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Meaning of resources in social inclusion



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Introduction

Social inclusion understood as the process of integrating marginalized and excluded persons with the general population and restoring people at risk of exclusion to the mainstream society, is the opposite of social exclusion, which means exclusion from social life of individuals and groups mismatched to current social, cultural, professional or economic trends.

In a changing world it comes to the numerous and increasingly rapid changes in almost all areas of life. This is related to the development of new technologies, economic and social innovation, combining science and business, economic development and growth in citizens wealth. In parallel, however, also increases the sphere of unemployment, poverty, homelessness and marginalization of individuals and entire groups who are unable to cope with the rapidly changing world. Those at risk of marginalization are: workers with long work experience who can not cope with new technologies replacing human in the workplace, people with a low level of entrepreneurship who were not able to find on the labor market after losing their jobs in state institutions and large companies, or people with disabilities who find it hard to compete in the open labor market. Also young mothers are marginalized, especially single mothers, where employers are afraid of frequent absences from work due to child care. Excluded from social life are people addicted to psychoactive substances, and also increasingly, those who are addicted to activities such as gambling, sex or shopping. New developments also bring new risks to human life and functioning. Excluded are also prisoners leaving the prisons, who often do not have home and work, and they remember the world from a few or several years before. After leaving the prison they sometimes can not use the mobile phone, tickets machine or don't know the power of the Internet. A group of people who are excluded, deprived of their rights and social benefits are homeless. Homeless people usually have lost everything: job, home, family, health, and often a sense of dignity. Currently, new groups of people at risk of exclusion are still identified, based on certain criteria, e.g. the availability and competitiveness in the labor market, wealth, access to certain goods or use of the latest achievements of science.

The scientific literature, mainly sociological and psychological, points to the number of social, economic and psychological conditions of marginalization and social exclusion. The causes of social exclusion seem to be fairly well understood, and on its basis the prevention programs are developed. In terms of social inclusion, which has now become an important task for all European countries, the most important factor for positive change, or successful inclusion of marginalized into professional and cultural mainstream, is a readaptation potential of marginalized people and social capital of the environment of persons at risk of exclusion or excluded.

The efficiency of transfer the marginalized people into the mainstream of social life is determined by hard variables such as possession of work, home or apartment, other ma-

terial goods, social position. In the mental sphere the effectiveness of inclusion is assessed through the growth of: sense of quality of life, coherence, rooting and the level of social adaptation.

The readaptation potential assumes the possession of a certain level of resources, especially a managing resources that will allow the person to run resources gaining, initiate gaining spiral and build the development potential. People with very low resources, especially personal characteristics, activate the processes of resources conservation, leavings of the resources, they are not open to change and development. The aim of the research is therefore to know the level of resources to enable the process of obtaining further resources, the structure of these resources and their correlations with other personal and social variables.

In the publication we present several research projects dealing with relationships between personal and social variables performing a particularly important role in the social inclusion of people at risk of exclusion. The results of the studies contained in this publication contribute to a better understanding of human functioning in a situation of social exclusion, are the inspiration for further research in this area and a base for planning research-based strategies for social inclusion of groups at risk of exclusion.

Chapter 1

Inclusion. Social Theoretical Considerations on Rawls' Theory of Justice

Jochen Ostheimer

ABSTRACT

In his theory of justice, Rawls writes about the just society. For methodological reasons, he excludes certain groups who actually belong to the society, as we know it. Amongst them are persons with severe disabilities. This article argues that this group of persons can and should be included in Rawls' theory. The notion of society as a cooperative community which often is understood in narrow, economic terms is decisive for the development of this argument. More consistent, however, is a broad and cultural interpretation.

Keywords: Justice, Rawls, disability, contractualism, cooperation, society

Introduction

In a sense, John Rawls describes his theory of justice in terms of a story. In a primordial, pre-social situation, people discuss very basic, normative principles, according to which they wish to build a society. If one remains within the context of this narrative, then the question arises, "who is allowed to participate in these negotiations?". Leaving the level of the story, and proceeding to analyse the theory, which includes the concept of the original position, then it may be asked, which groups of persons are to be included in the theory, and which are to be deliberately excluded or inadvertently overlooked? Within the story, what can be considered as participation, and can be analysed from the point of view of a social theory, as a matter of inclusion and exclusion. Which groups of people are present in Rawls' theory of justice, and which are excluded? Furthermore, upon what shall such inclusions and exclusions be based?

The following considerations take a social theoretical point of view, i.e. they reflect Rawls' concept of society. The focus is directed to the social theoretical exclusion of people with disabilities, who were initially overlooked in Rawls' concept of an "ideal theory."

From the point of view of “theory aesthetics” (Nassehi, 2003, pp. 16–17, 82–85), it will be determined, by which internal structural means Rawls’ theoretical model attempts to make this exclusion plausible. In following this analysis, the slight differences between the various books and essays by Rawls shall not be discussed, because these considerations are systematic and not relevant to the historical development of Rawls’ thinking. In the next step, various critical objections are discussed, and in the last step, an own approach to the social theoretical inclusion of people with disabilities is developed.

Creating a Social Contract

In order to form an ethical basis for his principles of justice, Rawls develops a contractual argument. As an intellectual experiment, citizens – or strictly speaking, parties that represent all citizens, but this difference is not relevant – discuss the basic social order, the so-called political conception of justice, being subject to certain conditions, which should guarantee impartiality, and thereby a moral point of view. These terms have come to be included in the notion of the original position.

Decisive in such contractualist arguments, as Rawls points out very clearly, is the refinement of the conditions of the discussion, i.e., of the original position. Both the initial assumptions and the result must match the considered judgment of an average member of modern society. It must be possible to bring this into a reflective equilibrium, and to create a coherent, comprehensive result (Rawls, 1975, pp. 37–39, 628; Nida-Rümelin, 2002, pp. 24–27; Nida-Rümelin, 2006, pp. 89–98). If discrepancies exist, the conditions of the original position may be modified, the principles of justice may be amended, and/or the critical judgment as well as the normative supportive beliefs may be corrected. Correspondingly, it is “not proper to treat the concept of the social contract as an instrument of ultimate cause, but as a clarifying instrument of hermeneutic constructivism” (Kersting, 2000, p. 82; Maus, 2006, p. 85) which in a critical reflection explains the moral foundation of a culture.

Social Theoretical Exclusions

Parties representing all social groups, according to their socioeconomic status, participate in the original deliberation. Rawls cites the example of ordinary workers, without specifying the notion of social groups. In particular, he doesn’t give any criteria concerning what constitutes a social group. Instead, it is crucial for him that all social groups are represented, and that all participate on an equal footing, in the negotiations. All the groups that belong to the society are to be involved in the deliberations. Who then belongs to society, according to Rawls?

Like most contract theorists, Rawls builds upon the concept of the fundamental equality of all citizens. They are equal in terms of their moral capacities, and thus in terms of their status, as moral subjects. They have two moral assets, namely a sense of justice and the ability to formulate, to revise and to follow an idea of what is important in life, that is, a concept of the good. Moreover, they are equal in terms of their abilities. Although the fundamental equality of the members of society is indeed based on experience in general, nevertheless it is an axiomatic establishment. On the whole, it is believed that citizens “have the necessary

assets and skills to be normal and cooperative members of society throughout their lives” (Rawls, 1998, pp. 159, 86–87, 104). The mention of the whole lifetime means that childhood and old age as anthropologically normal phases of human development cannot rationally and reasonably be regarded as grounds for the diminishing of one’s civil status. The same applies to minor illnesses and injuries (Rawls, 1998, p. 87; Rawls, 2003, pp. 264–268). However, Rawls would have had to take into consideration that in light of the costly state of advanced medicine the expenditures for severe illness and in the last phase of life may be significantly higher than for people with disabilities. Rational partners in this discussion would certainly be expected to take this into account.

Although the assumption of equality is fundamental and far-reaching, it is still not comprehensive. In his theory of the just society, Rawls calls for four prior methodical exceptions, to respond to actual power asymmetries, and which Rawls hereinafter treats differently (Rawls, 1998, pp. 87–88; Rawls, 1975, pp. 34–556). First, the society consists of people. Non-human beings, especially animals, or, according to the Gaia concept, biospheres, species, or the earth as a whole (Lovelock, 1982), are excluded from consideration, and are thus beyond the scope of justice. Secondly, the society is closed, in the sense that only by birth one enters, and only by death one exits. Matters of immigration or international relations are not an issue. These aspects are treated later in Rawls’ “The Law of Peoples” (Rawls, 1999). A third exception concerns future generations. Yet, Rawls is able to methodically integrate this group in further considerations with the “principle of just savings” (Rawls, 1975, § 44) as the central concept. Fourthly, and this is the relevant aspect here, he establishes a condition for the status of a citizen, as being dependent upon a minimum level of relevant assets for social cooperation. The mere fact of being human is not enough. This fourth exception applies to people with severe disabilities, people with severe dementia and people who are permanently in a coma. Without clarifying whether these three cases must be treated differently, disability will become the reference point of the following considerations. Examining this exception, it is to be noted that Rawls initially proposes an “ideal theory,” which focuses on the “normal case” (Rawls, 1998, pp. 384, 86–87, 93, 277–278; Rawls, 1975, p. 118; Rawls, 1992a, p. 122) and so certain special difficulties are not taken into consideration. This is methodologically quite understandable. However, Rawls never takes the step toward a “real world” theory. He even himself considers it questionable whether his approach is able to close this gap (Rawls, 1998, p. 88; Rawls, 2003, p. 270). He considers the obligations to people with disabilities as obvious, and due to this, the conception of justice as fairness must be extended accordingly, or possibly supplemented by another concept (Rawls, 2003, p. 270). As a matter of fact, people with disabilities are not part of the ideal concept of society, and they are not involved in discussions and decisions about the normative basic order of the society (Nussbaum, 2010, p. 58).

