities; optimal excitement leads to an increase of the sense of one's efficacy, while its excess or insufficiency decreases this conviction.

The sense of self-efficacy is defined as a factor which enhances human motivation to take up activities directed towards the realization of one's personal goals (Skinner 1996, p. 556). Its strengthening function is noticeable in a few aspects.

First of all, the sense of one's self-efficacy frees oneself from alternative goals – a person devaluates alternative results whose realization may end in a failure and pays more attention to the goals which are more valuable for him because they may bring success (Wrosch, Heckhausen 1999, pp. 415-427). This regularity determines that a human individual is distinguished by his tendency to choose his life goals in such a way so as to gain success, making efficient use of existing personal resources (Elliot et al 2000, pp. 789-791).

Second of all, human perseverance in intentional activity is conditioned by positive or negative feedback concerning the effectiveness of subsequent stages of such activity. When people make progress in achieving goals, they feel happier. Difficulties in realizing aspirations, on the other hand, lead to low life satisfaction. The findings of the research show that the positive feedback between success and an increase in motivation to take up another activity is stronger than the negative feedback which causes decrease in motivation when one experiences a failure (Bandura 1977a, pp. 191-215).

Third of all, the more a person believes that he will succeed in achieving his desired goal, the bigger his persistence. A person's commitment to a task increases when he is dissatisfied with his achievements and at the same time aware of his competences which enable him to gain success. A decrease in one's persistence in intentional activity results from situations in which he is not able to perceive his self-efficacy (Zaleski 1987, pp. 974-975). Among such circumstances there are (Oleś 2005, pp. 216-217):

- repeated failures despite remarkable effort put into the fulfilment of aims,
- lack of conviction about the possibility of achieving goals,
- too little feedback that would support one's self-efficacy,
- unrealistic and hardly attainable goals.

Moreover, in intentional activity a person aims at establishing control over achieving his intended goals. Therefore, the most universal motivational tendencies are connected with a keen observation of the environment and attributing the ultimate result of the undertaken activity to oneself. The basic consequence of this control is the modification of the environment in such a way so as to create a possibility to accomplish one's personal plans. It is only when it is impossible that inner control processes lead to the transformation of goals – for example by means of devaluating the unreachable goals or applying defence mechanisms (Heckhausen 2000, pp. 1015-1029).

Perceiving one's self-efficacy leads to the shaping of internal control, which consists in perceiving connections between one's activity and its effects (Weiner 1985, pp. 548-573). Empirical analyses prove that people with a sense of internal control are characterized by a greater commitment to intentional activities, independence of judgment, more constructive preventive strategies in difficult situations, higher indication of self-acceptance and a lower level of fear (Skinner 1996, p. 556).

The cause of deviant behaviours is often the conviction that one is incapable of gaining control over potentially threatening events and managing difficulties: "I will not handle this situation" (Oleś 2005, p. 225). This kind of conviction contributes to an increase in psychological tension, fear and helplessness, which are even bigger and more difficult to bear when one believes that he should take control over the event and feels responsible for its course and effect. (Ajzen 1991, pp. 179-211). This regularity gives grounds to believe that taking control over events is an important risk factor for deviant behaviours, which is supported by empirical studies. It was found in criminological research that common crimes are usually committed by young men who cannot achieve success because of economical or racial marginalization (Short 1998, pp. 3-6). The results of the analyses also show that most criminals have an external locus of control, which means that they do not see any connection between their own doing and its consequences (Hollin et al 2004, p. 42). It is characteristic especially to reoffenders with a long criminal career who often serve their sentences in isolation and abuse psychoactive substances (Maruna 2004, pp. 195-197). The conclusions from the research allow us to suspect that criminals characterized by internal locus of control manifest behaviours which are

in accordance with social norms to a greater extent because, in comparison to the criminals with external control, they more frequently display conformist behaviours, take responsibility for their crime, prefer life goals which are directed towards their job rather than pleasure and achieve more success (Blatier 2000, pp. 103-107).

Perceiving one's self-efficacy shapes one's self-esteem (Scheier et al 2000, pp 178-209). An increase in a person's positive attitude to himself when he has a high sense of self-efficacy results from situations in which he chooses more difficult goals, is more consistent and persistent in the activity he has undertaken, is in a better mood when realizing the activity and has a positive attitude towards the future. Additionally, he is more flexible in his behaviours, thanks to which he copes with the problems and failures he encounters more effectively (Pervin, John 2002, pp. 483-484). On the other hand, the connections between the lowering of a person's self-esteem and the conviction of his self-efficacy are a consequence of situations in which he experiences a lack of faith in his abilities, a sense of futility of the activities he undertakes because of his past failures, fear of new failures, impossibility to control his reactions in difficult situations and a pessimistic attitude towards the future (Holden 1991, pp 53-93).

People are not always aware of the relations between their self-esteem and the conviction of their self-efficacy. Success is usually accompanied by a higher consciousness than failure. It is because when people achieve success, they want to prove the value of their "self", and when they fail, they need it protected (Steele, Aronson 1995, p. 797). That is why people are more prone to attributing greater significance to themselves when they succeed and blaming external factors when they fail (Zaleski 1987, p. 970).

Empirical tests clearly indicate that people who prefer destructive behaviours suffer from a low sense of self-efficacy. This phenomenon is confirmed by research on direct evaluation of one's achievements as well as by analyses of people's self-regard. Low sense of self-efficacy is also connected with a particular attitude to the past which may consist in establishing unrealistic goals, more wishful thinking than real abilities and lack of planning and perseverance in pursuing goals (Steuden, Jaworowska 2004, pp. 300-305).

Summing up the method of learning new behaviours analyzed here it should be emphasized that:

The risk of deviant behaviours is remarkably lower in people who are characterized by a high sense of self-efficacy (Benda 2001, pp. 722-724).

The relation presented above indicates, therefore, that peer preventive programmes should include the shaping of a sense of self-efficacy in the

participants of the programmes. Training in enhancing one's sense of self-efficacy should enable young people to gain competence in establishing realistic goals and devoting effort to achieve them.

The consequence of experiencing one's self-efficacy should be (Baumeister et al 1996, p. 15):

- increasing the number of successes in different fields of life,
- strengthening one's control over the undertaken activities,
- reinforcing positive self-esteem.

The probability of changing harmful habits and antisocial behaviours should enhance especially in the situation where an increase in one's sense of self-efficacy is accompanied with the conviction that one's conduct to date has had negative effects and that its change may, on the one hand, reduce the risk of threat or potential loss, and on the other – may constitute a kind of compensation for the damages caused (Bandura 1991b, p. 268).

Regularities connected with social learning constitute a basis for the conclusion that peer health promotion programmes may be oriented towards three kinds of goals (Gaś 1999, p. 44):

1. teaching constructive behaviours and competence in taking care of one's health through the process of modelling and rehearsing roles – for example peer teaching programmes, peer counselling programmes;

2. enhancing one's sense of self-efficacy through the possibility of involvement in constructive activities and developing life competences – for example peer action inspiring programmes;

3. teaching managing negative peer pressure through social modelling as well as creating personal standards – for example positive peer influence programmes.

The process of achieving the goals presented above may be diverse in character because planning a preventive programme largely depends (Gaś 1993, pp. 53-58): on the assessment of the participants' needs, on the established goals and their translation into specific tasks, and on the resources available.

3. Peer Health Promotion: Practical Application

One of the examples of peer health promotion is the university preventive programme which was initiated at the John Paul II Catholic University of Lublin (KUL) in 2004 (Niewiadomska 2006, pp. 195-204; Niewiadomska, Kalinowski 2007, pp. 147-158). One of the programme's basic goals

was to facilitate students' development and personal potential as well as to manage their free time in the academic environment. The table below illustrates the action taken in the health promotion programme realised at the university.

Health promotion programme at the John Paul II Catholic University of Lublin (KUL). 2004/2005

Health promotion at KUL				
↓	↓	↓	↓	↓
Integration of the offer put forward by subjects acting for the students	Enhancing the activity of special interest groups	Peer prevention	Preventive conferences	Enhancing the activity of tutors

Integration of the offer put forward by subjects acting for the students. The realization of the task consisted in supporting and coordinating the initiatives promoting a healthy lifestyle launched by the student government, university youth organizations, the management of halls of residence and university departments responsible for sports, language, cultural and artistic classes. The integration of the existing forms of students' free time management at the university was directed towards preventing boredom and showing young people some alternatives to a passive lifestyle. Thanks to the offers put forward by the organizations mentioned above, students could satisfy their various needs – for example educational, cognitive, integration, recreational and cultural needs.

Enhancing the activity of special interest groups was helpful in the constructive management of students' free time and in satisfying their needs. It was done in two ways:

- allotting scientific grants for activities taken up by students in interest groups;
- training the guardians and chair people of the groups in obtaining European funds for scientific activity.

Peer prevention. In this task we organized a students volunteer group of about one hundred people who worked towards two basic goals: 1) promoting a healthy lifestyle among students; 2) acquiring preventive abilities which may be realized also after the students have graduated – in local societies.

Our volunteer work was divided into two stages. During the first stage students took part in different courses which were to enhance their preven-

tive competences. The subject matter of the courses in question included issues concerning:

- the idea of voluntary work and its capabilities,
- the use of information strategies – especially in formulating information promoting health,
- different possibilities of managing young people's free time,
- the creation of support groups for a healthy lifestyle,
- recognition of the symptoms of behavioural disturbances in young people,
- the use of intervention strategies,
- the shaping of safety in local communities,
- the construction of original preventive programmes.

The second stage consisted in implementing the original programmes which had been worked out by nine groups of the students involved in our project. The following strategies were included in their programmes:

Group no. one: informational activity – the promotion of a healthy lifestyle among students.

Group no. two: educational activity – running workshops developing students' abilities, for example their learning ability or the ability to manage stress.

Group no. three: integration activity – organizing support groups for the development of students' interests at the university.

Group no. four: integration activity in halls of residence.

Group no. five: foreign students integration with Polish students in the academic community of CUL.

Group no. six: intervention activity – launching a students SOS intervention helpline.

Group no. seven: realization of intervention strategies – launching a students SOS intervention e-mail.

Group no. eight: intervention activity – launching a students SOS intervention box.

Group no. nine: information, education and intervention in the promotion of a safe lifestyle among the students of CUL.

The programme of students' voluntary work presented above constituted a kind of proposal for peer environment to engage in different forms of interesting activity which supports their physical, intellectual, emotional and moral development. The suggestions, on the one hand, were directed towards contributing to students cultural initiatives, and on the other, they constituted a basis for bringing individuals closer to their environment. It should be emphasized that the aim of launching and developing the initiatives designed to shape students' culture was also to strengthen the

students' identification with the axionormative system of the John Paul II Catholic University of Lublin. The discovery and realization of these values is easier in a constructive peer group. Providing peer help for students in difficult situation was an equally important aspect of our volunteer programme. Peer intervention strategy was realised through launching a students helpline, students intervention box and students internet counselling service.

Preventive conferences. Another opportunity to shape students' attitudes was to engage them in organizing a series of preventive conferences entitled *Addictions: Happiness or threat?*, whose aim was to introduce the problem of chemical and functional addictions and suggest a few possibilities of how to prevent such addictions.

The conferences were designed to integrate preventive activity in local communities. The integration had a two-level character. First of all, organizational cooperation enabled a few institutions to tighten contacts with one another. The conferences were co-organised by the Department of Social Psychoprophylaxis (CUL), Scientific Circle of Students of Psychology (CUL), Scientific Circle of Students of the Institute for Family Studies (CUL), KUL Students' Voluntary Organization, *Catholic Counsel Association for Addicted Persons "Agape"*, *National Centre for AIDS*, *Regional Police of Lublin*, *Municipal Police of Lublin*. *Students also co-organized the conferences, taking care of administrative, logistic and technical services. Their task was also to run workshops teaching about peer prevention.*

The second level of integration was connected with the participants of the conferences – that is teachers, catechists, tutors and secondary school, college and university students from Lublin Voivodeship. In total, there were about six thousand participants in the whole series. The fact that students could co-organize the event was of a high developmental importance to them – they could shape their attitudes towards addictions, cooperate with peers and create their personal resources connected with preventive activity. The changes presented above could take place by means of three interconnected experiences – organizing an individual's behaviours, providing positive patterns of behaviour and enjoying success.

Enhancing the activity of tutors. Eliminating risk factors for deviant behaviours in the academic environment of CUL was connected with the need to enhance the tutors' influence on the students. A series of training courses was organized whose aim was to develop their competence in helping young people. The subject matter of the courses included the following issues:

- symptoms of psychological stress,
- constructive and destructive ways of managing stress,

- risk factors for the victimization of young people, especially students,
- shaping of anti-victimization attitudes,
- symptoms of neurotic disturbances,
- symptoms of mental illnesses,
- signs of using psychoactive substances,
- HIV/AIDS issues.

Generalizing the description of the preventive programme implemented at CUL, it should be emphasized that there are important arguments for initiating integrated health promotion programmes among young people – with a special concern for the peer influence (Gaś 1999, p. 59).

Argument 1.: High Effectiveness.

The goals connected with the promotion of health may be realized effectively because of their compatibility with young people's real needs and interests and because they mobilize the resources of local community.

Argument 2.: Showing Alternatives to the Current Lifestyle.

The participants of preventive activity may realize that a person can actually influence the circumstances which stimulate human development. In this way one ceases to be merely a passive recipient of the offer made by other subjects. Such attitude contributes greatly to the shaping of one's habits connected with constructive free time management as well as pursuing one's interests.

Argument 3.: Cost-effectiveness.

This condition can be fulfilled thanks to young people's enthusiasm and involvement. Young people's initiatives are usually undertaken on a voluntary basis.

Argument 4.: School of Maturity.