This article argues that the exclusion of people with severe disabilities both from the deliberations in the original position, as well as from the application of the two principles of justice is inconsistent. The criticism of Rawls’ theory is developed within the framework of this theory itself, and not, for example, from the vantage point of a communitarian or a Capability approach.

Critical objections to Rawls' theory

The marginalization of people with disabilities from the theory of justice is widely criticized. Here are presented five approaches which try to justify the consideration of people with disabilities in Rawls' theory of justice. They will be briefly addressed and critiqued. Afterwards, my own line of thought shall be submitted.

A comprehensive and multifaceted critique comes from the pen of Kittay. It addresses both people with disabilities, as dependents, as well as those who care for them as family members, volunteers or professionals, whom she calls "dependency workers". This second aspect, which is however only scarcely convincing, will not be pursued here.

One critical point that Kittay brings forward concerns the Rawlsian theory of the person. Kittay reproaches Rawls for circumventing human vulnerability (Kittay, 1997, p. 222; Kittay, 1999). She is right, in that vulnerability is not an issue for Rawls. But it is covered by the familiar notions of normality, on which Rawls' thoughts are based. If vulnerability, however, is understood as an anthropological statement, it belongs to what Rawls calls a "comprehensive doctrine", and thus cannot serve as a starting point of political philosophy, since any such theory cannot be based on such presuppositions.

Furthermore, Kittay proposes to include the circumstances of justice, which Rawls takes from Hume, namely the aspect of dependence (Kittay, 1997, p. 227; Rawls, 1975, § 22; Barry, 1989, pp. 152–163, 179–183). Certainly, vulnerability cannot be equated with the objective circumstance of scarcity. But for Rawls it is sufficient that such needs call for appropriate means, and that these are in fact at least moderately scarce. Therefore, it is strategically sensible for this theory to omit what is not necessarily required, in accordance with Occam's razor. Furthermore, Kittay demands that the list of basic social goods be expanded, so as to include special care needs. Her intention is sensible. However, she argues on the wrong level of concreteness, and her considerations do not reflect the abstractness of the social goods (Kittay, 1997, pp. 236–237). Income and wealth represent the part taken for the whole all material goods and expressly include health care (Rawls, 1992b, p. 179; Rawls, 2003, p. 265).

Moreover, Kittay brings out that the social bonds which arise from relationships of dependency and care are more basic and stronger than are political and economic relationships, to which Rawls refers. But this finding is not sufficient to support the postulate of another principle of justice which is to socially institutionalize care (Kittay, 1997, pp. 234–235).

On the whole, Kittay brings out some problematic points in Rawls' theory. However, her arguments do not ordinarily take place on the proper level of abstraction. Rawls assumes four levels of normative setting, where the veil of ignorance is lifted gradually: the political conception of justice, the constitution, the legislation and finally the executive actions of the state administration and the jurisdiction (Rawls, 1975, § 31). Most of Kittay's claims belong to the level of ordinary legislation, and not to a political conception of justice.

Another stimulating interpretation comes from Stark. The central point of reference of this analysis is the assumption of full working capacity. Stark proposes to maintain this suggestion in the concept of the original position, while leaving it aside on the level of the constitution (Stark, 2007, p. 138). On this level of concretisation, those who vote on the constitution would determine the highest possible social minimum, which is limited only by the requirements of efficiency, which are laid down in the difference principle. This guaranteed minimum covers the particular needs of people with disabilities. The normative basis for their claims would therefore not be the difference principle, but the guarantee of a social

minimum. Rawls treats such a guarantee of a subsistence level of material assistance only tangentially and unsystematically. It is placed beside the two principles of justice, sometimes it is even prior to them, but it shall not be enshrined in the constitution (Rawls, 1998, pp. 71–72, 258, 330–331; Rawls, 2003, pp. 85, 199–203; Rawls, 1975, pp. 308–311). It thus remains on the whole a foreign body in Rawls' theory, which however, probably could be inserted into it.

According to Rawls, the drafting and adoption of the constitution is the second step of concretisation, after the resolution of the political conception of justice. On this level, the veil of ignorance is lifted a little. Stark's assumption is that the voters for the constitution, in contrast to the parties in the original position, know that people are not always and entirely able to cooperate, therefore it may seem to fit Rawls' methodological guidelines. But the real question is why it can be presumed that the parties in the original position have a false knowledge, namely the adoption of the full working capacity of all citizens. This presumption is not a broadly harmless abstraction, but an idealization which introduces additional presumptions in the argument, without being suitably substantiated (O'Neill, 2006, pp. 34–37). Stark skips this problem. She may and must ignore it, because she accepts as self-evident the concept of society as a cooperative community in a narrow sense (the criticism of this social theoretical conception is undertaken in section 5).

The considerations of Lister, as another critic of Rawls, are not focused on personal or social theory, nor do they suggest corrections to the original position. Instead, Lister proposes a new interpretation of justice. The objective of distributive justice, as Lister envisions it, is the establishment of valuable relationships, in which all parties mutually recognize each other as morally equal. In a second step, he argues that the difference principle shall be restricted by the condition of reciprocity. The commands of distributive justice are limited by the reasonable expectation that all participate in joint cooperation. This requirement, however, is to apply only to those who are capable of cooperating, but are unwilling, but not to the unfit (Lister, 2011, pp. 107–109). This at least leaves open the possibility that even people with strong impairments are covered by the principles of justice.

These considerations imply that Rawls' assumption of the ability to cooperate must be dropped. For it is contradictory to the more fundamental assumption of moral equality. Thus, Lister suggests an ethical embedding of the elements of the theory of rational choice, just as Rawls does in some statements. The starting point of Brighouse's considerations is the assessment that people with severe disabilities are a normal part of any society. Hence, they cannot be treated as exceptions in a theory of justice, as is the case in Rawls' ideal theory (Brighouse, 2001, pp. 538–539). To account for this population adequately, an extension of Rawls' theory is necessary, but to continue to be in accord with the Rawlsian theory, three restrictions must be taken into consideration. The supplementing must be based on the list of basic social goods, recognize the primacy of the principle of freedom and develop a principle limiting the redistribution in favour of the worst-off (Brighouse, 2001, p. 540).

Brighouse sees the two-staged main task in modelling the original position in a manner, in which differences in the distribution of natural talents are respected by the parties and at the same time compensation measures are effectively limited. To solve the first part of the task, Brighouse suggests subdividing the original position in two phases (Brighouse, 2001, pp. 549–558). The first one corresponds to that which is described by Rawls. In the second phase, the parties are aware of the results of the first round of decision, and take into account the fact of disability in a special way. They thus deliberate on additional support for

the disabled members of society. Hence, in contrast to the difference principle, the focus on the relatively best worst social situation is no longer prior, and the reflections are not guided by the maximin rule, but by the criterion of acceptability. This criterion could be determined from the perspective of the key concept of the social bases of self-respect. A second approach is based on the guiding principle of correcting impairments in natural amenities by medical-technical measures. Such options are ever more available, the further the technical and economic development of society has progressed. This will be all the more the case, the more incentives are offered to individuals to be productive, so that by analogy with the fair savings principle, an intrinsic limit is to be put on the promotion of expenditures for disabled people.

The much-touted problem in a Rawlsian society, which Brighouse also widely discusses, is that redistribution will not end. The issue arises when the difference principle is interpreted according to one side only: All resources must be made available to the poorest, in agreement with the principle of the distribution of basic goods to the needy, until another population group threatens to slip to the lowest level. This focus on the benefits for the worst-off must be complemented however, by the perspective of efficiency: Redistribution must not bring long-term harm to economic growth, and thus the social development of prosperity, because this is detrimental to all, and therefore also for the poorest (Kersting, 2000, pp. 106–109). This inherent limit is included in the difference principle. Brighouse ends with this criterion, too. Although he formulates many thought-provoking insights on this path, his road is unnecessarily cumbersome.

Nussbaum presents the most extensive critical review. Her objections and corollaries – and Nussbaum sees a family relationship between Rawls' theory and her approach, in which Rawls' "own concerns are developed, rather than replaced" (Nussbaum, 2010, p. 21) – are complex and highly differentiated, so that hereinafter only certain important aspects shall be singled out. Similarly to Kittay, Nussbaum also rightly points out that with regard to the way a society deals with people with disabilities, two aspects have to be addressed. In addition to potential claims by the persons affected, which are discussed in this article, with regard to the de facto social practice, the burden of those people caring for people with disabilities must be considered. This is about the value and appreciation of nursing, primary care and education work (Nussbaum, 2010, p. 144; Krebs, 2002; Ostheimer, 2012). These aspects, however, have their firm place within the scope of the difference principle, and do not provide any special challenge for Rawls' theory.

Nussbaum is right with her socio-psychological assessment, that the way people with disabilities are perceived and treated in society has an impact on how society deals with people who are frail, due to age, illness or accident (Nussbaum, 2010, pp. 146, 185–186). Yet, that their claims are morally similar and have to be considered in the same way in the original position, must be argued for explicitly, since Rawls denies this view. Moreover, Nussbaum's argument is too concrete, it does not belong to the original position. It requires more knowledge about the social contexts and the cultural patterns of normality, than can be assumed about the parties.

Furthermore, Nussbaum criticizes that there is a subliminally objectivist understanding of disability in Rawls' theory, which does not consider that many functional impairments are communally shaped by their social contexts, such as regarding the manner in which buildings are constructed or public transport systems are designed (Nussbaum, 2010, pp. 162–163). This, however, does not constitute a major objection to Rawls, because he

does not draft an ethical theory of disability, and therefore such distinctions do not need to be drawn.

Another important question which Nussbaum raises concerns the relationship between justice and rationality. Contract theories ascribe a minimum of reason to the parties for obvious reasons, since otherwise, as everyday experience shows, they were not able to reach an agreement. In the social contract theory, the status as subject as well as object of justice claims is linked with rationality. Consequently, those who have very limited cognitive abilities are not capable of having an active place in the considerations concerning matters of justice (Nussbaum, 2010, pp. 83–84, 98, 186–187), which is not the case for example in a sufficiency theoretical, a human rights or a capability approach. At this point, there is a discrepancy between Rawls' theoretical assumptions and the "well-considered judgment" of many members of contemporary society which should be in a "reflective equilibrium" (Rawls, 1975, pp. 67–73; Rawls, 1998, pp. 72–76). At this point, further reflection is needed.

On the whole, Nussbaum brings out some important aspects which a theory of a just society must consider in view of persons with a severe disability. As it is the case with Kit-tay's criticism, not all of these aspects are significant for the political conception of justice. This implies that they are not situated on the right level of abstraction. Nussbaum's own considerations, which are based on neo-Aristotelian principles and unfold into her version of a capability approach, are not discussed here, even though they are very exciting, because the critical analysis of Rawls' concept is unfolded within the framework of Rawls' theory itself.

The modern society as a cooperative community

The following ideas try to reshape parts of Rawls' theory. They offer a proposal on how people with disabilities can be integrated in Rawls' concept of society. In doing so, they focus on the understanding of society. The Rawlsian society is the modern Western society, with the characteristics of the rule of law and democracy, the division of labour and industrialization, functional differentiation and pluralism. The societal ideal is the "well-ordered society". It is distinguished by the two features of justice and stability. Rawls' understanding of justice is fundamentally founded in these two principles of justice. The property of stability includes inner social peace, the common idea of citizenship, the collectively shared view that on the whole the society is just, and a relatively high economic productivity which helps to mitigate conflicts in matters concerning distribution and provides a material basis for citizens to pursue their own group, or milieu-specific concepts of life. On the whole, the society is to be thought of as a community of cooperation, as "a self-sufficient system of cooperation for all essential purposes of human life" (Rawls, 1998, p. 417, 81–89). People depend on mutual support for their well-being in many ways. They join together for mutual benefit and establish "a system of cooperation that serves the best interests of its participants" (Rawls, 1975, pp. 20, 105) and is intended to enable each to have a better life.

"Cooperation" is the central key to the interpretation of the concept of society. The understanding of the concept of cooperation is decisive for the conceptual determination of who is regarded as belonging to the society. In the writings of Rawls as well as in comments on him, with a certain simplification, one can find a narrow and a broad idea of cooperation, which are both not further discussed in those texts. In a narrow sense, it comes down

to economic cooperation. The respective benefits are material. Cooperation calls for a fundamental equality of abilities and skills of the partners (Rawls, 1998, p. 157; Ostheimer, 2015, pp. 11–16).

Comprehensively speaking, cooperation is considered to be more than a mere division of labour and market-mediated exchange relationships (Rawls, 1975, pp. 567–574; Hirsch, 2002, p. 13). Therefore, market and price theory are just one example of a cooperation system which is based on a contractualist design (Rawls, 1975, p. 141). The concept of social cooperation, like the related concept of the social good, is a fundamental social theoretical concept in Rawls' theory (Kersting, 2000, p. 72). The society as a whole is a "complex distribution structure" (Kersting, 2000, p. 59), it is a cooperative system in every respect. In this broad sense, rights, freedoms, opportunities, reputation or social positions are social goods which are socially generated and distributed – an idea which is developed more clearly in Walzer (1994) than in Rawls. The same applies to the wide range of culture, such as language, values, lifestyles, world views, philosophical orientations, literature, film, cuisine, etc. They are social goods, because no individual can create them alone. A broad conception of society as a cooperative community designates the factual precondition for the various types of interaction, as well as the normative condition for just cooperation. Only within such a framework inter-individual can barter ever arise, and be judged as morally legitimate. Thus, commutative justice is only a subordinated category, which is limited to a particular sector. The market model is not a comprehensive template for the design of the society, on the whole (Koller, 2004, pp. 62–67).

Inclusion: Being member of the society, participating in the original position and being considered by the difference principle

The ambiguity of the concept of cooperation creates significant difficulties for the interpretation of Rawls' entire theory. When cooperation is interpreted in economic terms, people who are incapable of cooperation are methodically excluded from contractual participation (Rawls, 2003, p. 262), but can be integrated, for example, by a second, subordinated argument, on the basis of solidarity. Therefore, social assistance for this group of people cannot be justified on the basis of arguments of justice, and hence not on the basis of the difference principle, but only in the context of the asymmetric relations of solidarity (Kersting, 2000). For only those can lay claim to social justice, who – to stick to the image – signed the social contract. Of course, it must always be clarified how much the social circumstances affect the lowering of productivity of such people. However, for people with very strong restrictions, the social factor is not significant.

The Veil of Ignorance

In which sense is Rawls' concept of cooperation to be interpreted? Rawls' remarks are not unambiguous. Therefore, the clarification of the notion of cooperation must start with the basic idea of Rawls' theory. An economic understanding of cooperation requires a minimum level of the capacity for work. For it is worthwhile for the fittest to associate only with those who are of similar ability. If this attitude which is based on individual, or one's own

group-based self-interest is made the basis of the contractualist reflection, only existing power relationships are fostered. This is the starting point of Gauthier's theory, according to which the social contract excludes all who lower the average level of welfare (Gauthier, 1986, p. 18; Barry, 1989, p. 163).

Yet, it is a philosophical requirement that the principles agreed on in the original position be "morally right" (Rawls, 1975, p. 142). The result of the decision must not be influenced "by arbitrary contingencies or the social power relations" (Rawls, 1975, p. 142). In order to prevent the exploitation of such morally accidental benefits, the proceedings about the political conception of justice take place behind the "veil of ignorance." The parties in the original position are deprived of essential parts of everyday knowledge. The veil of ignorance, which as an instrument of "epistemological de-individualization" (Kersting, 2000, p. 74; Kymlicka, 1997, p. 76) is part of the repertoire of methods of ethical recognition and justification, conceals three kinds of information: the knowledge of the personal situation and individual preferences, the knowledge of the particular social and living conditions, and the knowledge of the particular ideological beliefs existing in society (Rawls, 1975, p. 160–161; Hinsch, 1997, p. 81; Barry, 1973, p. 10). Hence, the contracting parties do not know the social position of those persons whom they represent, nor can they assess the likelihood with which those persons shall take their position. Likewise, they do not know the dominant social recipes for success, which allow for the advancement of personal and professional success. The concealing of these three kinds of knowledge creates procedural conditions, which are analogous to the formation of morality (Rawls, 1975, pp. 30, 168, 171–173; Höffe, 1987, pp. 48–49; Maus, 2006, p. 77; Hinsch, 1997, pp. 80–81; Dworkin, 1984, pp. 258–259). Every rational bias for one's own benefit is converted into a preference for a generally acceptable arrangement. The drive will remain: Each seeks his own advantage. But the goal is lost in the obscurity of ignorance, so that one's advantage can be sought only in the guarantee that a good minimum position is assured for all. The guidance is based on general principles that are suitable for everyone's pursuit of benefit. Thereby, the procedure guarantees the adoption of a general point of view, and thus, Rawls can maintain the unanimity of the agreement, which functions as the "criterion of practical truth" (Kersting, 1994, p. 270; Rawls, 1975, p. 296).

The question of whether the parties in the original position know of the possibility of disability as an anthropological fact, and whether or not they give it due consideration is decisive for the further argumentation. This should be presumed to be true. For in the original position, the parties know "the general facts about human society [...] which arise from common sense and the generally recognized methods of analysis" as well as "the laws of the psychology of man" or "all the general facts which are important for the setting of principles of justice. With respect to general knowledge, that is, general laws and theories, there are no restrictions" (Rawls, 1975, pp. 160–161).

In contrast, Nussbaum reckons that the general knowledge of the parties in the original position encompasses the awareness of which impairments occur frequently, and are therefore considered as normal and others, which are extraordinary. Therefore, they can exclude people with serious disabilities on the basis of reciprocity, because the expenditures which ensure their equal participation in the society are above average (Nussbaum, 2010, p. 168). Yet, this interpretation underscores the fact that the parties decide according to the maximin rule, rather than weighing the benefits of various options.