Peer strategies provide opportunities to take up constructive activities, take responsibility for oneself and for other people and to develop one's life abilities. At the same time, taking up prosocial activities creates favourable conditions for young people to shape their maturity, which in turn generates their openness to new experiences.

Argument 5.: Shaping one's Identity and Developing a Healthy Lifestyle.

Committing oneself to preventive activity enables one to realize common values, shape prosocial attitudes, experiment with generally valued social roles and experience the sense of togetherness thanks to situations which encourage establishing partnership with peers and adults.

Argument 6.: Broadening a Help Offer for Teenagers who Experience Difficulties.

Providing help for people who are faced with various difficulties – for example because they have just moved to a new place, they have learning difficulties, somebody close has died or has been taken ill – is an important aspect of preventive activity. Temporal support in the moment of crisis helps young people to rebuild their relationships with the surrounding world – and that makes their lives satisfying and meaningful again.

Implementing peer health promotion programmes among young people requires the fulfilment of two basic conditions, however. The first is that the whole project should be controlled by a competent adult person who understands young people's problems and at the same time who realizes how important the role played by young people is in preventing the problems. The other condition consists in young people's adequate preparation to realize the strategies promoting health.

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Chapter XIX

The Working Environment

(WERONIKA AUGUSTYNOWICZ*)

1. The Personalistic Dimension of Work

Why is work such an important part of everyone's life? It is because work is inscribed in our nature and to a certain extent it determines our humanity. At the beginning of Genesis (1, 28) we read that we were called to work by the Maker Himself in the moment of the act of Creation – we were to subdue the earth. We became God's collaborators and continuators of His work – “God invented the world in such a way so as to give us the possibility to continue the act of creation by ourselves and to lead it to such a degree of perfection as God intended it to be” (Wyszyński 1946 in: Tanalski 2002, p. 57 cf. CV¹ 68, 69). Even Saint Thomas Aquinas noticed that all human work should lead man to perfection, to the realization of the goal which is to become God's image (Jacher 2003, Wiatrowski 1994). Work is something that distinguishes us from all living creatures who receive almost everything in a ready state. **Work is a value** which cannot be understood without reference to the value of man. Examining the value of work from the angle of a person, one should understand that it is every

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¹ CV (abbreviation adopted by the author) «*Caritas in Veritate*» – encyclical letter of the Supreme Pontiff Benedict VI to the bishops, priests and deacons, men and women religious, the lay faithful and all people of good will on integral human development in charity and truth.

person's dignity that constitutes the source of value and dignity of each man's work (Solak 2004, Jarmoch 2003). As the Holy Father John Paul II puts it:

“Work is a good thing for man – a good thing for his humanity – because through work man not only transforms nature, adapting it to his own needs, but he also achieves fulfilment as a human being and indeed, in a sense, becomes ‘more a human being’” (LE² 9 p. 33).

In the personalistic approach, work is always examined in the context of a human. Man and work are two interconnected and inseparable notions. Man cannot develop without work and, following on from this, work cannot exist without man. Work is more fruitful and meaningful if it translates into positive and valuable functioning, if it makes a greater contribution to man's life. When work becomes a part of each man's life, it acquires a personal character (Solak 2004). Work is man's vocation, through work man increases his dignity and realizes himself. There are situations, however, when work decreases man's dignity through exploitation, vile working conditions or oppression (LE9). In order for man to derive satisfaction and joy from his work, he must be aware of the good he does through this work. He must also fulfil his needs, perfect his personality, be guided by values and be aware of his self-fulfilment. “In order for man to derive pleasure from his work, he must know that his work is meaningful, that it brings useful goods to the worker himself and to other people, that he creates – not destroys, that he does not waste his capabilities, and that he does not have to be ashamed of his products. Meaningless aspects of his work and its organisation degrade him as a human, they constitute an affront to his dignity as a rational being, they deprive him of willingness to work and respect for the work itself” (Solak 2004, p. 114).

Work is an indispensable element of every human being's existence. It is simultaneously his right, duty and privilege. It should therefore be something that enriches our personality, gives us the possibility of self-improvement and self-fulfilment.

² LE «*Laborem Exercens*» – encyclical letter addressed by the Supreme Pontif John Paul II to his venerable brothers in the episcopate, to the priests, to the religious families, to the sons and daughters of the church and to all men and women of good will on human work.

2. The Working Environment as the Setting of Human Development

Workplace is one of the most important environments of human functioning. It is because of the amount of time that he spends there as well as particular functions of work – for example as an indicator of one's competence, resourcefulness, social status, material affluence; it is an environment in which man can develop, improve himself and fulfil his different needs. Work is one of the main forms of an adult person's activity (Turnowiecki 2008, Wołk 2000). It should therefore be stated that working environment is equally important for an individual's appropriate and harmonious development as his family or peer environment – especially in modern times, when the need of work has become as important as health care, education or leisure (Turnowiecki 2008).

This important role of employment in the individual as well as social life may be distinctly seen in the face of spreading unemployment. Profound transformations happening in modern world economy have led to serious consequences in the sphere of work – the crisis of employment has been revealed and mass unemployment has transformed into a lasting structural phenomenon which brings about the accumulation of other social problems, such as: homelessness, alcoholism, crime, family life pathology and, generally speaking, the decline of morality (Szyłko-Skoczny 2008, p. 217; Auleytner 2005, Mierzwiński 2004).

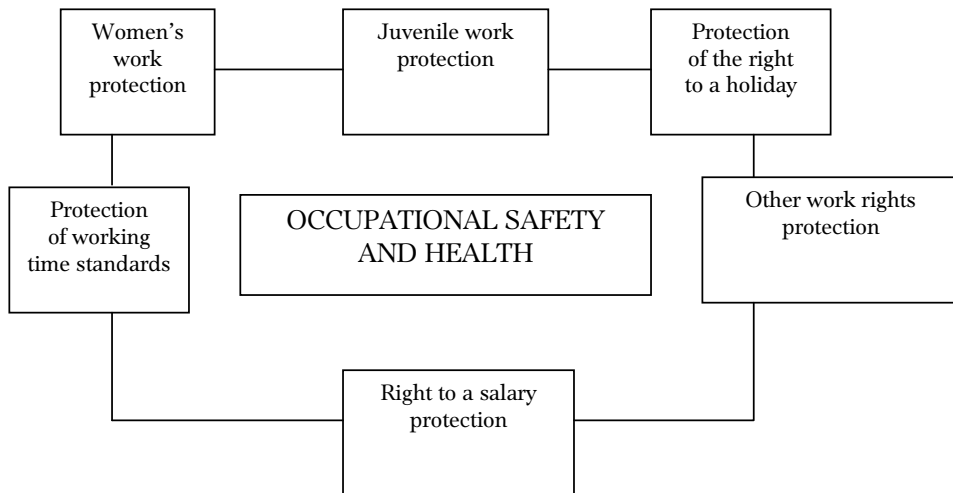
A few terms which refer to work are worth explaining here. In Konarska and Widerszal-Bazyl (2002, pp. 5-6) we read: “**Work** is man's manufacturing activity which consists in processing material or intellectual substance so that the intended goal is achieved”. The definition which evidently and directly refers to the subjective character of work was suggested by M. Salamito (1998, p. 92): “**Work** is people's methodical activity which leads them to achieve – in a spirit of service, courage, acceptance of difficulties and toil – the goal corresponding to love”.

Another important term is the **system of work** comprising different factors – such as workers, equipment, social and material environment – which operate together so as to realize intended goals. **Occupational safety and health**, on the other hand, means “all the legal norms, means of research and organization as well as technical measures, which are to create such conditions for the worker that he can do his work in a productive way, with no exposure to unjustified risk of accident or occupational disease and with no physical or psychical overexertion” (Kowalski 1997,

p. 643). Occupational health and safety is an element of a broader term – **work protection**. It includes the protection (Kowalski 1997, p. 645): of women’s work, juvenile work, the right to have a holiday, working time standards, right to a salary and other work rights. In fig. 1 we can see the relations between occupational protection and health.

In order for the employment environment to allow man to develop fully and harmoniously, there need to be a series of criteria fulfilled. The culture of the environment is especially important in the process of creating favourable conditions – it is significant in creating a friendly and safe workplace which favours creativity and fulfils needs. The genesis of the term “**organizational culture**” can be found in two theoretical currents. The first derives from company environment and it deals with the influence of a broader cultural environment on managing a given company. The other

Fig. 1. Interrelation between occupational protection and health (Kowalski 1997, p. 645)



current – behavioural school – is interested in interpersonal processes and group dynamics within an organization (Aniszewska 2003).

How significant for the workers and the functioning of a company is its culture? It is a “social bond” which creates a sense of community through which it prevents the processes of diversification that are an unavoidable part of each company’s life. Organizational culture offers a common system of meanings which constitutes the basis of communication and mutual understanding. If these functions are not satisfactorily fulfilled, it leads, in consequence, to decrease in the company’s productivity.

Organizational culture which is not properly specified causes a loss of the workers' sense of safety and creates favourable conditions for the feeling of stress to grow, which results in different kinds of pathologies – for example mobbing, workaholism or occupational burnout.

Tools which are used at work are not less important than the shaping of favourable interpersonal relations. People have always wanted them to be handy, functional, useful, suitable, convenient and effective. Both in primeval and in modern times the lack of this adjustment, functionality and effectiveness may endanger an individual's health or even life. For this reason a new discipline came into existence – **ergonomics**, which soon started to develop as an independent science taking advantage not only of its own achievements but also of the knowledge coming from humanistic and natural sciences – for example the psychology and physiology of work, anthropometry, medical disciplines, toxicology, cultural anthropology, demography, sociology, pedagogy, axiology and law (Koradecka 2000). “The science was created by the requirements of efficient and safe work, the necessity to adjust devices to man, not man to machines” (Bałogowska, Malinowski 1997, p. 8 cf. LE 6).

This discipline encompasses man's whole manufacturing activity. The subject of ergonomics is the system of work, starting from material environment (e.g. means of work, equipment, microclimate), through psychosocial environment, to work organisation. Thanks to active development of this science, man becomes the real subject of his occupational activity. Ergonomics is meaningless if it does not provide technological and culturally safe working conditions. Its task is to shape the system of occupational activity optimally, that is to allow productivity of work in fully safe conditions which, additionally, allow workers' many-sided development.

It should be added that ergonomics is an applied science; it is characterised by human-centrism – man is treated as a priority over technical or economical criteria – cooperation between man and a broadly defined working environment is emphasised here (Kowal 2002).

Disadvantageous conditions in a workplace may have different causes – they may result from situational factors which are connected with improper organisation of a workstation and the process of work; they may also be connected with psychosocial situation. There is no doubt that conditions in which we work have a great influence on the way we function in our workplace and in other places; they affect our physical and mental health. “Working environment influences our efficiency, capabilities and motivation to fulfil our duties. The degree to which man is engaged in different activities may deteriorate if the temperature is too low or too high, if there is excessive noise or complete silence, isolation from external influence or

presence of different kinds of disturbances. If the colour scheme of a given place is depressive, the workplace is badly designed and the monitor of our computer dazzles our eyes, then the quality of our work may impair significantly” (Schultz, Schultz 2002, p. 359).

Working environment is a very important element of everybody’s existence because it may constitute a support system, a source of satisfaction, possibility of self-fulfilment and a chance to establish interpersonal relations, shape one’s attitudes, and receive gratification for one’s good job. Unfortunately, we often realise that only when we experience problems at our workplace or when we lose our job.

3. Mobbing as a Form of Dehumanisation at Work

In the next part of the article mobbing will be equated with emotional violence, it is therefore worth quoting its short characteristics. Violence is practiced against people who are not able to defend themselves or pursue their own rights – these could be children, adults, elderly, ill or disabled people. From the moral perspective, perpetrating violence means hurting somebody who is weaker. Psychology approaches the problem by looking at the suffering and helplessness of the victim, it reveals the mechanisms which control violence as well as complex processes of interactions between the perpetrator and the victim (Gierowski et al 2000). “Violence humiliates, it causes suffering and inestimable damages, it gives rise to hatred and a lust for retaliation, it creates a vicious circle in interpersonal relations and sooner or later it affects people adversely. There is nothing in it that could justify its use in the civilised world” (Pospieszyl 1998, p. 5). In a broader definition the following is taken into consideration: (Pospieszyl 1998, p. 14):

Violence means all intentional acts which damage personal freedom of an individual or contribute to the physical and psychological damage of a person, which transgress against social norms of interpersonal relations.

Physical violence towards people always involves an assault on the integrity of their body which results in damage to their health. The term “emotional violence”, on the other hand, can be used in three different meanings (Gierowski et al 2000, p. 760): 1) when the perpetrator exerts psychological control over the victim, 2) when the victim is subjected to

psychological influence, 3) when there are psychological damages caused by acts of violence.

Different forms of emotional violence may consist in: intimidating, destroying peoples' dignity, ignoring, rejecting, isolating, terrorizing, humiliating, ridiculing, forcing to work beyond one's strength. Verbal violence may be one of the tools of emotional violence – using vulgar language, threats, blackmail, backbiting, calling somebody names, turning others against a particular person. These characteristics allow us to see that emotional violence is closely connected with mobbing.

In 1960s, a German psychologist called Heinz Leymann observed hostile behaviours among children which were usually directed towards one of their peers. These behaviours persisted for a long period of time. He called this phenomenon with the word “mobbing” from the English verb *to mob*.

The phenomenon itself has a very long tradition because it has existed ever since organizations in which some people had power over other people came into being. Now however, mobbing has come out of hiding. According to Art. 94³.⁽⁶⁸⁾§2 of the Polish labour law:

Mobbing means activities or behaviours connected with the worker or directed towards the worker which consist in persistent and long-term harassment or intimidation of the worker which evoke a lowered assessment of professional usefulness, cause or are intended to cause humiliation or ridiculosity of the worker, isolating or eliminating him from the team of workers.

Two basic qualities of mobbing behaviours should be explicitly enumerated (Padzik 2002, p. 44):

- regularity – happening at least once a week,
- long-term nature – happening for at least six months.

A significant contribution to the study of the phenomenon of emotional violence in the workplace was made by M. Hirigoyen, who describes mobbing as moral harassment in the workplace. The choice of the word “moral” results from the fact that it forces us to adopt a particular stance whether it is bad or accepted by the society. The author says (Hirigoyen 2003, p. 11):

Moral harassment in the workplace is any intentional act (gesture, word, behaviour, attitude...), which through its repetitiveness and regularity infringes upon the dignity or the physical or psychical integrity of a person and which exposes him to the loss of employment or deterioration of the atmosphere at work.

This is one of the best definitions of mobbing because it considers the essential temporal factor, psychical dimension of the phenomenon as well

as the effects it has on the victim. Mobbing behaviours may proceed on the three basic axes:

- 1) horizontal,
- 2) vertical,
- 3) oblique.

Re 1) Horizontal mobbing (employee against his colleague). It usually takes the form of hostile conduct taken up by a group of co-workers towards a person whose dissimilarity becomes the subject of the attacks. The employer, even when he is aware of this kind of behaviour, prefers not to interfere because he usually does not know how to react. Horizontal violence usually takes place when employees compete with one another to obtain a particular position or to get promoted. Horizontal violence often starts to be construed as coming from the employer. It is because the employer remains passive towards situations in which co-workers use violence against one another. Due to such behaviour, the employer, in the victim's eyes, becomes the co-perpetrator of the persecution.

Re 2) Vertical mobbing (subordinate against superior). This kind of mobbing does not draw too much attention because its frequency is significantly lower than in the case of the other kinds of emotional violence in the workplace. It usually develops when a person who until recently was a colleague becomes a superior. The motive for such mobbing may be envy of the other person's achievements and their faster moving up the career ladder. The situation of the person who is subject to mobbing is even more difficult because often he has no-one to turn to for help.

Re 3) Oblique mobbing (superior against subordinate). The superior persecuting the subordinate – so called *bossing* – is, as researchers unanimously confirm, the most popular form of mobbing (Sidor-Rządkowska 2003). There are a few categories of harassment on the part of the employer distinguished in literature (Hirigoyen 2003, pp. 102-103):

- **perverse**, which is practiced in order to unselfishly destroy a person or to strengthen one's position;
- **strategic**, whose goal is to force the employee to hand in his resignation and in this way avoid dismissal procedure;
- **institutional**, which is one of the tools used in personnel management.

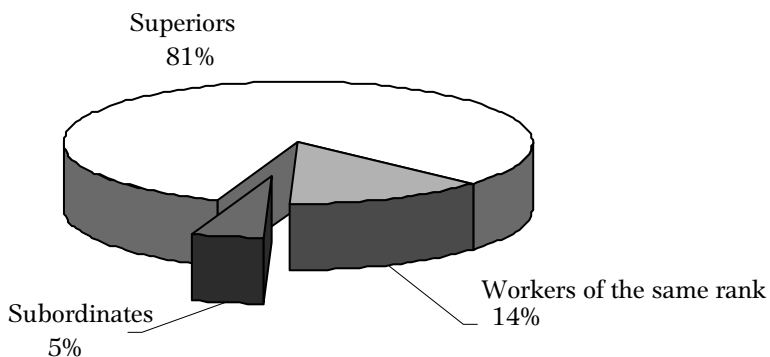
Bossing usually assumes one of the four forms presented below (Sidor-Rządkowska 2003):

- overburdening with work,
- incessant pointing out of a person's mistakes,
- giving contradictory orders,
- ignoring and/or isolating.

Research indicates that in Poland the perpetrators of mobbing are in 81% superiors, in 14% colleagues of the same rank and in 5% subordinates (Wasilewska 2002). This can be seen in fig. 2.

Mobbing behaviours violate a person's dignity. Work loses its subjective character, ceases to give satisfaction, it becomes a "necessary evil". Different forms of mobbing damage the value of human work – it loses its moral, spiritual, aesthetic, social and economic value. If a person is subject to moral violence in the workplace, there is no free work as a form of man's creative activity. A key rule of human work is being questioned – that man is the basis of all work. When a person is subject to mobbing, work is no longer for the person but he becomes a slave to his work. (cf. LE6). Work no longer gives him the joy of life and creation; it does not give man a chance to practice his natural abilities, to perfect his personality. It is no longer a place where a man can forget about minor difficulties of

Fig. 2. Percentage layout of the workers practising mobbing (Wasilewska 2002)



everyday life (Solak 2004). Mobbing is a form of enslavement. In the situation of mobbing there are both **enslavement to work** – “slavery which deprives man of his being a carrier of rights and uses violence towards him which deprives him of any choice in the economic or social field”, and **enslavement by work** – which “consists in creating such social, economic or political system that a human is forced to behave in a given way or even to shape attitudes which are contradictory to his general aspirations and individual choices” (Solak 2004, p. 202).

4. Mobbing Prevention

When prevention is well organised and efficiently conducted, the phenomenon of mobbing either does not appear at all, or it is instantly recognised and combated at a lower cost. To react, one does not need to wait for a significant number of victims – especially as in Poland this phenomenon has not been known for a long time and it has not yet been fully recognized by the whole of the society. Besides, it is very difficult for the victims to confess to having been harassed, as often it is an embarrassing subject which brings back painful memories.

Effective prevention should involve not only people but also the organisation itself. We should now present some characteristics of preventive techniques in respect of the group towards which such activities may be directed. In this article we assume the division into strategies directed towards people who have never experienced harassment and methods of working with the workers who have suffered mobbing.

4.1. Prevention which Anticipates Mobbing

There is no denying that the goal of a company is to have workers who are healthy and motivated to work well. It is in the best interest of the company to employ people who function well and bring profits. This, however, will certainly not happen if the worker's health deteriorates because of harassment and if he starts going on a sick leave (paid for by the company) more often. Therefore, it is important "to diagnose the processes of isolating a person and to be on the alert for even trivial repetitive moves, to put an end to oblique statements, to supervise the establishment of the dialogue and to lend sense to the projects in order to hold the team together and to motivate it" (Hirigoyen 2003, p. 287).

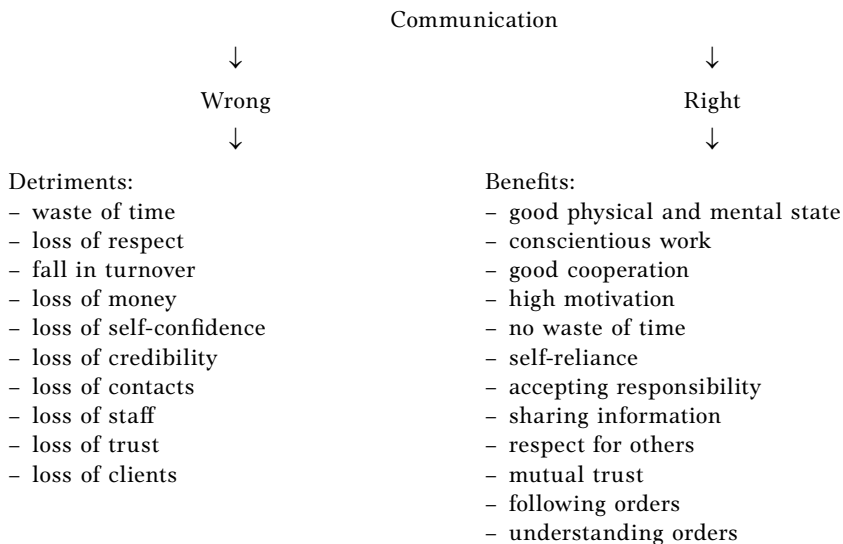
We should think and talk about preventing the phenomenon described here not when it has already developed in a given company but long before it does. We should start with education for freedom at work whose aim is "to make man want to be himself, so that his work and his conduct are in accordance with the values accepted by the righteous conscience. Therefore, it is essential to respect the moral law, God's law and human law. The well-shaped conscience and obedience to such conscience constitute a guarantor of the true inner freedom in the process of doing one's work. The worker must oblige himself to observe the moral rules and the binding lifestyle. He must also understand that his educator, in this case his em-

ployer, is subject to the same rules. Freedom and authority at work are not mutually exclusive, for there is no true freedom without respect for other people's freedom. Respect for freedom at work causes that authority does not change into despotism at work" (Solak 2004). Appropriate shaping of organisational culture may play an important role in this process. First, good working conditions should be created for the employees, then stressful factors should be reduced to a minimum because a high intensity of psychological tension creates ideal conditions for mobbing. A special attention should be paid to the processes of interpersonal communication.

It does not matter whether it is about two people in a small company or two radical groups taking part in an international conflict. If they do not talk, they will never manage to solve the conflict (Denny, 2001, p. 14).

The author cited above proposed the comparison of the detriments resulting from improper work organization and benefits resulting from proper communication (Denny, 2001, pp. 16-17):

The comparison presented above is confirmed by research which shows that companies which are concerned for their workers' sake and create good working conditions achieve much better results than those which manage their personnel with strategies generating stress and/or fear. The differences are especially noticeable in the flow of personnel, workers' motivation and efficiency (Hirigoyen 2003).



The problem of mobbing is also about setting the boundaries and rules of behaviour.

We are determined by the boundaries. They determine what is still me and what is not me any more. They indicate where I finish and somebody else begins. They build the sense of property and responsibility with reference to oneself. The awareness of what is me, that is what I possess as myself and for what I am responsible, is the basis for freedom. With my own ground – provided that I know where it begins and ends – I can do whatever I want (Cloud, Townsend 1995, p. 27).

Managerial personnel should introduce order by noticing and – if need be – punishing behaviours which show no respect. However, before any conclusions are drawn, workers must first be informed that any forms of mobbing or lack of respect for their co-workers will not be tolerated.

How can we convince employers that mobbing prevention is profitable? It seems that arguments saying that such behaviour is immoral and appealing to professional ethics will not be convincing enough. In such situation it is better to put forward economical arguments, which means referring to numbers. “They need to be shown that moral harassment is expensive and that prevention strategies constitute a good investment. Moral harassment is expensive directly for the company because it brings about absence of workers and, following on from this, compensation which it often times has to pay to the dismissed worker. It is expensive also indirectly because the workers lose trust and motivation, which results in the flaw of personnel” (Hirigoyen 2003, pp. 292-293).

We can also quote numerical data which prove that companies which allow mobbing incur costs. For example, according to the estimation done by International Labour Organisation, harassment in the workplace is experienced by every eighth professionally active person in Spain. Losses for the economy caused by this pathology are estimated at 4 billion pesetas per year. In 1996 Volkswagen forbade its workers to block access to information and spread rumours. This decision coincided with a decrease in the number of complaints and denunciation of co-workers. Also the number of sick leaves decreased and the savings caused by taking these precautions amounted to 50 m dollars in one year (http://www.republika.pl/mobbing_polska/praca/praca.htm).

The plan of mobbing prevention in a given company can take on the character described below:

First of all the level of the workers’ knowledge on the subject of harassment and its effects should be raised. They should learn how such situations may arise and what they can do to manage it. They should also be accurately informed of their rights and duties. This can be done during a meeting or a conference with all the workers present.

Second of all, a group of people should be appointed to whom a person who is being harassed can turn for help. It is important for the people to be discreet as well as competent in problem solving.

Third of all, it's worth organising special training courses for managers of all ranks so that they learn to recognise symptoms of harassment and take appropriate remedial measures.

The fourth stage can be issuing the so called social card with the information concerning mobbing and its manifestations as well as instructions of what should be done when such behaviour is noticed. This card should be given to each worker. It is essential to make it absolutely clear that any slanders and false accusations will be punished. Below you can see the text of an example social card (Hirigoyen 2003, p. 300).

An important role in mobbing prevention is played by education because the introduction of changes require the existence of pressure groups which would demand reforms not only in workplaces but also at national level. Mass media can prove helpful in this respect, as they can expose instances of harassment, sensitize people to this phenomenon and advise appropriate remedial measures should such need arise.

It is also important that all of us learn to say "no" to what is contrary to our moral code. It obviously requires some level of assertiveness and sensitivity to other people's harm.

Social card

1. Address the person who harasses you politely and firmly. Tell them about your feelings connected with their attitude. Ask them politely to cease doing things that offend, embarrass or overawe you. If it is necessary let there be a witness of this discussion.
2. Take down what has happened, the date and the summary of your conversation with them. Describe their reactions to your request. Keep your notes.
3. If you are still subject to mobbing or if you are afraid of the confrontation with this person, go to your superior. Explain your problem orally or in writing.
4. If it is not possible for you to contact this person or if your complaint concerns this very person, lodge your complaint to a person of a higher rank or to a different superior.
5. If your problem remains unsolved or if you are afraid of the repression, go to the head of the personnel.
6. Every complaint should be confidential. A suitable interview will be carried out and no information will be disclosed to a third party or to anyone except for the people who carry out the interview.
7. If the interview reveals that the complaint was justified, disciplinary measures will be taken so as to stop the practice and prevent its repeat.
8. You will be informed of the results of the interview.

4.2. Support for the Victims of Mobbing

Victims of psychological harassment are not able to get out of the situation of persecution, slander and insult circle by themselves. In Western Europe countries, where the problem of mobbing has been known for several years, there are a lot of institutions which provide multidimensional help for the aggrieved. In Poland one can get such help at the Human Rights Defender's Office, anti-mobbing associations (there are such associations in Gdańsk, Poznań and Wrocław), citizens advice bureaus and societies of crisis intervention.

Health centres which offer treatments of acute and/or chronic symptoms of mobbing suggest hospitalization for 6 to 8 weeks. Different kinds of individual and group psychotherapy supplemented with sports activities aim at reducing depressive states and restoring appropriate self-esteem and creativity.