The Maximin Rule

The decision to be taken by the parties in the original position is one of the most important commitments of all, because the social institutions determined in this way profoundly affect the living conditions of all members of society. Therefore, the parties seek to reach a high level of security, and this means they make their decision according to the maximin rule (Rawls, 1975, pp. 177–181; Rawls, 2003, pp. 156–157). From amongst all the social orders, they choose the one which offers the relatively best position for the worst-off. This is not only rational, it is moreover an interpretation of impartiality. For a choice which is not able to fulfil every wish, is just, if it is the least undesirable option from the standpoint of those to whom it is least welcome (Nagel, 1994, p. 98).

Under the conditions of Western levels of prosperity, this rule of decision-making guarantees that the worst social position turns out in any case tolerably. This is achieved by two principles of justice. The first ensures the fundamental liberties, which nobody will reasonably jeopardise. By this, the absolute priority of the first principle is at the same time justified. Second, the parties would actually vote for an equal distribution of the material goods. But they refrain from this for reasons of efficiency, and so they choose the difference principle in conjunction with the principle of fair equality of opportunity. Rawls' assumption, that the parties in the original position would vote for securing the fundamental liberties and a minimal subsistence, has a high plausibility. Whether this also applies to the difference principle, however, is no longer true to the same extent.

The empirical studies of Frohlich & Oppenheimer suggest that given a secured social minimum for everybody, people would opt for maximizing the average utility (Frohlich & Oppenheimer, 1992; Ladwig, 2002, p. 104–105). According to Brickman however, the subjects' behaviour is more or less similar to that which is described in Rawls' theory. Though, the motivation remains open; the motive for the vote for the difference principle might be compassion, too (Brickman, 1977). According to the study by Mitchell et al., the test results and Rawls' assumption are broadly consistent with one another, if the subjects deem effort and yield as being coupled together only in a weak manner (Mitchell et al., 1993; Elster, 1995; Rawls, 1975, § 49; Rawls, 2003, pp. 188–203). In all these experiments, however, it is questionable whether they are located on the right level of abstraction, in the sense of Rawls' four-stage scale. Mostly, the decisions of the test subjects concern singular distributions, and not the normative principles for governing the design of social institutions.

Social Theoretical Inclusion

Against the background of these considerations, it can now be clarified to what degree moral and cooperative skills are needed of citizens. Assuming, like Rawls does, that the parties in the original position firstly do not know their later position, secondly, know about the possibility of disability, and thirdly vote according to the maximin rule, so as to minimize risk, then the assertion can be justified that persons with disabilities enjoy the same protection of fundamental rights, and that they are covered by the second principle of justice.

The parties in the original position may methodically exclude disability without self-contradiction only under the condition that they know that they cannot be affected by disabili-

ities. Such knowledge is indeed impossible behind the veil of ignorance, but Rawls adds it as a part of the definition of the person to his concept of the original position: People are able to cooperate to a sufficient degree. Therefore, it remains to be explained whether this obvious counterfactual restriction can be substantiated.

Rawls cites two weak arguments: “The consideration of these difficult cases would prematurely raise questions that could lead us beyond the theory of justice and also distract our moral perception to people who are very different from ourselves, whose fate invokes in us pity and fear” (Rawls, 1975, p. 118; Rawls, 1998, p. 87; Rawls, 2003, p. 262). The fact that these people are very different from “us” would need to be spelled out in detail within an anthropological theory. That people elicit pity and fear (in whom?), is still not a sufficient reason to exclude them from philosophical reflection. It may be a legitimate consideration that the questions come at the wrong time. Yet, the right time never actually comes about in Rawls’ theory.

A third reason stems from the methodological concept of the original position. Rawls varies in this respect between the formulation of a moral point of view and the acceptance of a rational-egoistic perspective, with reference to the theory of rational choice. The latter focuses on individual advantage. Cooperation with partners with weak power is irrational. If this line be traced further, Rawls would need to substantiate, at least according to which criteria the boundary is to be drawn. For the greater the ability to work, without regard to how it should be measured, the higher are the average results the participants can expect. But it is precisely Rawls’ main concern of to conceive of the situation of decision in a way that morally accidental circumstances will be given no consideration or weight. Therefore, they disappear behind the veil of ignorance: “If we start with the basic ideas [that natural endowments, social circumstances and good fortune are morally arbitrary] [...] as the underpinnings of the difference principle, it must seem quite bizarre to claim that people who enjoy less than rude health (mental and physical), and especially those afflicted with a disease that gives rise to ‘unusual and costly medical requirements,’ create peculiar difficulties for a theory of justice. Search conditions are, we might think, the paradigm of this kind of undeserved misfortune, whose translation into actual disadvantage Rawls describes as arbitrary from a moral point of view” (Barry, 1989, p. 244).

For these reasons, a specified minimum level of moral and cooperative capabilities is to be rejected as prerequisite for being taken into consideration in the discussions and decisions in the original position. Furthermore, the concept of society as a cooperative community is to be understood in a broad sense, as indeed Rawls himself explicitly writes in some places. Thus, people who are not able to work can nevertheless appeal to the difference principle and participate in intra-societal exchange. The social care for this group of persons is a statutory duty in a well-ordered society.

The common moral belief can be maintained and is consistent with the basic concept of Rawls’ contractualist theory that people with strong disabilities are entitled to just treatment, and are not to be regarded as mere objects of charity. So, it is not necessary to abandon the contract theoretical concept. It is also not necessary to ascribe to the parties in the original position an altruistic orientation or strong moral convictions. Nor is it necessary to expand the list of basic social goods which are a guideline for the deliberation of the parties in the original position or to replace them with capabilities. It is enough to move away from the narrow concept of cooperation and its implications and to draw realistic people – and

Rawls indeed is a proponent of close ties to realism – and to impute this realistic picture of the person to the parties of the original position.

Conclusion

To claim a just standard of treatment in society requires having participated in resolving the political conception of justice by a delegate. Of course, the original position is only a thought experiment. Transferring these considerations from the imaginary to a factual level, the exclusion of people with severe impairment of their ability to work in the ideal theory means that they are beyond the realm of social justice. Their participation in society is not assured. The salient point of the argument for or against this theoretical exclusion is the understanding of society as a cooperative community. Both narrow and broad interpretations find clues in the texts of Rawls. Here a wide, socio-cultural interpretation was given preference, which leads to quite a few further changes in Rawls' theory of justice. In particular, the strategic rational calculation of advantage of the parties in the original position needs to be modified. The profit of this interpretation lies in greater consistency as well as in the strengthening of the reflective equilibrium.

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Chapter 2

The sense of positive responsibility as a factor that protects against threats

Irena Mudrecka

ABSTRACT

This article focuses on demonstrating that the sense of positive responsibility is one of the personal resources of each individual that protect them from the threats in the contemporary world. In order to address this issue, the author describes the terms such as responsibility, sense of responsibility and sense of positive responsibility. The author goes on to discuss how the sense of positive responsibility develops and suggests recommendations for parents and educators for shaping and reinforcing the sense of responsibility. Finally, the article emphasises the importance of the sense of positive responsibility in taking actions designed to protect values and spread good.

Keywords: responsibility, sense of responsibility, sense of positive responsibility, values, education

Introduction

The theoretical basis for this study is provided by the concept of resilience, which argues that research should focus on the endogenous and exogenous factors that facilitate positive human adaptation to environmental conditions. One should not only focus on human weaknesses, disorders, deviations and suffering but rather on developmental capacities and possibilities that empower the individual to live a good and happy life. In addition to identifying risk factors that threaten the human well-being, it is important that protective factors, such as individual characteristics, situations and external conditions which increase resilience to risk factors or counteract their negative effects be identified at least to the same extent, if not greater (Luthar, 2006). Protective factors are those individual resources and intrinsic or extrinsic capacities that allow the individual to overcome hardships despite unfavourable circumstances and provide even greater resilience to such hardships in

the future. Preventive social measures should therefore focus on these factors to reinforce, support and develop them (Mudrecka, 2013).

This article is to demonstrate that the sense of responsibility, and the sense of positive responsibility in particular, is a personal resource that protects the individual against the threats faced in the contemporary world. It is the sense of responsibility that allows the individual to successfully navigate the ever more complex social environment. Effective individual behaviour is manifested in making such decisions in one's life that bring about as many positive outcomes, and as few negative outcomes (costs) for oneself and for other people, as possible.

In view of the failure of external control mechanisms and the constantly extended personal liberties of the contemporary man, the importance of responsibility continues to grow. The right to freedom is an achievement of modern civilisation, but freedom without responsibility is a misconception of the former. For freedom exercised without responsibility restricts the freedom of others, violates their inalienable rights, does harm to oneself and others, and, consequently, forms pathological behaviour. Therefore, children and teenagers, who are becoming part of society, should be prepared to take up social roles by being brought up in the spirit of responsibility. Indeed, the constantly changing reality requires that one march to a different drummer, make bold and innovative responses to novel situations, and develop one's own problem-solving approach – without the sense of responsibility, each decision in one's life carries an element of risk. Therefore, adults, i.e. parents and educators, need to support the development of the sense of responsibility in children, so that they acquire the skill of anticipating the consequences of their own actions, and to recognise the need of having a reflective attitude towards themselves and others, to analyse recurring situations, draw conclusions, learn from their mistakes, while containing their consequences (Mudrecka, 2010).