In the event of mobbing it is very important how the person who is being harassed behaves. With his own attitude he can actually make his aggressor abandon this practice. The victim's attitude plays an important role also in how the emotional violence will affect his functioning and health. Below we present some tips of how to behave when a person feels that he is being harassed:

- One should determine whether the ensuing behaviours have indeed been characteristic of mobbing or whether it has only been a misunderstanding or one-time incident.

- One should very carefully control one's behaviours and not in the slightest let oneself transgress the regulations, because mobbing activities are usually aimed at forcing an individual to make a grave mistake which could constitute the basis to dismiss such employee.

- One should be very careful with all important documents that he is responsible for and make sure that they are all safe and will not be lost. In practice it means making copies and locking the desk. Very often the harassing co-worker steals or destroys documents so that the blame is on the victim.

- One should take down any forms of provocation and acts of aggression on the part of the aggressor, keep the notes and secure himself the loyalty and help of the witnesses of mobbing. This will be extremely helpful when one needs to present and justify one's accusations to superiors or other authority.

- If possible, one should report his complaints to superiors or other authorities as soon as possible. In a big company this can be the head of the personnel department. Unfortunately it is often the case that a falsely

understood loyalty towards the management of the company and anxiety towards their own jobs in a company may lead to a situation in which it is very difficult to count on the help of the workers of the personnel department.

– One can receive support also from trade unions if there are such in the company.

– Being a victim of mobbing usually means a solitary fight. Therefore, on the whole, there are three solutions for such person: 1) to give up his job, which in modern market situation can have very negative effects, 2) to try to change his post in the company, 3) to stop the fight hoping that the problem will solve itself – although in reality, it does not happen too often.

It should be emphasised that mobbing prevention in the workplace requires essential legal solutions. According to the legal principles it is the employer's obligation to prevent mobbing, which in practice means that neither he nor any of his employees can harass other people. If the employer neglects this duty, the consequences can be very severe for him. When his employee suffers from mobbing, he has every right to file a lawsuit against his employer for compensation. Since mobbing is not a form of discrimination, the rule of shifting the burden of proof onto the employer (as in the case of discrimination) does not apply here. This means that in case of dispute in the industrial tribunal – for example for compensation on account of terminating employment contract or on account of damage to one's health – the employee has to prove that he has been subject to mobbing (Frączek 2004).

The structure of the regulations on terminating the employment contract due to mobbing suggests that it is an employment contract termination with no notice (instant). However, there is no reference to the employment code which determines the employer's entitlements in case the worker unjustifiably terminates his contract with no notice. This would mean that the employer has no right to claim compensation from the employee who has unjustly quoted mobbing in order to terminate his contract more easily. Therefore, there are only two possibilities: terminating the contract with notice or by the mutual agreement of the parties. These options are not particularly favourable in this situation as they either involve the necessity to work for a given period of time (notice) or the employer's agreement (mutual agreement of the parties), which is often unacceptable for the employee who has suffered mobbing. In this context it should be stated that (especially with reference to those who have experienced deterioration in health) that termination of the contract with no notice is a possible solution here (Rotkiewicz 2004).

Summing up the subject presented here, it should be emphasised that the development of legal solutions and the organisations supporting the victims as well as the growing awareness of this problem in society give hope that mobbing will be combatted more effectively. One should not expect, however, that all kinds of harassment will disappear from the workplace because there will always be superiors and/or co-workers who, in order to get rid of an undesirable person, will resort to immoral practices and emotional violence. It is important for the victims, however, to be able to rely on appropriate help without the feeling that the actions they have taken are merely meaningless tilting at windmills.

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Chapter XX

Social Networking Websites

(MAŁGORZATA WYSOCKA-PLECZYK*)

Any modern analysis of the problem of social support cannot avoid mentioning the role which the Internet and modern communicators play in providing and strengthening it. The fact that they are so rich in information and the easiness in which they enable people to begin interpersonal relationships can give their users a chance to support their development but they also bring various potential threats.

The Internet and all the potential it shows are a very complex phenomenon. Therefore, in the study below I am only going to discuss some of the aspects of the functioning of social networking websites as well as the different possibilities they can offer and the threats which they can pose. I will first try to briefly describe social networking websites, namely what they are and what their role in providing their users with social support is. Next, I will briefly present the threats involved in using those websites.

1. Specific Character of the Functioning of Social Networking Websites

The Internet offers its users diverse means of mutual communication. One of the most popular kind are social networking websites. In my analysis I would like to particularly focus on this type of portal because it seems to be the most important when it comes to the problem of social support.

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Social networking websites – also known as social network services – are interactive websites contributed to by people with common interests.

Those common interests can be of different types – they can concern the material or existential aspects of human life, they can also relate to people's outlooks. Most networking websites are interactive in character, owing to which they provide their users with various possibilities of mutual communication – through Internet forums, online chats, blogs, communicators, discussion groups, etc.

In general, social networking websites can be divided into the following groups (the division below is not disjunctive – a given portal can simultaneously belong to a few different groups):

- websites addressed to specific social groups – e.g. Nasza-klasa.pl – the one aimed at former students, enabling them to renew contacts from their schooldays;

- websites aimed at exchanging specific thematic issues – e.g. [YouTube](http://YouTube.com), wrzuta.pl, fotka.pl;

- websites addressed to closed groups which accept only those new members who have been introduced by other, already registered, members of that group – e.g. Grono.net;

- job websites, which are addressed to members of specific professional groups. They are frequently aimed at closed groups and require new users to register first. Their main aim is to help their users to improve their professional skills and to solve their problems concerning both the technical side of their professional activity and the more general activity undertaken to introduce socio-legal changes (e.g. portal for physicians – konsylium24.pl or Internet Police Forum – ifp.pl);

- thematic websites raising a variety of different issues (focused on problems such as growing plants, keeping animals, TV series, and more serious issues like emotional, family or health problems);

- websites giving their users a possibility to create their own websites.

Websites which offer other types of service also attempt to create social networking communities. For example, Allegro.pl, a trading Internet portal, pays a lot of attention to maintaining contacts between its users both through its forum and by organizing meetings in 'real life' which focus on improving skills necessary in trading and building up a community by attending a more 'entertaining site.'

Likewise, information websites (e.g. gazeta.pl connected with *Gazeta Wyborcza*) sometimes become centers where their users can exchange their opinions and ideas. Online game websites (e.g. Travian.pl or *World of Warcraft*) also try to establish their own networking communities focused

on the same game both through their forums and real life meetings accompanied with competitions organized at different conventions and rallies. What is more, some of the MMOG games (e.g. Travian) force their players to cooperate with each other and build up a group – without that the players cannot even think of winning the game.

2. Characteristics of Social Support

The problem of social support can be looked at from two different points of view – structurally and functionally. When perceived from the structural point of view, they can be defined as ‘social networks which exist objectively and which (...) perform a supporting function towards people who have found themselves in a difficult situation’ (Sęk, Cieślak 2004, p. 14).

In this approach, available social networks are defined as resources or sources of support. They can be natural (informal) in nature when support is given voluntarily and reciprocally. They can also take on an institutionalized (formal) character. Numerous studies have shown that natural social networks are more beneficial, particularly due to their accessibility, lower costs and less stigmatization (cf. Solomon et al, 1987).

In the structural approach the Internet belongs to the group of natural social support networks although they contain some formalized elements.

The analyses of social support performed from the functional point of view stress its relational character, underlying activities such as exchange of emotions, information, instruments of action or material goods. The aim of this type of support is to relieve stress, to be with the ‘recipient’ and to create the feeling of belonging and safety, which helps those in a difficult situation to cope with it.

Social support can then be understood as a ‘dynamic interaction between the person who gives support (donor) and the one who receives that support (recipient), and which takes place in problematic situations’ (Sęk 1991, p. 498). One can distinguish between different types of support, depending on what constitutes the social exchange which takes place during a support interaction. The most frequently mentioned in different professional studies are the following: emotional, information, instrumental, material and spiritual support.

Now let me briefly discuss what types of support the Internet can provide.

3. Social Networking Websites as Sources of Support

After an examination of the above mentioned types of social websites, it has to be noted that they can provide many different forms of support.

Social networking websites can above all offer emotional support to their users.

Easy ways of establishing interpersonal contacts, common interests shared by Internet users as well as anonymity make it easier for the users to express their feelings – both their fears and worries and emotional states which foster support – e.g. when users show others their understanding or admit that they themselves have experienced similar emotions or difficult situations. This gives all the users a sense that they keep company to others, that ‘they are together’. It also enables them to free themselves from tension and the feeling of sadness, and instead gives them hope.

Belonging to an Internet group of people having similar interests, problems or professions helps its members to build up their sense of identity and fulfills their need for belonging.

This fact is vitally important for people who have to contend with various problems, diseases or disabilities. Any opportunity to cross a physical barrier to establishing contacts with others can prove really encouraging to those who are forced to stay at home or hospital or whose possibilities of starting real interpersonal relationships are limited. This way of overcoming one’s feeling of social isolation can also prove helpful to people coming from small areas. Anonymity helps Internet users to break down any barriers arising from their social status because it enables them to maintain their relationships without a risk of being recognized, thanks to which they can experience the feeling of appreciation due to their personality traits and not their social position.

Users of social networking websites can offer each other evaluative support by showing mutual acceptance and respect, by confirming each other’s importance for a given community or the value of their undertaken activities.

The above mentioned type of support can play an important role in situations of emotional or terminal crises arising from people’s fear of death and questions about the sense of life.

Social networking websites also constitute a source of informational (cognitive) support.

Job websites in particular serve information functions, being aimed at improving their users’ professional skills by solving problems they encounter in their professional activity. They also enable their users to consult

leading specialists in a given professional area. In this way the users have the possibility of consulting experts who come from outside their place of residence or even from abroad. It has to be mentioned that this type of consultation would not be possible without the Internet. Thematic websites often focus on presenting different types of information on particular issues: e.g. those concerning health problems: issues connected with a certain disease, possibilities of curing it or forms of rehabilitation, ways of managing later life and solving everyday problems.

When social networking websites provide their users with concrete advice when they encounter any difficulties, e.g. by giving them information on various institutions offering help as well as mutual aid groups operating in their nearest neighborhood, they provide them with instrumental support.

This approach enables people who are faced with a problematic situation to 'grasp' the whole problem both by gaining 'encyclopedic' knowledge and by developing prevention strategies useful in difficult situations.

Social networking websites frequently become involved in charitable activities in order to offer their users concrete material support.

Thanks to the existence of the above mentioned social networking websites, small organizations have a possibility of getting to a broader public and informing them of the types of activities they engage in. This takes place in both specialist websites (focused on a particular issue, in which users can find their profiles as well as the account numbers of particular foundations thematically connected with those websites) and in websites such as Allegro.pl which offer a variety of charity auctions (e.g. dedicated to the treatment of sick children). Every year this portal undertakes charitable actions for the benefit of Fundacja Wielkiej Orkiestry Świątecznej Pomocy (The Great Orchestra of Christmas Charity) by organizing special charity auctions, and supports the ecological foundation *All For the Planet*. Similarly, browser games websites often undertake charitable actions for the benefit of their users who have found themselves in difficult situations. An example of such a portal can be *travain.pl* in which its users have put forth a suggestion to undertake this type of activity, asking the portal site owners to send relevant information to all the other users.

The studies carried out on mutual aid websites aimed at people suffering from HIV/AIDS (Coursaris, Liu 2009) have shown that most frequently their users offered each other informational support (41.6%) and emotional support (16.0%). They also expressed their support by showing mutual respect (6.4%). However, there were relatively few examples of concrete material support (0.8%). The authors of these studies suggest that the three types of reaction taking place within a group of people, i.e. exchang-

ing personal experiences, expressing gratitude to each other and congratulating each other on successes, can make it easier for the members of that community to exchange social support.

Similar research conducted among the German users of the browser games portal ‘Travian’ (Klimmt et al, 2009) have shown that for its users social motifs are more important than developing particular competences (e.g. their strength or position in the game) or than its accessibility. The players claim to derive the greatest pleasure from factors like cooperation with other participants of the game, a possibility of making new friends and talking to them as well as receiving social support from the newly made friends (Klimmt et al, 2009).

Players of this browser game can establish long-term social contacts (sometimes lasting for a few years) due to which their interpersonal relationships can evolve and become extremely strong and meaningful. What makes the results of the research even more interesting is the fact that ‘Travian’ is essentially a war game which requires that the players who are focused on winning should achieve not only strategic skills but also skills necessary in cooperating within a group of people.

Any discussion on social support provided by social networking websites poses a very complex problem also because of the complexity of ‘networking life’ and attempts to make a synthesis of such disparate phenomena as e-administration, social networking websites, blogs, online chats, technical manuals, Massively Multiplayer Online Games and artistic activity. Likewise, the problems which Internet users contend with are complex and diverse (beginning from problems at work, looking for a job, serious life or health problems, through developing interests, various outlooks on life, religious ideas, to organizing influential groups and groups of social pressure). From the practical point of view, the essential issue is that in general, the Internet can offer support to both individuals and whole groups – becoming in this way the place which creates favorable conditions for building interpersonal relationships, civic society, unhindered exchange of opinions and promoting new ideas.

4. Some Threats to Interpersonal Contacts in the Internet

What makes the Internet a potential source of social support can at the same time pose serious threats to its users.

Easiness with which users of social websites can begin new relationships and their anonymity can lead to greater addiction to this type of support and to this type of interpersonal relationship, which in a way 'uproots them' from their real life relationships. So far, any analyses of the problem of social support have focused on the relationship between the donor and the recipient, assuming a priori that it is a 'face to face' relationship or, at the most, a telephone contact (which can still be treated as a kind of physical contact because the speakers can hear each other's voice and its timbre).

It has to be noted that most of the Internet contacts are virtual in character and that they do not transfer any data on the physical features of the users. This, on the one hand, makes it easier for the users to establish new contacts and to become more emotionally open towards their speakers. On the other, though, it creates an 'ample opportunity' for them to make projections and conjure up images of their speakers and their reactions and motivations, which can pose numerous threats – from the danger of becoming too strongly attached or addicted to those contacts, to the feeling of disappointment experienced in their confrontation with reality.

Another danger deriving from easy ways of establishing contacts through the Internet is the possibility of breaking them off at any moment. The fact that Internet users have a limited possibility of verifying their speaker's identity can bring about situations in which Internet contacts are frequently used by people who do not have honest intentions towards their speakers. Unfortunately, the Internet is a means of communication through which pedophiles, sexual offenders or sects use to establish relationships with their potential victims (cf. Marcum 2007).

A variety of Internet information is also a disadvantage for its users. They can find many answers to different questions but, at the same time, the Internet is full of untrue or misleading data. Even if the pieces of information available on different websites (e.g. medical information sites or websites devoted to health care in general) are true, we frequently disregard the situational conditioning of their users and the fact that the situation of each user is unique in its way. It sometimes happens that Internet users attach so much attention to the information available on different websites that, as a result, they frequently abandon the medical treatment prescribed by their doctor. Weaver and fellow researchers showed (2009) that as many as 11.2% respondents to their surveys had adopted this attitude.

Some sick users (especially those suffering from serious diseases) of Internet websites (medical websites in particular) can form unrealistic expectations as to their treatment and the possibilities of their health im-

provement. In others, this type of information can lead to a psychological crisis. This can result from the fact that some websites can offer social support which is not sufficiently individualized or sufficiently adapted to the various needs of their users. It can also derive from the users' specific limitations of perception.

Prolonged browsing through the Internet and spending long hours in front of the computer can have dangerous consequences for Internet users. Certain studies (Longman et al, 2009) have shown that the Internet games players who spend too much time playing their games receive less social support outside the Internet and more negative psychic symptoms. Using the Internet can also cause its users to become addicted to it. In some countries, e.g. in Taiwan, it is a very common problem among young people, especially students (Tsai and fellow researchers 2009). The results of their studies imply that persons who, in real life, have difficulties in developing social bonds and who find limited social support are particularly prone to becoming addicted to Internet relationships.

The MMOG players are also at risk of becoming addicted to their game and the social relationships developed through it. This kind of situation can be called the mechanism of a vicious circle – the more time the player spends playing this game the more social relationships they establish. In turn, the player's development of their social relationships together with their need to be successful in the game force them to spend more time playing it, which limits their interpersonal contacts outside it. From this point of view, MMOG browser games, according to Klimt and fellow researchers (2009), are characterized by addictive elements.

Visiting certain websites by individuals facing serious life's difficulties can perform a double function. For example, the research devoted to Internet users displaying suicidal tendencies has revealed that some of the Internet users felt less alienated and received social support due to their portal while others searched for websites providing pro-suicide information on ways of taking one's own life (Harris et al, 2009).

To sum up, it has to be noted once again that in the contemporary world, Internet communities, alongside the development of other new means of communication, are becoming more and more significant as a potential source of help. The ways in which the Internet can be used are manifold. It can provide its users with different forms of support, popularize various ideas by mobilizing individual users and groups of users for initiative, increase citizen awareness and build a civic society. However, the specific features of the Internet can become threats to its users. Therefore, special attention should be paid to helping the users not only acquire technical

skills to use the Internet but also abilities to select information and to keep an appropriate emotional distance.

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Chapter XXI

SELF-HELP GROUPS

(IWONA NIEWIADOMSKA)

1. The Fundamental Nature of Self-Help

Mutual aid groups play a vital role in promoting human health, particularly with respect to individuals experiencing various life difficulties. Their members voluntarily meet with each other because they are in need of help and thus expect that they will be able to confide their problems to other members. Problems shared with others are key elements in the development of group cohesiveness. This, in turn, allows group members to take the risk of expressing their hidden emotions and to create bonds which will guarantee support, acceptance and the normalization of their experiences. Thanks to the existence of group norms, social modeling and by observing others, a mutual aid group member changes the way they perceive their own problems, views and experienced emotions. In this way the social surrounding created by members of such a group becomes, on the one hand, an important system of their social support and, on the other, a factor leading to the change in their behaviour (Schoenholtz-Read 2003, pp. 161-163; Czabała, Sęk 2000, p. 618). These mechanisms result from such elements of mutual aid groups as (Riessman, Carroll 2000, pp. 38-44):

- **changing any deficiencies and difficulties into assets** – people who have managed to overcome their problems possess knowledge on their causes and on the ways of coping with them; this is the condition of giving support to those who face similar problems;

- **interchangeability of roles** – in a mutual aid group the roles of the donor and the recipient are interchangeable; depending on the circumstances each member has a possibility of giving advice to others or following other people's advice; therefore, actual power within the group is evenly

divided, which means that there does not exist any power elite and there is no bargaining between the ruling and the ruled;

- **internal orientation** - members of a mutual aid community above all make use of each other's experiences and, only to a lesser extent, of conventional knowledge coming from external sources (e.g. professionals); internal orientation spreads over the logistics involved in running the group; this is so because most of its members stick to the principle of self-sufficiency and self-reliance in terms of satisfying various needs (e.g. housing or material needs);

- **focus on activity** - the main characteristic of this type of group is that its members aim at undertaking action, handling matters quickly, making an effort, being responsible, resourceful, and approaching problems instead of taking a role of helpless victims;

- **sticking to the principle 'helping others helps me'** - supporting other people brings benefit to those who offer that support as their own self-evaluation increases and their general feeling improves.

On the basis of the above-presented regularities one can draw a conclusion that facing difficult situations in common improves the abilities of the group members to (Walesa 1988, p. 345; Gaś 1993, p. 68): a) consciously share their feelings and values, b) feel empathy for other people's experiences, c) take into account the surrounding reality, d) overcome their fears and doubts, e) make decisions in a responsible manner, f) make their choices in a flexible way.

The first known mutual aid movement was Alcoholics Anonymous (AA) founded in 1935 in Akron, Ohio (USA) by two alcoholics - Bill W. (a stockbroker) and Dr. Bob (a surgeon). Before that they used to be members of the Oxford Group which aimed to revive first-century Christianity by realizing four absolutes: honesty towards oneself and others in speaking and acting, permanent readiness to help others, purity of one's body, mind and intentions, love of God and one's neighbour. Some of these principles were incorporated in the formation of the Twelve Step programme (Niewiadomska 2006, p. 49).

AA's functioning is based on the "Twelve Traditions" presented below (AA in a penitentiary 2002, p. 133):

1. Our common welfare should come first; personal recovery depends upon Alcoholics Anonymous unity.
2. For our group purposes there is but one ultimate authority—a loving God as He may express Himself in our group conscience.
3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.

5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.

6. An AA group ought never to endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

7. Every AA group ought to be fully self-supporting, rejecting outside contributions.

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

9. AA, as such, ought never to be organized; but we may create service boards or committees directly responsible to those they serve.

10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never to be drawn into public controversy.

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personal traditions.

In summing up the moral norms of the Twelve Traditions it has to be noted that Alcoholics Anonymous is a movement whose goal is for its members to overcome their common problem of alcoholism, to support others in remaining sober and to ‘spread the message’ to drinking alcoholics by sharing their experience, internal strength and hope with them. The sole and absolute authority in the group is a loving God and the sole condition of becoming a member – readiness to stop drinking. Members of the AA movement form (20-30-person) groups which have regular meetings at least once a week. There are two types of meeting: closed (available for alcoholics only) and open (available for people from outside). Alcoholics Anonymous is not an organisation as such. Each of its groups is independent in all aspects of its activity except for those which concern other AA groups or the whole movement. An appropriate number of groups can be formed into intergroups, and intergroups have a possibility of creating a Region with the aim of improving contacts between specific groups (Niewiadomska 2006, pp. 49-50).

The National Office serving AA is managed by a selected group of representatives of all the groups from all the Regions. It functions as an organisational-control authority (e.g. by supervising the observance of the movement’s principles and traditions, maintaining contacts with the international AA movement, supplying proper literature, supporting and organising new groups). The National Office is not an official authority or body; it only performs service and ancillary functions towards its members. The

activity of mandataries should at different levels be honorary and charitable in character. However, in certain cases AA groups are allowed to employ indispensable staff members. On account of the self-help character of the AA movement, individual groups should remain self-sufficient. Therefore, they cannot accept outside donations but should be maintained on people's voluntary donations. One of the consequences of the fact that the AA movement is self-sufficient is that, on the one hand, it cannot become involved in any public polemic, join any religious creed, party or institution and, on the other, it should never support, finance or lend its name to any organisation or company (Niewiadomska 2006, p. 50).

The above-mentioned rules of the AA movement and the profound influence of the Twelve Step programme made the number of AA members in the 1990's rise to as many as 2 mln worldwide – the AA groups had meetings in over 96 thousand groups existing in 141 countries. The first Polish AA group 'Eleusis' was formed in the mid-1970's. In 1984, the first Contact Point and the first helpline were set up in Warsaw. In the October of the same year the first all-Poland AA convention took place. At the turn of the 21st century there existed about 1,500 AA groups in Poland (Niewiadomska 2006, p. 50).

Also, it has to be noted that mutual aid communities formed for their members to support each other in solving various problems most frequently base their activities on the Twelve Traditions and the AA Twelve Step programme. For example, in the mid-1940's in the USA there were formed first Family Clubs for families struggling with the problem of alcoholism. In 1954 The Board of Directors of Al-Anon groups was registered (people co-addicted to alcohol). In 1957 in the USA the Alateen community was founded aimed at children and teenagers up to 18 years old who came from alcohol-ridden families. In 1976 in the USA the group Alateen was converted into the Adult Children of Alcoholics Community. Following the principles and programme of AA, there appeared other types of mutual aid group in order to solve various specific problems, e.g. Drug Addicts Anonymous, Overeaters Anonymous, Sex Maniacs Anonymous, Workaholics Anonymous, Gamblers Anonymous, Nar-Anon (relatives of drug addicts), Gam-Anon (families of people addicted to gambling), Work-Anon (family members of workaholics). At present the popularity of mutual aid communities is so immense that 'it is difficult to imagine any type of psychic problem, behaviour disorder or life event for which there would not exist an appropriate group' (Yalom, Leszcz 2006, p. 444).

2. The AA Twelve-Step Programme's Method of Functioning

In the Twelve-Step programme, abstinence is understood as a process of recovery based on maintaining an individual's relationship with God, improving their interpersonal relationships and personal development in order to positively adapt to reality, acquire constructive prevention resources in difficult situations and gain more self-acceptance (Brown 1992, p. 228). Producing these changes is possible by realising the steps which are the following (Brown 1992, pp. 305-315):

Step 1.: We admitted we are powerless over alcohol—that we have lost control of our lives.

An individual's loss of control over their drinking leads to dangerous consequences in all the aspects of their life. Alcoholics who have begun to regain their health claim that accepting one's helplessness is a necessary condition for beating their addiction. The moment they reconcile themselves to the fact that they are unable to control their own life, helps them to realise their real need of help. AA members claim that self-confidence impedes the sobering-up process in those who are at the beginning of their recovery. However, when they realise their helplessness they come to feel a considerable need for finding support in a Higher Power and a necessity to accept help offered by another human being.

Step 2.: We come to believe that a Power greater than ourselves can restore us to sanity.

The realisation of the second step enables AA members to free themselves from:

- their egocentricity,
- their belief in the self-control over their own behaviour,
- the mechanism of the denial of their disease.

Step 3.: We made a decision to turn our will and our lives over to the care of God as we understood Him.

Members of the AA movement describe this stage of their recovery as 'a step towards action' because it concerns their decision to limit their own willpower.

Step 4.: We made an in-depth and fearless moral inventory.

The above principle is the starting point of an individual's autotherapy. From now on the person begins to change their self-image, which enables them to conquer their hypocrisy and to slowly approach the realistic perception of their own self. Taking this step teaches them how to evaluate themselves in an honest way, recognising their own vices and virtues. Additionally, this stage brings about the change in their self-acceptance.

Step 5.: We admitted to God, to ourselves, and to another human being the exact nature of our mistakes.

AA members admit that confessing their wrongdoings to God and another human being liberates them from the feeling of isolation and loneliness, which strengthens their bond with others. At this stage individuals develop the feeling that they are part of a community and frequently begin to experience the so-far-unknown feeling of belonging. At the same time, by breaking down the barrier of self-deception and beginning to feel accepted by others, they gradually come to feel greater self-respect.

Step 6.: We became entirely ready to have God remove all these defects of character.

At this stage there again arises the problem of submissiveness which is indispensable for a sobering-up alcoholic to show readiness to acquire new behaviour patterns and to undertake activities with a view to effecting changes. Step 6 involves the person's giving their consent that as a now-responsible and ready-for-change individual they will cooperate with the High Power which is helpful in achieving their established goals.

Step 7.: We humbly asked Him to remove our shortcomings.

The above principle motivates an individual to undertake actions resulting from Step 6. According to AA members this step is the key to humility which helps the individual to acknowledge authority.

Step 8.: We made a list of all persons we had harmed, and became willing to make amends to them all.

Already while making a list of the persons an alcoholic has harmed they begin to free themselves from the feeling of guilt because they:

- discover the truth of their own participation in the harm inflicted on others,
- declare their readiness to compensate for the suffering they have caused.

Step 9.: We made personal amends to such people wherever possible, except when doing so would injure them or others.

The above principle concerns the individual's relationships with others as well. AA members emphasise that atonement is good not only for the harmed but also for the person who has done wrong because the act of restitution drives them to assume the responsibility for their wrongdoing. At this stage undertaking activities itself is important as it involves:

- their apology,
- confessing to their guilt
- compensating for the inflicted harm.