Responsibility versus the sense of responsibility

Informally speaking, the notion of responsibility is well-established and seems to cause no misunderstanding. In practice, the majority of people understand responsibility as the fulfilment of one's duties and is associated with a positive state that qualifies one as a mature person of worth. Responsibility is desired and respected, while the opposite is true for the lack thereof, which is considered to deserve reproach and punishment.

Responsibility is an ontological category, since "it describes the structure of human existence and its location within the world" (Filek, 1996, p. 15). People are responsible even when they behave in an irresponsible manner or when they are unaware of their being responsible. The sense of responsibility, on the other hand, has a different meaning – it is an act towards emotional and volitional responsibility, similarly to the awareness of responsibility, the assumption of responsibility and the attribution of responsibility to somebody. The awareness of responsibility gives rise to the sense of responsibility, which, in turn, is a condition for assuming responsibility (Filek, 1996, pp. 10–11).

Responsibility, is defined as a necessity, moral or legal obligation to answer for one's actions and face their consequences, and the obligation to compensate for the loss or damage inflicted on another person. The sense of responsibility, on the other hand, is about being aware of one's obligations and responsibilities. In other words, the sense of responsibility is

one's ability to recognise the consequences of one's own actions and to assume responsibility for these consequences. The sense of responsibility is inextricably linked to the possibility and ability to make independent decisions, while being aware of one's power to decide one's faith, and moral development, which is generally based on experiencing moral sentiments in the event of non-compliance with social standards. The sense of responsibility for one's own behaviour, internalised moral standards, a well-developed sense of the duty to hold onto moral values, are all important determinants of a mature personality.

Adam Węgrzecki (1995, pp. 19–25) argues that responsibility is most evident in interactions between people. To a large extent, it is up to the interacting people to build up the relationship between them, depending on how one person responds to the other, and also their words, gestures, requests and actions. What is necessary here is to accept the uniqueness of the other party and to recognise what is crucial for them. Respect for the values of another person, their protection and positive reactions in the event of these values' being threatened not only determine the responsibility of an individual, but also create the atmosphere of trust within the interaction. Interactions are always personal and unique in nature, as is one individual creative towards another. Responsibility brings interacting people together but also delineates the scope of creativity.

Krystyna Ostrowska defines the sense of responsibility as "the state of intellectual and emotional readiness for analysing one's actions against their potential moral, mental, social and physical consequences for both the individual concerned and their environment" (Ostrowska, 1998, p. 14). Therefore, the sense of responsibility is conditional on the actual acknowledgement of one's reality, knowledge of oneself and others, and in particular the knowledge of values, social standards and scope of one's duties. The individual must also be emotionally involved in their interpersonal relations, show general kindness towards other people and actively seek to manage their relationships with their environment.

Dietrich Von Hildebrand categorises the sense of responsibility as one of the fundamental moral attitudes beside reverence, faithfulness, veracity and goodness. He argues that the sense of responsibility is moral awakedness, or the ability to grasp moral values that can develop only in a morally conscious man. "Only the man with this consciousness of responsibility can justly appreciate the impact of the demands of the world of values (...) He possesses that awakedness toward the world of values which places his life under its sword of justice" (Hildebrand, 1982, p. 29). Hildebrand distinguishes between a responsible and irresponsible man on the basis of their respective answers to the question of whether they can clearly recognise and understand values and their connection to the situation. The deeper grasp of the situation in terms of its values, and the demands presented by these values, determine the ability of providing an adequate response to these values. A truly responsible person is reserved in their assessment of their cognitive capacity and tends to compare their views with those of the individuals they consider morally superior, i.e. ones they look up to (Hildebrand, 1982, pp. 28–35).

The sense of responsibility reflects the individual's view of their own responsibility, which shows that it is a concept that is relative to one's experiences, thoughts and beliefs. Consequently, the sense of responsibility determines the way an individual experiences responsibility for themselves, the degree of thoughtfulness put into making decisions in different situations, the effort put into constant self-improvement, and the drive for self-development. It is an inner readiness to protect the values the individual considers their own or under their care. To this end, the individual is ready to sacrifice other things, such as

time, energy, or pleasures, because they know that otherwise they will experience some mental discomfort and unpleasant emotional tension associated with the pangs of conscience and the sense of guilt or shame. However, in order for the sense of responsibility to manifest itself, the individual must first acknowledge these values and internalise them. Values can only be recognised as one's own when social norms are learned and internalised. Therefore, the sense of responsibility can be considered to have its source in emotional, cognitive and social/moral development. These development areas are inter-dependent and it is difficult to approach them separately (Mudrecka, 2010).

The sense of positive responsibility as a factor that prevents negative outcomes

On the basis of his overview of standpoints on the issue of responsibility taken by various philosophers over the last century, Jacek Filek (1996, p. 12) established that there were two primary approaches to responsibility. The first approach, developed earlier, defines responsibility in hindsight as one's responsibility for any harm done and implies the need to hold the individual accountable for their wrongdoings. This is known as negative responsibility. The second approach, which continues to attract more and more followers, is associated with thinking ahead and advocates the need for pursuing what is good. This is defined as positive responsibility.

Deliberations about positive responsibility were first made by Georg Picht (1981, pp. 231–262), who argued that the notion had Christian origins. He regarded responsibility as an eschatological concept, but postulated that its understanding be extended towards universal responsibility. The underlying claim, that is the point of departure for understanding responsibility, is that responsibility has dual nature, i.e. the individual can either be responsible for something or somebody, or before somebody, e.g. a customer, who is the source of responsibility. This is legal and moral responsibility, but Picht argues that there is more to this understanding of responsibility. He goes on to advocate the limitlessness of human responsibility for history as a whole. He defines history as all processes in time and events for which humans are responsible, as compared to neutral environmental processes that are beyond human control. Humans are responsible before themselves, their conscience and their mind, but also “vis-a-vis history”. We are accountable for our actions and their consequences, or, in other words, for the past, the present and the future. Picht defines this universal human responsibility as accountability for the development of science and technology, and the condition of the natural environment, which is the basis for human existence. “Human responsibility goes as far as human capacity” (Picht, p. 251). And it seems that human capacity is limitless, or at least humans can be considered as continuously redefining what is possible for them, and responsibility should follow these changes. A responsible individual is one who is competent, but in addition to this specific responsibility there is also potential responsibility, under which each intelligent human is responsible for recognising their future tasks and constantly extending their competence.

Consequently, the sense of positive responsibility is conducive to thinking about the future, which, in turn, expands the individual's temporal perspective. The sense of positive responsibility helps recognise values, since it forces the individual to make conscious choices and to ask themselves questions about what is the most important in life.

This, in turn, makes people realise that the purpose of life is to go beyond one's individual needs and selfish goals – it shows that humanity is about being involved in the world as a whole and actively changing it to make it better and more human-friendly, which requires creative effort. The individual is then no longer a leaf on the wind but the maker of his own destiny, they go beyond being a mere product of some random external forces. Their choices are not motivated solely by the fear of punishment and the avoidance of negative consequences, but rather their commitment to doing good. The sense of responsibility understood this way is the source of self-discipline, conscious self-control, and human dignity, and the acknowledgement of the importance of each individual act. It is a framework made up of many skills and cognitive characteristics. Let me now list and describe those I consider the most relevant.

Since responsibility is inseparably linked to freedom, the way people understand and exercise freedom also determines their sense of responsibility. As a result of the economic and mental dependence on their parents, children and teenagers do not experience freedom in its mature form. They are on their way to freedom – one they will achieve by learning and developing their independence in respect of thinking and acting. Independence is manifested in the courage to be oneself (bravery) and to become a unique individual, which facilitates the search of different forms of expression for one's personality through the development of creativity. Bravery is associated with overcoming one's fears and anxieties, which restrict one's capacity to explore the external world. Healthy development is possible when children's need for safety is satisfied, as only then can they discover the world and participate in it on an independent basis. This creates a virtuous cycle, as it becomes easier for them to overcome fears, their sense of safety is heightened and independence and creativity improve. Independence is generally the ability to go beyond the accepted rules and standards of behaviour, to find solutions to novel problems, undertake attempts to avoid following the beaten track in favour of one's own, distinct solutions.

It is crucial for the development of the sense of positive responsibility to acknowledge one's power over one's destiny. On the basis of their own, unique experiences, individuals learn that they can influence the world around them. This realisation is associated with the locus of control. Individuals with an internal locus of control believe that their actions are effective, which spurs them to action, contributes to improved functioning and conditions the sense of responsibility for the consequences of those actions. People with an external locus of control, on the other hand, believe they have no influence over their destiny and that the outcomes of their actions are the by-products of their luck, coincidence and fate, i.e. external factors that are beyond their control. These people are more likely to develop neurosis, have depressive mood and attempt suicides, while also maintaining greater interpersonal distance and avoiding interactions with other people. This belief about having no influence over the outcomes of one's actions leads to reduced motivation to changes one's behaviour. When such individuals fail to comply with a standard, they usually absolve themselves and lay the blame for their behaviour on their environment or unfavourable situation.

The ability that is essential for self-control is the one to postpone the fulfilment of one's needs. Unfortunately, it is common knowledge that some children, teenagers and even adults are characterised by the so-called "short-term perspective", which predisposes them to seeking immediate fulfilment of their needs. Education should, therefore, aim to "lengthen" this perspective and to teach how to successfully postpone the fulfilment of

one's needs. More primitive types of satisfaction must be processed into more complex ones, that are more valuable in moral terms, and the achievement of these goals must be gradually extended in time. The ability to postpone reactions gives the individual the time to analyse and reflect on the situation.