The sense of taking this step also lies in the fact that the individual is ready to accept the consequences resulting from the harm they have done

to other people. It has to be mentioned that in the person's process of recovery the foundations of the previous seven steps constitute the basis for steps eight and nine because amendments made by an egocentric person do not bring psychic relief to them.

Step 10.: We continued to take personal inventory and when we were wrong promptly admitted it.

This directive presents the individual's moral account, i.e. the frank evaluation of their own conduct which should from now on become their everyday routine. On the one hand, this enables the person to avoid returning to their drunken behaviours and attitudes and, on the other, it allows them to develop such abilities as slowing down the pace of their life or doing their self-reflection in a more effective way.

Step 11.: We sought through prayer and meditation to improve our conscious contact with God, praying only for knowledge of His will for us and the power to carry it out.

Stage 11 gives the AA programme a religious and spiritual character. Participation in the community allows the recovering person to become accustomed to the existence of the Higher Power. Their starting the relationship with God helps them to:

- conquer their wilfulness,
- strengthen their bonds and affiliations,
- break free from their conviction that the world is hostile and cruel.

At the beginning of their sobering-up process all of these steps seem strange to the individual and they only focus on their own helplessness. However, the more they recover from their addiction the deeper sense they can find in these principles. Stage 11 carries a message that their work on themselves expressed by means of the Twelve Steps is a never-ending process – the realised principles should constitute the individual's constant philosophy of life, giving them a plane of reference in relation to their behaviour.

Step 12.: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

The final principle is the key to action. At this stage AA members have been endowed with sobriety and new faith. The best way to maintain the new attitude is to promote it among other people. Carrying 'the message' gives them satisfaction and a possibility to regain their self-respect. The acquired sense of community reinforces them in their sobriety because they are now convinced that each AA member has various experiences from the time of their drinking which they can share as well as power and hope from the period of their sobriety.

In making generalisations about the way the Twelve Steps recovery programme works it has to be noted that the programme introduced a new way of thinking and clear norms of behaviour. New AA members are required to follow these principles both in their individual progress and in group work (Niewiadomska 2006, p. 51). After incorporating the rules some members of a mutual aid group experience 'a rebirth', which is comparable to a religious conversion or the re-establishment of an individual's links with the religion they once abandoned. This religious conversion can be a gradual or abrupt process, due to which a wrecked and unhappy 'self' becomes united, consciously righteous and happy by basing its life on a religious reality (Tobacyk 1989, p. 235). Religiosity, including people's opinions and convictions concerning miraculousness, emotional experiences and predisposition towards specific behaviours, is not a structure excluded from the individual's whole psychic life but something that dynamically shapes their personality (Prężyna 1988, p. 262). Religious conversion is the sign of a change of man's attitude to life. In a situation when an individual suffers severely, their motivation for conversion is expressed by: 'please, help me.' If, however, they continue by saying: 'do not change me,' then such a plea is not sufficient enough for them to experience a real transformation because this does not express their deep desire for authentic conversion, necessary readiness to work on themselves as well as the rejection of their false ways of thinking and addictions (Jaworski 1999, p. 48). Empirical studies imply that religious conversion is a central re-organisation of an individual's personality characterised by adaptive consequences for their individual functioning. This in turn ensures that the individual has a greater sense of life and their personal abilities, which at the same time increases their adaptive skills (Tobacyk 1989, p. 241). Individuals who have undergone religious conversion claim that they (Tobacyk 1989, p. 242):

- have completely changed their activities after their religious experience,
- experience more control over their own life,
- changed their attitude towards their family and friends into a more positive one,
- derive more satisfaction from their life,
- accept themselves more.

Religious conversion frequently makes AA members change their attitudes towards (Brown 1992, p. 37): a) increasing their self-reflection, b) forming new opinions, c) reorientating their value preferences, d) changing their self-perception, e) reducing their hostility towards the surrounding world, f) increasing activity in their family, professional and social life.

Non-drinking alcoholics stress the fact that they constantly have to work on their new attitude and strengthen their relationship with God in order to fight off their tendency to be egocentric and to use defensive mechanisms. This kind of attitude can be expressed by the following statement: 'God, help me be who I am' (Johnson 1992, p. 169). A person who entrusts themselves to God no longer feels helpless in case of any difficulties. This gives them hope for the future, which is a must for any alcoholic who wants to maintain their abstinence. One of the elements of that hope is the person's desire to accept a system of moral values that would show them how to live and how to find the foundations on which they could base their life, crises and everyday problems. The realisation of the Twelve Steps is then a sort of personal declaration in relation to the Higher Power, which justifies a specific direction of the development of a human being, as well as the efforts they make and the requirements they set for themselves (Ostrowska 1990, p. 163).

3. The Role of a Mutual Aid Group in an Individual's Recovery Process

In the sobering-up process it is important to keep balance between an addicted individual's concentration on the psychoactive substance and the processes of the reinterpretation of themselves and broadening and deepening their relations with their surrounding (Brown 1992). In achieving their established goals social support plays the basic role because throughout this interaction there takes place an exchange of emotions, information and instruments of action (Sęk, Cieślak 2004, pp. 18-19). The alcoholic's stay in a detox clinic is a temporary phase from their drinking to abstinence. During this period the support on the part of professionals is vital in the sobering-up process. However, when the therapy comes to an end, the role of the alcoholic's family and mutual aid groups increases in sustaining their recovery.

The functioning of drinking alcoholics. Active alcoholism is a behavioural disorder understood as an act of taking a psychoactive substance by an alcoholic who, at the same time, is unable to abstain from this type of behaviour. The addiction syndrome is chronic in character – it develops gradually and enables the individual to function in quite an ordinary way (Niewiadomska 2002, p. 221). The person often does not realise that they are addicted because (Gorski, Miller 1991, p. 38):

– at the early stage there are no physical problems or problems connected with their behaviour,
– at the advanced stage the experienced difficulties are not associated with their drinking,
– at the chronic stage – as a result of a thinking disorder – their ability to evaluate the encountered situation is lowered. The main reason for excessive drinking is an alcoholic's decrease in their tolerance of stress (Quingley, Marlatt 2000, p. 124). Among the frequent causes of high psychic tension (stress) in addicted persons are the following (Mellibruda 2000, p. 707):

- 1) **autodestructive attitude** – connected with their low self-esteem, negative self-image, negative image of their own life and suicidal thoughts;
- 2) **deficits in interpersonal relationships** and destructive schemes of interpersonal relationships resulting from: the persons' defensive or aggressive attitude, their readiness to withdraw from their contacts, their suspiciousness and lack of trust as well as antisocial or asocial features;
- 3) **the collapse of their value system** and the lack of any constructive life vision, which are frequently accompanied by doubt and nihilism;
- 4) **deficits in their intrapsychic abilities** – particularly their low self-awareness and difficulty in understanding their own feelings and wishes;
- 5) **deficits in task competences** which in consequence lead to professional and family problems.

The above-mentioned factors cause that addicted individuals frequently use evasive strategies in order to deal with their problems. These strategies are implemented by abjuring of their consciousness the stress factor and its effects and by externalising their emotions connected with the stress but without making any attempts to resolve their situation (Brennan, Moss 2000, pp. 147-151). Alcoholics' behaviour who drink if faced with difficult situations – manifested by concentrating on their past, lacking in any strategy of solving their addiction problem, pitying themselves, blaming themselves for any misfortunes, isolating themselves from other people, using chemical substances to anaesthetise their problems – follows the pattern of learnt helplessness whose basic determinant is their passiveness and unwillingness to undertake any actions as well as their subjective conviction that no individual can prevent their painful experiences (Niewiadomska 2001, p. 173). The reasons for the persons' passiveness lie, on the one hand, in their subjective anticipation of a failure and, on the other, in their difficulty perceiving the connection between the undertaken activity and its effects (Rosenhan, Seligman 1994, pp. 392-395). Apathy appears most frequently when the individuals experience a failure in performing tasks important to them and at the same time subjectively reckon that they do

not possess any characteristics or features necessary to work out the constructive ways of handling their difficult situation. Passive anticipation of a failure is permanent in its character, i.e. in case the individual experiences a similar situation in the future, there is a high probability that they will react in an analogous way.

The life of addicted persons is thus dominated by their experience of helplessness, frustration, loneliness, hostility, aggressiveness and sadness. With each new excess they suffer a more intense feeling of fault and shame. Their negative emotional reactions are so severe that, as a result, they form a negative self-image and chronically lower their self-esteem (Michalik 1992, pp. 15-16).

However, the more a person's addiction develops, the less sensitive they become to their own psychic discomfort and to other peoples' suffering because by using the defensive mechanism of rationalization they build up a 'wall' between themselves and reality. In the face of a failure, every person tries to justify their behaviour, but in confrontation with a real situation they can quite easily withdraw from the previously-used defense mechanisms. In an addicted individual, the process of rationalization works more strongly, which leads to the person's exhibiting more and more strange behaviours and a drastic lowering of their ability to evaluate the existing facts. The less the person is self-satisfied, the more frequently they display the phenomenon of self-delusion. In the end, the alcoholic falls victim to their own defense mechanism because, on the one hand – by using different excuses – they maintain their self-esteem but, on the other – when they use rationalization, they bring about important changes in their value preferences, the violation of the existing moral norms and the loss of control over their own conduct (Johnson 1992, pp. 40-44). This regularity is confirmed by acts of violence, disorders in interpersonal relationships and material poverty observed in the families struck by the problem of alcoholism (Hankała 1997, p. 66). The advanced stage of the individual's addiction is characterised by their gradual loss of control over their own behaviour and by the fact that any temporary cessation of alcohol drinking results in their suffering. The person becomes more and more isolated, gradually loses their emotional and intellectual abilities and reduces the range of their psychic experiences to constant thinking about alcohol (Brown 1992, p. 48; Johnson 1992, p. 55). People from their social surrounding begin to notice their health, marital, professional and/or legal problems which are most frequently interpreted as their lack of responsibility. They most frequently do not understand that the individual does not choose these types of behaviour because they constitute one of the elements of the person's addiction (Gorski, Miller 1991, p. 37).

Changes in alcoholics' behaviour during their treatment. An alcoholic's recovery is not the reverse of the process of their becoming addicted to alcohol. It occurs when the person has new experiences which enhance each other; therefore, taking up abstinence is a specific development process (Brown 1992). The first stage of alcoholism treatment is detoxication, i.e. eliminating the toxic substance from the alcoholic's organism. The symptoms of the acute abstinence syndrome which follow detoxication can be very dangerous. As a rule, during the detoxication stage, the patient is given a replacement substance whose doses are gradually reduced until all the abstinence symptoms disappear. The alcoholic is not fully detoxicated until the replacement substance has been discontinued and completely removed from the patient's body. Detoxication itself is not treatment yet because alcohol addiction influences all the spheres of human life – physical, psychic, spiritual and social. Individual and group therapies are the basic element in withdrawal management centres. Their aim is to make it easier for their patients to develop those abilities which will help them to maintain sobriety and will prove useful in the long process of their recovery (Gorski, Miller 1991, pp. 41-43).

An alcoholic who undergoes intensive therapy in hospital undergoes significant changes in their functioning. Their dynamics can be divided into four stages (Johnson 1992, pp. 129-135).

During **the first stage**, the patient is supposed to become aware of the state they are in. Their decision to take up abstinence signifies that they have accepted the fact that they are an alcoholic and have realised that they lost control over their drinking. Only then does their logical structure break down. Up to that moment their belief that they are able to control their drinking had been based on that structure (Gorski, Miller 1991, p. 40; Brown 1992, p. 142). Taking up abstinence can be treated as a new phase of the development of an addicted individual because at that moment they completely reorganise their intellectual and behavioural spheres which are accompanied by emotional balance disorders. The person who, while drinking, seemed to function at a higher cognitive and emotional level can now exhibit symptoms of losing their previous abilities. At this stage, the patient's relationships with their surrounding are usually painful and difficult as they mount resistance to the idea of giving up drinking and overcoming denial (Brown 1992, pp. 130-131).

During **the second stage** the alcoholic becomes conformable to their disease. The patient is frequently passive and they do not take on any responsibility for their own development. The results of a survey among a group of 80 sobering-up alcoholics have shown that the moment they become aware of their failure by admitting to the fact that drinking got

out of their control they experience progressive disorientation in terms of their own selves and the surrounding world (Brown 1992, p. 138). As a result of their adaptive problems the patients may exhibit negative psychic states in the form of, e.g. fear, helplessness, depression, suicidal thoughts or sleep disorders. They also present a strong need to become dependent on the persons able to show them the direction of their behaviour in a given situation. Therefore, it is important to organise that person's behaviours with which it is possible to fill their feeling of emptiness, to compensate for their loss and to relieve the symptoms of their depression (Brown 1992, pp. 171-177).

At the **third stage**, the individual begins to accept their own responsibility for their recovery. On the one hand, they have more self-respect and begin to demonstrate the need for starting close relationships with other people. On the other hand, they lack a realistic attitude towards their future and they do not take into account all the dangers threatening their abstinence after leaving hospital. Another important element of their sobering-up process at this stage is the appearance of a new defence mechanism manifested through their denial of the existence of any difficulties (Brown 1992, p. 77). The alcoholic's poor insight into their own selves and their inability to keep sober on their own constitute the basis for their decision to be extremely dependent on others. Therefore, the patient needs a secure and protective surrounding and efficient help on the part of professionals.

While summing up the second and third stages of addicted persons' stay in detoxication centres, one can state that at these stages their recovery can fluctuate between two extreme states of mind: that of a 'honeymoon' which is accompanied by rapture, pleasure and the denial of their problems and, more frequently, that of depression which can indicate that the patients mourn their loss of alcohol or that they experience the feeling of guilt after a long period of alcohol drinking (Brown 1992, pp. 175-176).

Stage four is characterised by the increase in the self-reflection in the alcoholic. The patient begins to appropriately fear their future and to deliberately seek the strategies which will enable them to more efficiently overcome any difficulties encountered when they leave hospital. They also realise that it is only their participation in the open treatment programme and in mutual aid groups that will help them to both break from their previous habits and to acquire new life abilities (Brown 1992, pp. 43-76).

In generalising the issues concerning the alcoholic's stay in hospital, it has to be noted that this type of situation can be interpreted as a critical life change event. Such a conclusion can be drawn on the basis of the following observations (Şek 2001, p. 252):

1) The alcoholic's decision to undertake treatment concerns vital and high values. Therefore, this moment is emotionally significant for the individual. The greater burden the therapy imposes on the alcoholic the more these values are endangered.

2) Changes taking place during the recovery process and which the individual subjectively perceives as threats frequently lead to their feeling of helplessness and to the high risk of the disorders in the person's functioning.

3) The beginning of the person's abstinence disrupts the functioning of the configuration: the individual-the environment, causing in the alcoholic such a destabilisation state and such disorders of the balance in the established forms of their adaptation that the hitherto forms of their behaviour prove insufficient and useless. Therefore, their discontinuation of drinking requires vital changes in their adaptive mechanisms. This is the way through which the most critical character of the undertaken therapy is expressed.

4) Depending on the subjective interpretation of the facts, the withdrawal therapy can cause ambivalent feelings in terms of content. Its evaluation undergoes dynamic changes in the course of the patient's attempts to cope with their critical life change event.

5) The patient's stay in a detoxication centre can become the turning point of their life on condition that the individual introduces changes in their behaviour. The possibility of there taking place the turning point in alcoholics' critical life change event is the element which clearly distinguishes it from stress phenomena.

The mechanism of coping with the psychic burden experienced by alcoholics undertaking treatment is complex in its character. At first their stay in hospital evokes primary evaluation in the form of 'losses' and threats. Only at the second stage do the individuals evaluate their preventive possibilities in a given situation. It is a secondary evaluation in which the person subjectively concludes that the situation is hopeless, possible to deal with or that they lack the possibilities of tackling it or that it is a chance for them to prove themselves, or that it is a chance for them to solve their addiction problem. Only when the individual carries out those two types of evaluation, i.e. primary and secondary, which are accompanied by diverse emotions and physiological reactions, does this determine their further preventive behaviour (Sęk 2005, pp. 101-102).

The fact that undertaking abstinence is frequently a critical life change event is confirmed by the difficulties the patients encounter in their attempts to cope with stress. Alcoholics that have just begun to sober up are frequently unable to differentiate between small and big stress and

therefore overreact to even small psychic tension. They often feel tense in situations that normally should not be worrying to anyone, which, in consequence, provokes behaviours incompatible with those situations. Such reactions are the effect of the vicious circle principle in which the symptoms of the patients' chronic abstinence syndrome are intensified by their stress and the intensity of the withdrawal syndrome increases the level of their psychic tension (Gorski, Miller 1991, p. 52). Disorientation, the feeling of chaos, concentration and memory problems as well as difficulty in solving problems are the typical symptoms of the first stage of the sobering up process which disappear with the patients' recuperation. However, their unawareness of this fact may arouse the feeling of shame and guilt, loss of self-respect, which intensifies the tension and aggravates their abstinence syndrome symptoms (Gorski, Miller 1991, p. 53).

Changes in the behaviour of alcoholics at the initial stage of their abstinence. At the initial stage of the addicted persons' recovery, covering the first two years of their abstinence, one can observe the following regularities in their functioning (Cierpiałkowska 2000, pp. 171-174):

- high intensity of their physical and psychic need to drink alcohol,
- the process of their deepening identification with other addicted persons,
- learning new behaviours from other sobering-up alcoholics.

At the initial stage of abstinence, an individual experiences the weakening of their defence mechanisms. Therefore, sobering-up alcoholics begin to perceive in different spheres of their lives the problems which are the effect of their long-term drinking. These conclusions frequently lead the recovering persons to (Cierpiałowska 2000, p. 174): a) internal conflicts, b) a high level of apprehension, c) depression, d) the feeling of guilt, e) anger, f) suicidal thoughts, g) the feeling of helplessness and lack of faith in the possible change of their situation.

Support of mutual aid groups at the initial stage of abstinence. The basic task and challenge at this stage of a sobering-up process is for the non-drinking alcoholic to deepen their identity. Only at two levels – concrete (place, people) and symbolic (idea, programme) – does the recovering person's identification give them sufficient internal bases for diverting their attention from alcohol and for directing their activities towards other spheres of life (Cierpiałowska 2000).

AA members, who base their activities on the Twelve Step idea, aim at changing their own conduct and at eliminating any behaviour causing problems. The only condition of their participation is their resolution. The AA community offers two forms of help which are of vital importance for

supporting the alcoholics' sobering-up process (Cierpiałowska 2000, pp. 197-200):

- care for the potential and newly added members of the community (relationship: initial sponsor – potential AA member),
- assistance in the members' completion of the Twelve Steps (relationship: programme sponsor – AA community participant).

At the initial phase of an individual's abstinence **the relationship: initial sponsor – potential AA member** assumes the crucial importance. The significance of this type of contact results from the fact that most alcoholics join the AA movement while in the state of growing crisis accompanied by all its symptoms, i.e. the feeling of intense physical and psychic suffering, confusion and/or loneliness and the lack of hope for any change. For this reason the vital role plays the first relationship between the AA member and the person who has begun to sober up. This kind of relationship can take place outside the group – e.g. in the case of social or professional relationships. The initial meeting can take various forms but most frequently the initial sponsor helps the person at the initial stage of their abstinence to determine the character and graveness of their problems. The role of the initial sponsor is frequently reduced to that of a person who only talks about their own alcoholism by presenting facts from their 'drinking autobiography', and who listens attentively and acceptingly (Cierpiałowska 2000, pp. 197-198). Due to such conversations, the alcoholic at the initial stage of their sobering-up is able to notice the similarity between their own problem and the difficulties experienced by the sponsor and other AA members. The sponsor, who listens acceptingly, allows their interaction partners to discover common experiences, gain in mutual understanding and build up mutual trust. After determining the similarities of each other's problems the sponsor briefly presents the benefits they have personally derived from their participation in the AA movement and encourages the person at the initial stage of their recovery programme to take part in AA meetings.

The functioning of addicted persons at the persistent stage of their recovery. At this stage sober alcoholics are characterised by (Cierpiałowska 2000, pp. 181-184):

- more stabilised sense of their new identity – 'I am an alcoholic',
- more realistic and appropriate way of perceiving their 'own self',
- more frequent occurrences of their positive self-evaluation,
- more frequent manifestations of their habitual abstinence behaviours,
- greater awareness of their experienced emotional states,
- growth in their ability to recognise situations conducive of their greater desire to drink alcohol.

The support of mutual aid groups offered to individuals at the persistent stage of their recovery. Social support offered to alcoholics at this stage is based on the relationship: programme sponsor – AA member. On joining the AA movement the new member can choose their programme sponsor, who is, most frequently, a person with a long-term participation. The programme sponsor can fulfil many functions towards their charge but their activity mainly focuses on the following (Cierpiałowska 2000, pp. 198-200):

- helping them in difficult situations,
- giving them hope in times of doubt,
- providing them with constructive advice derived from their own autobiography,
- shaping the person's under their care way of thinking,
- modelling their behaviours.

If an addicted person is supported in this way, their relationship with an individual facing a similar problem gives them hope for overcoming their own addiction and of upholding their faith in keeping abstinence. The sponsor with a long period of sobriety is the most convincing proof of the fact that it is possible to achieve this aim by becoming involved in the Twelve Step programme. Additionally, through establishing a relationship with the sponsor based on mutual respect, the charge can overcome their loneliness. In addition, this relationship usually gives them many opportunities to work through different problems appearing in their interpersonal relationships, especially in contacts with their closest persons. Meanwhile, throughout the relationship both the programme sponsor and their charge aim at upholding their abstinence. Therefore, the sponsor's behaviours – especially their ability to cope with difficult situations – constitute an important model of abstinence behaviours of the aided person. This type of relationship is also crucial for the sponsor due to, above all, factors such as: (Cierpiałowska 2000, pp. 199-200): a) strengthening their own abstinence by analysing their personal experiences from their periods of drinking and sobriety, b) reducing the risk of idealising their past – thanks to their personal reports involved in their 'drinking autobiography', c) constant confirmation of the new identity of the non-drinking alcoholic, d) gaining a position and prestige – a person who in the past experienced negative social reinforcement and has found themselves in a situation where they are a programme sponsor, now becomes an authority. Due to this they can find sense in becoming engaged in AA activities.

It has to be noted that long-term engagement in AA activities contributes to an individual's change of prevention strategies in difficult situa-

tions. In relation to drinking alcoholics such changes are mainly characterised by (Niewiadomska 2001, pp. 173-174):

- greater concentration on the occurring events;
- more frequent making attempts to solve their experienced problems;
- more frequent seeking support and help in others;
- less frequent relieving stress by using medicaments or other psychoactive substances;
- less frequent pitying themselves;
- better emotional self-control in problematic situations.

The efficiency of the influence of mutual aid. The role of mutual support in the persistent sobering-up process is confirmed by the results of scientific studies. First, it has been observed that hospital and ambulatory treatments have low efficiency – mainly because they focus their activity on the medical effects of addiction instead of psychological problems (Brennan, Moss 2000, pp. 154-156).

Second, AA communities have been discovered to have high efficiency in upholding abstinence by addicted persons – 67% of the members who participated in AA meetings for more than a year managed to keep abstinence, and 85% of the persons connected with the movement for more than two years maintained their sobriety (Ouimette et al. 1999, pp. 545-551).

Third, persons who have managed to uphold alcohol abstinence for more than 8 years were characterised by the stability of their life environment. Among the factors stabilising their existence, apart from the well-functioning relationship with their life partner and having a job, were also their engagement in AA activities, hope for the future, greater self-respect as well as the appearance of new authorities (Vaillant, Hiller-Sturmhofel 2000, p. 43).

Fourth, the comparison between alcoholics engaged in the AA movement and individuals upholding abstinence who are outside the movement has led to the conclusion that mutual aid community members are characterised by (Longabaugh et al. 1998, pp. 1313-1333);

- lower intensity of anxiety,
- better social adaptation;
- more effective prevention strategies in solving their problems,
- a sense of stronger social support.

Additionally, comparative analyses of an individual's completion of the Twelve Steps and of other forms of help offered to addicted persons have shown a long-term effectiveness of this programme. Its effectiveness was more strongly connected with (Morgenstern et al. 1997, pp. 768-777):

- regular participation in meetings,
- possessing a sponsor,

- increasing engagement in community activities,
- deepening their religiosity,
- increasing the sense of meaning of their own actions,
- improving the organisation of their personal life,
- modifying their opinions,
- modelling constructive behaviours.

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Notes on the Editors

Mirosław Kalinowski (1962) – Professor, Doctor of theology, priest of the Warmian Archdiocese. Director of the Family Studies Institute (2002-2005). Head of the Chair of Social and Palliative Care and Hospices. Promoter of the Postgraduate Study of Drug Prevention and Therapy (an institution certified by the Health Minister of Poland) and Postgraduate Studies of Pastoral Ministry and Special Counseling. In 2004, Fr. Mirosław Kalinowski was designated by the Minister of Academics and Higher Education to be the chairman of the team of experts responsible for teaching standards of Family Studies. He was vice-rector for academics and matters of cooperation in foreign affairs at CUL (2004-2008). He is an expert on Family Studies for the State Accreditation Committee for the Team of Social and Legal Sciences. He is chairman of the Deans of the Faculties of Theology Council in Poland. He was decorated by the Polish President with one of the highest orders, the Frontline Cross for the Rebirth of Poland.

Mirosław Kalinowski was a lecturer at many, both national and foreign, schools:

- Theology College in Olsztyn
- Theological-Historical Institute in Olsztyn
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Main directions of research studies:

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- problems of terminally ill people and their families;
- problems with support groups,
- palliative and hospice care;
- pastoral theology.

Most important publications:

Hospice ministry. A Pastoral Study Based on Research of Selected Polish Hospice Centres. Issue no. 2, Lublin 2001 pp. 403

Accompaniment in Suffering. Hospice Service. Lublin 2002, pp. 216
 Kalinowski M., I. Niewiadomska, D. Sikorski. *Kulty Publiczności. Addiction: Facts and Myths* series, Lublin 2005 pp. 207
 – *Communities of Hope. Implementation of the Social Life in the Hospice Movement.* Lublin 2007 pp. 330.

Mirosław Kalinowski is a member of the following academic organisations:

- Polish Pastoralists Section
- Lublin Academic Society
- National Forum of the Hospice Movement
- Academic Council and Editorial Committee of “Theology Volumes”
- Görres Gesellschaft in Kolonia(Germany)
- Committee of the St. Kamil’s Award
- The Social and Legal Studies Team in the State Accreditation Committee

He is chairman of:

- the Steering Committee of the National Addiction-Free Schools Network, which is acting under the auspices the President of the Republic of Poland and the Conference of Poland’s Schools Presidents
- European Convention of Polish and Ukrainian Universities established in Lublin (2006-2009)

Research projects:

- manager of the research project Hospice Movement in Poland, financed by the Ministry of Academics and Higher Education (1998-2000)
- manager of the project co-financed by the EU *Social Bonds Instead of Prisons – the Support of the Positive Reintegration of Persons Threatened by Social Exclusion Due to Conflict with the Law* (2009-2011) conducted under the European Operational Program “Human Capital.”