It is also vital for the development of one's sense of responsibility to be able to predict, or anticipate, the consequences of one's own actions. Teenagers can already think in terms of concepts, so they should not have problems with recognising cause-and-effect relationships and, based on their experiences, drawing conclusions regarding the potential consequences of their intended actions. This type of imagination allows the individual to anticipate potential punishment, which provides an opportunity to modify their plans. Through the appropriate assessment of one's own skills, capacities and competences, the individual can accept only such tasks that are not beyond their current capabilities and guarantee success. Otherwise, individuals expose themselves to negative consequences of their actions, even though sometimes their intentions are good.

Initially, I had assumed that the most important part of the sense of responsibility was to be aware of the consequences of one's actions. However, the study I conducted showed that the cognitive element of the sense of responsibility (the awareness of responsibility) is not as powerful as the emotional and volitional ones. In fact, the study established that juvenile delinquents were no different from teenagers without any criminal record when it comes to their awareness of responsibility. In view of this, the awareness of the consequences of one's actions is not sufficient a condition for the development of the sense of responsibility that would provide an effective tool for self-control to empower the individual to refrain from behaviour that is inconsistent with social standards (Mudrecka, 2010).

Reinforcing the sense of positive responsibility

Nathaniel Branden argues that the sense of happiness and satisfaction with one's life is facilitated by and conditional upon accepting responsibility in one's everyday life. "The abandonment of personal accountability makes self-esteem, as well as decent and benevolent social relationships, impossible. (...) If we are to have a world that works, we need a culture of accountability" (Branden, 1999, p. 13). Branden further claims that responsibility is key to success in any area of life (family, work) and is the source of joy and inner strength that empowers us to create ourselves, our identity and autonomy. Responsibility needs to be rooted in reality rather than in fantasy, so the primary condition for responsibility is to achieve such a level of consciousness that allows the differentiation between facts and wishes, hopes, fears and illusions. Therefore, Branden believes that independent thinking is the most important act of responsibility.

He goes on to explain that the lack of responsibility is usually the result of abandoning one's independent judgement and feelings, and accepting as reality what other people expect from us (in our subjective view), and also accepting the opinions of other people (generally those held in high esteem), rather than one's own. Our self-esteem is then completely dependent on other people and leads to the obsessive need for social acceptance. Branden refers to this state as "social metaphysics", and defines it as "the psychological syndrome that characterises an individual who holds the consciousnesses of other men, not objective reality, as his ultimate psycho-epistemological frame-of-reference" (Branden, p. 66). Such

thinking leads to conformism, neurosis, manipulation of others, violence and lust for power. When we relinquish ourselves and renounce our self, we disclaim responsibility and we are free to do evil.

Branden argues that a person cannot be unambiguously assessed as responsible or irresponsible, because life comprises so many aspects that they can act differently in each of them, i.e. in some responsibly while in others irresponsibly. A responsible life is about being responsible for the degree of consciousness one brings into their actions, as well as for their choices, decisions and acts, the satisfaction of their desires, the beliefs and values they adhere to in life, the way they manage their free time, choose their friends and acquaintances, and treat other people, for what they do with their feelings and emotions, and their own happiness, well-being and life in general (Branden, p. 88).

On the basis of his long practice as a psychotherapist, Branden has developed a therapeutic programme, which not only helps to learn responsibility but also builds self-esteem and allows people to find their purpose in life. This therapy is based on the efforts of patients themselves, who need to confront the reality that surrounds them, to understand themselves, their needs and beliefs, and to acknowledge that they always have a choice. Branden believes that young people are the most likely to learn responsibility, firstly, from adults, who set an example with their behaviour, and secondly, from parents and teachers, who expect responsible behaviour from them (Branden, 1999, pp. 181–182). Responsibility is always individual, and vice versa, without responsibility there can be no individualism. Individualism is not about doing whatever one likes, but about demanding respect for one's rights, provided that this does not affect the rights of other people. Therefore, individualism means having such interactions with other people that are based on the exchange of material and spiritual values. To exploit other people by treating them as a means to one's ends is the opposite of individualism. When someone refuses to acknowledge the rights of other people, they are in no position to demand that their rights be respected (Branden, 1999, pp. 202–203).

In order for children to be able to learn responsibility, they need to have the chance to behave responsibly, so they need to be provided with the opportunities to make independent decisions and experiencing their consequences themselves. This can be achieved by gradually lowering the degree of control, which informs the child, in a non-verbal way, that parents trust them and believe that the child can handle difficulties in life. As a result, the child develops confidence that they need, can and are able to solve their problems independently. Such experiences improve self-esteem and develop the sense of self-efficacy, which are prerequisite for success in adult life. Their knowledge of their skills and capabilities is broadened, which allows them to make appropriate choices and set achievable goals in life.

Foster W. Cline and Jim Fay (2011) emphasise that mistakes made by children are perfect opportunities for them to learn responsibility. Smart upbringing is all about allowing children to make mistakes, provided that these do not pose a risk to their safety. These authors claim that overprotective and excessively critical parents make it impossible for children to learn responsibility. Therefore, it is important to trust that children will solve their problems themselves, while focusing on their fortes, talents, virtues and skills. The sense of responsibility has its roots in positive self-esteem, which encourages children to believe that they will manage, both here and now, and in the future, thus solidifying their confidence and optimistic outlook on life.

Upbringing in the spirit of responsibility requires that children be provided with conditions conducive to the development of self-awareness, independent thinking, “healthy” individualism, self-control and self-esteem, i.e. the conditions that are usually recognised as crucial for the development of responsibility. It is far too common a view to see parents, or even teachers, try to raise children in a disciplined, punishment-based manner, which renders them thoughtlessly following the orders of their “superiors” and passively submissive. This type of upbringing is referred to as raising for submissiveness and obedience. Doliński argues that submissiveness leads directly to pinning responsibility on people in charge, or managers, who are higher in the social or professional hierarchy (Doliński, 2000, pp. 188–189).

In principle, parents want to raise “well-behaved children”, but if they understand this objective as raising obedient and well-disciplined children who are submissive to people in authority, they often make many mistakes, which make it impossible for children to develop the sense of responsibility. This is, in particular, characteristic of parents, who believe that the mere fact of being a father or a mother gives them unquestionable authority, as a result of which they demand respect from their children, regardless of how they themselves behave. If they achieve their goal, their children are weak-willed, servile, passive, and dependent on others, have no opinions of their own and unable to live their own lives, which prevents them from feeling responsible for themselves and their future. If, however, parents meet with some resistance on the part of the child, they resort to more and more severe punishment, which can cause children to rebel, might teach them violence and produce a sense of being done wrong, which hampers the experience of moral feelings. When children show their dissatisfaction, think “differently”, express their emotions “unconventionally”, are “too” independent in their behaviour, have their own, unique opinions and articulate them openly, they are considered by their parents as defiant, which annoys them even more and escalates negative reactions, including the withdrawal of love as a “punishment”, which often leads to the emotional bonds between the child and parents being broken. The consequences of this educational “drill” are very serious, since the opposite of submissiveness, i.e. independence, leads to the child’s becoming completely resistant to environmental pressure, refusing to accept any people in authority and limits, including their refusal to accept responsibility for themselves, advocating freedom without limits as their ultimate value. In such a situation, children’s growth is at a risk, as it is subject to deviant, or even pathological, phenomena.

Responsibility has a well-established position in moral education. A number of authors have emphasised the role of educators in the achievement of moral maturity by their students. On the basis of the systemic concept of humans, Wiesław W. Szczęsny (2001) argues that the overriding objective of moral upbringing is the pursuit of inner harmony and, at the same time, of harmony with other people and one’s environment. This harmony is conditional on the decisions people make in specific situations. Educational practices are focused on developing complex cognitive and evaluative structures, which is where inner acceptance of a specific system of values takes place, and which guides one’s behaviour through decision-making. Szczęsny suggests that, by shaping their students’ systems of moral values, educators can, and should, refer to the values included in human rights, which are the foundation of human interaction. In addition to this basic moral education, students should also be provided with opportunities to discuss such issues as truthfulness, earning of trust (faithfulness and trustworthiness), kindness (good will, doing no harm to

other people, respecting private property, charity), tolerance, decency (gratitude, responsibility). In fact, Szczęsny recognises responsibility as a precondition for decency. Moral education should advocate only such measures that provide peaceful solutions to social conflicts. Szczęsny goes on to formulate guidelines for increasing the autonomy of students, as it is necessary for them to experience their freedom responsibly (Szczęsny, p. 142). Szczęsny further argues that the notion of homeostasis, which underlies the systemic concept, is closely associated with social responsibility, i.e. the responsibility of all people for the world and its future. In other words, he refers to contemporary globalism and universalism, which, in turn, delineates other responsibilities faced by the moral education of the younger generation.