Collective works editorial:

Environments with Special Needs. Ed. M. Kalinowski, Lublin 2003, pp. 220;
A Person Growing Up in Dignity, Love and Mercy. Ed M. Kalinowski, Lublin 2005, pp. 370;

Ethics for Soldiers. Ethics in the Service of the Fatherland. Ed M. Kalinowski, K. Jeżyna, J. Gałkowski. Warszawa: Ministry of Defence, 2008 pp. 207;

Called to Action. Social Resources in the Prevention of Destructive Behaviour. Ed M. Kalinowski, I. Niewiadomska. Lublin 2010 pp. 435.

Iwona Niewiadomska (1966) – Habilitated doctor of Humanities in the area of Psychology, professor at the John Paul II Catholic University of Lublin, MA degree in law.

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Research projects: Report on the preventive diagnosis for CUL students (research grant from the Academic Research Committee in 2004); along with the

Central Board of the Prison Services – report on a research project evaluating therapeutic actions in 32 centres for prison therapy of addictions (2006-2009), meritoric coordination of the research-application project “Social Bounds Instead of Prisons” conducted in the years 2009-2011 as part of the European Operating Program “Human Resources.”

Prevention Research Projects completed: Co-author of the program of integrated security in the academic circles of CUL, report and realisation of the prevention program at CUL – including e.g. conducting general university prevention diagnosis on a group of 4000 students at CUL, initiating the Student Volunteer Services for CUL, conducting training for care-providers in the field of supporting the academic youth in difficult situations (2004-2005), co-author of the integrated prevention of addictions program in the academic circles: “Nationwide Network of the Addiction-free Universities” – (OSUWU) (2004), meritorical supervision of consultation point at CUL for the students experiencing negative effects of the use of psychoactive substances (2007), participation at the realization of the government program of eradication the crimes and anti-social behaviour “Safer Together” (2007-2008).

Research interests: the search for psychosocial risk factors of social pathologies, the psychoprophylaxis of social pathologies, criminology, victimology, judicial psychology, criminal Law Enforcement, penitentiary psychology, the treatment of the chemical and functional addictions.

Most important academic publications: Niewiadomska I. *Individualistic Conditions of the Effectiveness of Imprisonment*. Lublin 2007 pp. 615; Niewiadomska I., Sikorska-Głodowicz M. *Alcohol*. In the series: *Addictions: Facts and Myths*. Lublin 2004 pp. 212; Niewiadomska I., Stanisławczyk P. *Drugs*. In the series: *Addictions: Facts and Myths*. Lublin: 2004 pp. 274; Niewiadomska I., Chwaszcz J., Kołodziej B., Śpila B. *Sex*. In a series: *Addictions: Facts and Myths*. Lublin 2004 pp. 226; Niewiadomska I., Kulik A., Hajduk A. *Food*. In the series: *Addictions: Facts and Myths*. Lublin 2005 pp. 272; Niewiadomska I., Brzezińska M., Lelonek B. *Gambling*. In the series: *Addictions: Facts and Myths*. Lublin 2005 pp. 232; Niewiadomska I., Kalinowski M., Sikorski D. *Audience Cults*. In the series: *Addictions: Facts and Myths*. Lublin 2005 pp. 198.

Academic monographs editorial: Cekiera Cz., Niewiadomska I. *A Person's Development in the Positive Disintegration Theory*. Lublin 1997 pp. 179; Cekiera Cz., Niewiadomska I. *Addiction Prophylactics as the Way to Human Freedom*. Lublin 2001 pp. 298; Kuć M., Niewiadomska I. *Criminal Penalty. Psycho-Legal Analysis*. Lublin 2004 pp. 334; Świtka J., M. Kuć, Niewiadomska I. *Authority and Dignity of Penitentiary Services and Resocialisation's Effectiveness*. Lublin 2004 pp. 357; Świtka J., M. Kuć, Niewiadomska I. *A Criminal's Personality and the Resocialisation Process*. Lublin 2005 pp. 296; Świtka J., M. Kuć, Niewiadomska I. *The Role of Moral Values in the Process of Socialisation and Resocialisation*. Lublin 2005 pp. 262; Kalinowski M., Niewiadomska I. *Called to Action. Social Resources in the Prophylactics of Destructive Behaviour* Lublin 2010 pp. 432; Gulla B., Niewiadomska I., Wysocka-Pleczyk M. *Blank Spots in Judicial Psychology*. Kraków 2010 pp. 359.

Appendix

APOSTOLIC LETTER
„MOTU PROPRIO”
DOLENTIUM HOMINUM

ESTABLISHING
PONTIFICAL COMMISSION FOR THE APOSTOLATE
OF HEALTH CARE WORKERS

1. The deep interest which the Church has always demonstrated for the world of the suffering is well known. In this for that matter, she has done nothing more than follow the very eloquent example of her Founder and Master. In the Apostolic Letter *Salvifici Doloris* of 11 February 1984, I emphasized that “in his messianic activity in the midst of Israel, Christ drew increasingly closer *to the world of human suffering*. ‘He went about doing good’, and his actions concerned primarily those who were suffering and seeking help” (no. 16).

In fact, over the course of the centuries the Church has felt strongly that service to the sick and suffering is an integral part of her mission, and not only has she encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim to fostering, organizing, improving and increasing help to the sick. Missionaries, on their part, in carrying out the work of evangelization have constantly combined the preaching of the Good News with the help and care of the sick.

2. In her approach to the sick and to the mystery of suffering, the Church is guided a precise concept of the human person and of his destiny in God’s plan. She holds that medicine and therapeutic cures be directed not only to the good and the health of the body, but to the person as such who, in his body, is stricken by evil. In fact, illness and suffering are not experiences which concern only man’s physical substance, but man in his entirety and in his somatic-spiritual unity. For that matter, it is known how often the illness which is manifested in the body has its origins and its true cause in the recesses of’ the human psyche.

Illness and suffering are phenomena which, if examined in depth, always pose questions which go beyond medicine itself to touch the essence of the human condition in this world (cf *Gaudium et Spes*, no. 10). ‘Therefore, it is easy to understand the importance, in the social-health care services of the presence not only of pastors of souls, but also of workers who are led by an integrally human view of illness and who as a result are able to effect a fully human approach to the sick person who is suffering. For the Christian, Christ’s redemption and his

salvific grace reach the whole man in his human condition and therefore reach also illness, suffering and death.

3. In civil society the social-health care services sector has undergone an important and significant evolution in recent years. On the one hand, access to assistance and health care, recognized as a right of the citizen, has become generalized, consequently determining the broadening of the structures and of the various health care services. On the other hand, in order to meet these requirements, nations have established appropriate ministries, passed *ad hoc* legislation and adopted policies with specific health care aims. The United Nations, for its part, has initiated the World Health Organization

This vast and complex sector directly concerns the good of the human person and of society. Precisely for this reason it also poses delicate and inevitable questions which involve not only the social and organizational aspect, but also the exquisitely ethical and religious one, since basic "human" events, such as suffering, illness and death, are involved, with the related questions about the role of medicine and the mission of the doctor with regard to the sick person. The new frontiers, then, opened by the progress of science and its possible technical and therapeutic applications, touch the most delicate spheres of life at its very sources and in its most profound meaning.

4. For the Church's part, important above all seems to be the work of the more organic investigation of the increasingly complex problems which the health care workers must face in the context of a greater commitment to collaboration among groups and corresponding activities. Today there are many organisms which directly engage Christians in the health care sector: over and above the religious congregations and institutions, with their social health care structures, there are organizations of Catholic doctors, associations of paramedics, nurses, pharmacists, volunteer workers, diocesan and interdiocesan, national and international organisms which have sprung up to pursue the problems of medicine and health. A better coordination of all these organisms is required. In my discourse to Catholic doctors on 3 October 1982, I emphasized this need: "In order to do this, individual action is not sufficient. Collective, intelligent, well-planned, constant and generous work is required, and not only within the individual countries, but also on an international scale. Coordination on a world-wide level would, in fact, allow a better proclamation and a more effective defense of your faith, of your culture, of your Christian commitment in scientific research and in your profession" (*Insegnamenti di Giovanni Paolo II*, V, 3 [1982] p. 674; *L'Osservatore Romano in English*, 25 October).

5. In the first place, this coordination must be understood to promote and spread an ever better ethical-religious formation of Christian health care workers in the world, keeping in mind the different situations and specific problems which they must face in carrying out their profession. It will be addressed, then, to better sustain, promote and intensify the necessary activities of study, investigation and proposals in relation to the aforementioned specific problems of health care service in the context of the Christian view of man's true good.

In this field today there have arisen delicate and grave problems of an ethical nature, concerning which the Church and Christians must courageously and lucidly intervene to safeguard essential values and rights connected with the dignity and the supreme destiny of the human person.

6. In the light of these considerations, and supported by the opinion of experts, priests, religious and laity, I have arranged to constitute a *Pontifical Commission for the Apostolate of Health Care Workers*, which will serve as the coordinating organism for all theca Catholic institutions, religious and lay, committed to the apostolate of the sick. It will be connected with the Pontifical Council for the Laity, of which it will be an organic part, although maintaining its own organizational and operational individuality.

The duties of the Commission will be the following:

- to stimulate and foster the work of formation, study and action carried out by theca various intentional Catholic organizations, as well as by other groups, associations and organizations which, on various levels and in various ways, operate in this sector;

- to coordinate the activities carried out by the various departments of the Roman Curia in relation to the health care world and its problems;

- to spread, explain and defend the Church's teachings on the subject of health care, and to encourage their penetration into health care practices;

- to maintain contacts with theca local Churches and, in particular, with the Episcopal commissions for the health care world;

- to follow carefully and to study organizational orientations and concrete initiatives of health care policies on both the international and the national levels, with the purpose of discerning their relevance and implications for the Church's apostolate.

The Pontifical Commission will be presided over by the Cardinal President of the Pontifical Council for the Laity and will be managed by a coordination group headed by a Pro-President (Archbishop) and a Secretary (not a bishop).

It is the President's task to direct the Plenary Assemblies of the Members and Consultors. In addition, the President will be informed in advance of decisions of major importance and will be kept up to date on the ordinary activity of the Commission.

It will be the Pro-President's task to promote, manage, preside over and coordinate the organizational and operational activities of the Pontifical Commission.

The Members and Consultors, appointed by me, will represent:

- a) some departments and organisms of the Roman Curia (Secretariat of State; Congregations for the Doctrine of the Faith, for the Eastern Churches, for Religious and the Secular Institutes, for the Evangelization of Peoples, and for Catholic Education; the Pontifical Council *Cor Unum*, the Pontifical Council for the Family the Pontifical Academy of Sciences);

- b) the Episcopate (Episcopal Commissions for the health care world);

- c) religious orders engaged in hospital work;

d) the laity (representatives of the international Catholic organizations and other groups and associations which operate in the health care field and in the world of suffering).

In fulfilling its mission, the Pontifical Commission may seek the collaboration of experts and establish *ad hoc* working groups on specific questions.

Given at Rome, at St. Peter's on February 11, 1985, the seventh year of our Pontificate.

APOSTOLIC CONSTITUTION
PASTOR BONUS

JOHN PAUL, BISHOP
SERVANT OF THE SERVANTS OF GOD
FOR AN EVERLASTING MEMORIAL

Pontifical Council for Pastoral Assistance to Health Care Workers

Art. 152 – The Pontifical Council for Pastoral Assistance to Health Care Workers shows the solicitude of the Church for the sick by helping those who serve the sick and suffering, so that their apostolate of mercy may ever more effectively respond to people's needs.

Art. 153 – § 1. The Council is to spread the Church's teaching on the spiritual and moral aspects of illness as well as the meaning of human suffering.

§ 2. It lends its assistance to the particular Churches to ensure that health care workers receive spiritual help in carrying out their work according to Christian teachings, and especially that in turn the pastoral workers in this field may never lack the help they need to carry out their work.

§ 3. The Council fosters studies and actions which international Catholic organizations or other institutions undertake in this field.

§ 4. With keen interest it follows new health care developments in law and science so that these may be duly taken into account in the pastoral work of the Church.

Subjects of the Scientific Conferences of the Pontifical Council for Health Care Workers

Pharmaceuticals at the Service of Human Life, 23-25 Oct. 1986

The Humanization of Medicine, 10-12 Nov. 1987

Longevity and the Quality of Life, 8-10 Nov. 1988

To Live: Why? AIDS, 13-15 Nov. 1989

The Human Mind, 15-17 Nov. 1990

Drugs and Alcoholism against Life, 21-23 Nov. 1991

Disabled Persons in Society, 19-21 Nov. 1992

The Child is the Future of the Society, 18-20 Nov. 1993

To Know, Love and Serve Life, 24-26 Nov. 1994

Vade et tu fac similiter: from Hippocrates to the Good Samaritain, 23-25 Nov. 1995

"In the Image and Likeness of God: Always?" Disturbances of the Human Mind, 28-30 Nov. 1996

Church and Health in the World. Expectations and Hopes on the Threshold of the Year 2000, 6-8 Nov. 1997

The Church and the Elderly, 29-31 Nov. 1998

The Economy and Health, 18-20 Nov. 1999

Health Care and Society, 16-18 Nov. 2000

Health and Power, 15-17 Nov. 2001

The Identity of Health Care Institutions, 7-9 Nov. 2002

Depression, 13-15 Nov. 2003

Palliative Care, 11-13 Nov. 2004

The Human Genome, 17-19 Nov. 2005

The Pastoral Aspects of the Treatment of Infectious Diseases, 23-25 Nov. 2006

The Pastoral Care of Sick Elderly People, 15-17 Nov. 2007

Pastoral Care in the Treatment of Sick Children, 13-15 Nov. 2008

Ephphatha! The Deaf Person in the Life of the Church”, 19-21 Nov. 2009

Toward an Equitable and Human Health Care in the Light of the Encyclical
Caritas in veritate, 18-20 Nov. 2010

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