Family, where the basic socialisation processes take place, needs to be involved in developing the sense of responsibility among young people. In addition to creating appropriate existential conditions, it is vital to satisfy the essential mental needs of children. These are necessary, but not sufficient conditions. Krystyna Ostrowska argues that the successful development of a mature personality within the family environment requires i.a. “[...] systematic measures designed to make children independent during their adolescence. This involves children having their areas of activity constantly extended to provide them with opportunities to test their abilities, skills, and competences, and assume responsibility for the consequences of their actions” (Ostrowska, 2009, p. 23). Therefore, it is crucial to provide children with doable tasks, which allow them to not only learn different skills, but also experience what success is and see that active problem solving can give them satisfaction and a sense of a job well done, while also providing them with a sense of responsibility for the outcomes of their actions. The effectiveness of the task method applied is, to a large extent, dependent on whether the requirements we impose on children are reasonable in view of the circumstances. This is where families must be supported by educational institutions. Schools must provide conditions conducive to learning some basic rules of social life and constructive methods for solving interpersonal conflicts. It is important to engage young people in the social life of the school, or even local community, as it provides a practical opportunity for taking responsibility for oneself and for others.

Conclusions

To conclude, let me refer to the work of Kazimierz Obuchowski, whose life shows that a man can overcome all adversity even under the most difficult conditions. The development of the sense of responsibility is indispensable for achieving autonomy, which Obuchowski defines as a specific type of human independence vis-a-vis the world as a whole, which allows people to achieve their goals, which are set as a response to previous or anticipated events and manifest their aspirations in life (Obuchowski, 1985, pp. 75–98). Therefore, it is crucial to consider independence among teenagers not as an end in itself, but rather as a means to achieving such goals in life that provide a sense of purpose and meaning in their life. It is about achieving mental freedom, associated by Obuchowski with intent and always linked with responsibility and respect for the freedom of other people. By mentally distancing themselves from everything that can be objectified (even their own fears, pain, feelings of inferiority, or traumatic experiences), an intentional individual regains control over themselves and their environment (Obuchowski, 2000). The objective set by

Obuchowski for the development of personality is difficult to achieve but it is important to aim at changing one's way of thinking and assessing the reality, which prepares the ground for learning from one's experiences, drawing conclusions and adjusting one's responses to stimuli, and also constructively seeking purpose in life and mental distancing to achieve mental freedom. Indeed, by striving for changing oneself towards being good and loving other people (Obuchowski also claims that responsibility is the function of love considered globally), makes one more noble and protects them from pathologies.

Consequently, the sense of responsibility is an important asset that protects the individual against various threats, risky behaviour, and participation in the activities that can become harmful, even if only in the long term. However, the importance of the sense of responsibility is observed to be even greater in the domain of actions aimed at spreading good, as it drives self-improvement to improve one's own mental well-being, and, indirectly, also that of other people.

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Chapter 3

Sustainable development policy as a strategy for combating social exclusion, based on the example of unemployment

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ABSTRACT

The sustainable development policy as a strategy for combating unemployment is oriented towards socio-economic development, taking into consideration an ecology-based paradigm. It is aimed at achieving full employment by developing a competitive, efficient, innovative and knowledge-based market economy. This objective is to be attained through investing in the intellectual potential and education of employees, giving rise to shared values and culture. These will, in turn, result in lifestyles that embrace the supreme value of human life and the high value of natural environment.

Keywords: sustainable development, unemployment, Catholic social science

The potential of the socio-ethical principle systems is used to solve social problems that carry the risk of injustice of various kinds, leading to social exclusion. This article features an outline of the sustainable development strategy, the purpose of which is to combat social exclusion, as presented from the angle of the Catholic social science. Unemployment, as one of the factors triggering social exclusion, has been selected as the focus of this study. The potential of the underlying socio-ethical principles constitutes the starting point to the discussion. The sustainable development policy will be presented on the basis of the common good approach, as an extension of the sustainable development strategy of Poland, consistent with the long-term development plans of the European Union. The proposed sustainable development policy is the outcome of applying the method involving investigation, assessment and action.

Common good policy

The principle of the common good is one of the fundamental principles of the Catholic social science, the implementation of which requires a critical role to be played by the State. Any

community needs a certain order to jointly define and pursue its interests that entail developing shared values (Sutor, 1994). The structural framework of the society is developed by the State which is in charge, *inter alia*, of making use of the institutional capacities to ensure equal development opportunities to all individuals. Personal development is one of the primary objectives of every individual, which cannot be fulfilled without a set of shared values that cover all aspects of the social life (Piwowarski, 1993). They allow individuals to achieve their own level of excellence through attaining personal objectives. Personal development of individuals fosters the establishing and strengthening of the common good. The economy is one of the State policy areas where this becomes clearly visible.

The principal values of the society and the State are integrated with the socio-ethical principles, the implementation of which determines the solving of social injustice problems. According to Piwowarski, the common good principle is one of the underlying socio-ethical values, complementary to the principle of subsidiarity (Piwowarski, 1964). These two principles are the core of the socio-economic life as each individual contributes to the common good of the society, while at the same time being able to benefit from the State's assistance when encountering difficulties with attaining his/her personal objectives (Chwaszcz, Niewiadomska, Fel, Wiechetek & Palacz-Chrisidis, 2015). The social mechanism which involves both giving and taking is beneficial to individuals in the economic area, as they may count on the support of other communities and the State, especially when the labour market conditions are not conducive to an integral human development. The complementarity of the common good and subsidiarity principles is supplemented by the solidarity principle that secures the development of the common good and human beings through cooperation of individuals and social groups in various spheres of the socio-economic life (Piwowarski, 1993).

The common good can be realised to the largest extent in a democratic system, in which the society empowerment is reflected in the civic society and market economy areas. These conditions bring forth social activities that should, above all, follow a bottom-up approach to tackling socio-economic issues. Considering the problematic matters, policies based on the relevant socio-ethical principles are indispensable in all sectors of the State.

Sustainable development principle

In the context of the emerging social issues, new socio-economic principles are established (Piwowarski, 1993). As regards the ecology issue, Markus Vogt, a social ethicist from Munich, formulated an ethical proposal for the contemporary society architecture, based on the comprehensive principle of sustainable development. Although it refers mainly to environmental protection, Vogt argues that it is not limited to the ecological dimension but is closely harmonised with political actions in the socio-economic area to comply with the general social justice standard (Vogt, 1999). The principle in question generally entails:

- protecting human dignity by mutual integration, complementation and updating of the classic socio-economic principles,
- networking (establishing mutual interdependence) in the social, economic and ecological areas,

- ensuring social justice, not only in the intragenerational dimension, but especially in the intergenerational one, by offering bright development prospects to future generations (Vogt, 2009).

The sustainable development principle, once implemented, gives rise to the mechanisms of balancing the social, economic and ecological areas, with a view to creating the conditions conducive to human development in a healthy environment. Participatory democracy provides the most favourable socio-political background for the application of the principle in question (Vogt, 2008). Its ultimate objective is to protect the human right to live in an unpolluted environment.

The principle of sustainable development can be confronted with the system of principles developed by Piwowarski. In the light of the discussion on the need to recognise the new principle developed by Vogt as one of the classic socio-ethical principles, the viewpoint presented by Bernard Sutor is worth noting. He advocates that, given the progressing environment deterioration, the sustainable development principle is an extension of the common good principle, rather than the underlying principle equal to the three classical socio-ethical principles (Sutor, 2012). Sutor's opinion seems justified for two reasons. Firstly, Vogt views the common good as an organising principle and, similarly to Alois Baumgartner and Wilhelm Korff, assigns it to static society models (Vogt, 2009). Secondly, in the handbook of economic ethics dated 1999, Vogt puts sustainable development on a par with the principles of personalism, solidarity and subsidiarity, making no reference to the common good principle (Vogt, 1999; Sutor, 2012). Therefore, it seems that the sustainable development principle accurately complements the common good principle. At the same time, through a network-based integration with the principles of subsidiarity and solidarity, it constitutes a specific and comprehensive principle that serves as a response to the problems of current and future generations.

An outline of the sustainable development idea was presented by Oswald von Nell-Breuning, who advocated the connection between the forward-looking economy and the need to make a rational use of natural resources. As the father of the currently popular sustainable development concept, he believed that this idea should be realised through society-rooted economic policies, entailing such actions to be taken by the State and other public law entities which would set activity areas for independent business entities, while also laying down the general framework requirements. Management tools compliant with the market mechanism, along with balanced economic and social policies, are thus the essence of sustainable development (Fel, 2007).

It is the State's duty to establish the economic policy strategy that would empower individuals in the society through employment. This is how social exclusion can be combated. Measures aimed at balancing the economic and social dimensions also serve the purpose of shaping lifestyles, based on which any activities resulting in environment deterioration are limited through validation of moral values. In the process of shaping the lifestyles which promote human life and environmental protection, the sustainable development principle becomes a tool of social justice in the intergenerational dimension.

Having acknowledged the connection between the common good policy and the sustainable development principle, the issue of unemployment, the spatial diversification of which increases the risk of social exclusion in some regions of Poland, will now be discussed.

Unemployment as a determinant of social exclusion

Most scholars view social exclusion as a dynamic, multi-dimensional and relation-oriented process that deprives an individual or social group of certain resources indispensable for participating in the social, economic and political life (Czapiński, 2014). Diversified forms of exclusion occur simultaneously and tend to accumulate in some areas. Social exclusion is said to proceed in stages. It usually begins with weakening bonds with the labour market and ends with withdrawing from the society (Arendt, 2009). In this respect, a strong position of an employee in the labour market is significant both for his/her personal development and for the economic growth. Unemployment, reflecting the wastage of human capital, is not socially accepted and puts a considerable burden on the State budget (Mazurek, 2001). For this reason, creating new jobs remains one of the major objectives of the national policies. Given the continuing emigration of Poles, this goal has not been accomplished yet.

Although the dynamic growth in unemployment, which had progressed in Poland since 2009, slowed down in recent years, the shortage of jobs has remained a serious problem. This study analyses this problem in the context of its diversification in terms of three indicators, i.e. the proportion of people aged up to 25, the proportion of people with no occupational experience, and the proportion of the long-term unemployed in the total number of registered unemployed people at the end of 2013 (*Territorial diversification of unemployment in Poland in 2013, 2014*). These indicators, concerning various voivodeships and districts, clearly point to the spatial diversification of unemployment in Poland. The highest risk of long-term unemployment and unemployment among persons aged up to 25 is faced by the residents of the eastern regions of Poland and the areas located at considerable distances from large urban agglomerations. A difficult situation in the labour market is still a disturbing issue, and so is its spatial diversification persisting despite falling unemployment. This diversification exerts a significant impact on economic development, which, in turn, translates into the degree of human capital development (*Territorial diversification of unemployment in Poland in 2013, 2014*).

Unemployment in the social, economic and ecological areas networking

Studies into social exclusion reveal strong correlations between the economic, social and ecological areas. Unemployment, especially the long-term one, leads to consumption exclusion, which, in turn, results in the failure to satisfy human needs and the emergence of poverty areas, characterised with the learned helplessness syndrome. The characteristic features of those areas include occupational passivity, which triggers both unwillingness to look for a job outside one's immediate place of residence and a low level of social activity. Limited access to education, coupled with inability to take part in qualification-raising courses, increases the risk of both unemployment and social exclusion. This not only has a negative effect on economic development and social participation, but also leads to the shaping of such lifestyles that do not take an adequate account of the values of human life and environment.

A higher risk of social exclusion in the eastern regions of Poland, and in the areas located at considerable distances from large urban agglomerations, gives rise to unequal chanc-

es of satisfying human needs. In the long run, it inhibits human capital development in those areas, as compared to the other regions in Poland.

Sustainable development policy

In view of the spatial diversification of the unemployment rate in Poland, the final part of the article deals with the political strategy of the State, oriented towards developing new tools for social inclusion, with the aim to provide equal employment opportunities throughout Poland.

So far, the policy of combating unemployment has mainly covered the socio-economic area, whereas a policy of sustainable development requires that the interests of future generations, which are hard to define, be taken into account in the context of socio-economic growth. Today they are mainly presented on the basis of an ecology-based paradigm, which finds confirmation in *The sustainable development strategy of Poland until 2025*. This political action programme focuses on raising qualifications to prevent unemployment and reflects the priorities of *Europe 2020*, a long-term strategy based on:

- creating knowledge and innovation-based economy,
- aiming at sustainable development assuming economic transformation towards reducing CO₂ emissions, and
- establishing a development model fostering economic, social and territorial cohesion through high employment (*Europe 2020*, 2010).

As regards the Catholic social science, the ecological paradigm is understood especially as the protection of human life and the human right to live in a clean environment (*Centesimus annus*, 1991). In view of this, the prevention of unemployment should also take into account the shaping of lifestyles that would adequately consider the values of human life and environment in which we live and work. In consequence of the crisis of moral values and environmental degradation, the need to promote ecological consciousness has become common (Mariański, 1992).

Prior to presenting the most important components of the sustainable development policy, it seems useful to outline the socio-historical context. For many years, the socialist system in Poland limited not only the social and economic empowerment, but also undermined the system of moral values shared by the society, by deforming the concept of a human being (Spieker, 1994). The reconstruction of the civic society by altering the mentality of functioning in the labour market, especially in the areas where unemployment rates are the highest, appears to be the current political priority of Poland. The national long-term policy should foster moral attitudes, behaviour patterns and positive values, such as self-reliance, diligence, courage and team work skills (Spieker, 1994). Prior to the systemic transformation in 1989, the monopoly of the Communist government precluded free business activities. Not until the collapse of communism and the introduction of a democratic system did the society become empowered and able to explore the most favourable conditions that let business entities enjoy an adequate share in the benefits provided by their activities.

This context gives rise to long-term measures taken within the framework of the sustainable development policy, aimed at altering the mentality behind finding one's own place in the labour market through lifelong learning. The Ministry of Economy advocates that raising one's occupational qualifications is still rather uncommon in Poland. In 2011–2013,

only 4.5% of occupationally-inactive people treated the lack of qualifications required by employers as a subjective reason for being unemployed. In the reference period, only 9.6% of people aged 25 or more undertook any activities aimed at raising their professional qualifications or gaining other skills (*Poland 2014. Economic condition report*, 2014).

An adequate educational process, together with gaining and developing professional qualifications, appear fundamental to the sustainable development policy aimed at providing equal employment opportunities. Adapting educational policies to the labour market requirements, and undertaking measures aimed at preventing the factors that trigger labour market exclusion, is therefore an essential mechanism of the policy in question. To this end, the Labour Department has developed, *inter alia*, a forecasting tool for monitoring low- and high-demand occupations, and district labour offices have offered an array of supporting instruments to actively combat unemployment (*Poland 2014. Economic condition report*, 2014). The National Training Fund, set up in May 2014, is designed to help working individuals re-qualify or expand their knowledge and skills. In 2014–2015, special focus has been put on the lifelong learning opportunities for people above the age of 45. This is intended to mitigate the consequences of ill-adjusted qualifications and competencies of the unemployed by concluding tripartite training agreements between district governors, employers and training institutions. In addition, unemployed people aged up to 30 have been granted access to a training voucher system (*Act amending the Act on Employment Promotion and Labour Market Institutions, and certain other Acts, of 14 March 2014*, *Journal of Laws 2014*).

The sustainable development policy cannot be implemented exclusively by a subsidy-based system as it does not inspire either individuals or social groups to remain active. The assistance of the State should focus, in particular, on providing opportunities for pursuing, and supporting various activities by individuals (*The sustainable development strategy of Poland until 2025*, 1999). It should help the unemployed find their own place in the labour market and keep it. Such socio-economic life conditions are optimal for reconstructing the Polish civic society and strengthening the national economy. A stable labour market and an innovative, knowledge-based economy should constitute the sustainable development policy objectives to be attained by the State. Investments in the educational process, innovations leading to industrial restructuring, and improved workflow, based on new management models, are crucial to the economic growth and stability of Poland.

Educational institutions are capable of efficiently implementing the objective related to disseminating the core values and altering the ways of thinking in a coherent socio-economic system. Reflected both in the political sphere and in the social teaching of the Church, ecological issues, that are gaining in importance, require not only that adequate programmes be developed, but also that incentives be provided to effect their implementation mechanisms. It appears important to introduce new, environmentally friendly technologies, but investments in human capital are even more crucial. When building ecological consciousness, a labour market-oriented educational process should continually stress that at the core of work is the individual and any green measures should only be taken for his/her sake (Mazurek, 2001).

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Chapter 4

The distribution of resources and the subjective quality of life in patients covered by a replacement therapy programme

Aleksandra Sadowska, Iwona Niewiadomska, Agnieszka Palacz-Chrisidis

ABSTRACT

This article explores relations between the distribution of resources and the subjective quality of life in patients covered by a replacement therapy programme.

In order to identify the relations, the article uses such research methods as the Conservation of Resources-Evaluation Questionnaire (COR-E) by S. Hobfoll, an abbreviated version of the Quality of Life assessment survey (WHOQOL-BREF), the Purpose in Life Test (PIL), the Maudsley Addiction Profile (MAP), and a survey developed by the author. The conducted study confirmed significant relationships between gains in personal resources and a deep sense of the quality of life. A strong relationship was also identified between feeling a high level of purpose in life and having a deep sense of the quality of life. Finally, it was established that persons who experience losses in their physical and mental health are characterised by having a low sense of the quality of life.

Keywords: resources, quality of life, subjective quality of life, replacement therapy

Theoretical background

The literature shows that the term “quality of life” first appeared in the United States after World War II and referred solely to the material well-being (Bańka, 1994, p. 19). Now the quality of life “is generally considered as a relation between the individual and the environment, human aspirations and abilities and ambient limitations” (Niewiadomska, Chwaszcz, 2010, p. 103). The literature documents many attempts to define the quality of life from the points of view of various scientific disciplines, such as the medical sciences, psychology, pedagogy, and sociology. The quality of life is considered as a dynamic concept, as it undergoes transformations corresponding to those taking place within the indi-

vidual and his/her environment, as well as the relationship between these (Niewiadomska, Chwaszcz, 2010, p. 103).

The World Health Organisation (WHO) defines the quality of life as “‘individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. The WHO describes the quality of life on the basis of physical health, level of independence, social relationships, personal beliefs and one’s relationship to salient features of one’s environment (WHO, 1997, p. 1). The WHO considers the quality of life as a multifaceted concept. It relates to somatic health, mental functioning, level of independence, operation within the society and the environment, and one’s beliefs and convictions. This concept is used as a reference for new models. The theoretical model of the quality of life, created at the University of Washington in Seattle, refers to the WHO definition of the quality of life. This model assumes a specific nature of development and identifies certain areas of the quality of life that are relevant for this stage in life. These areas include self-awareness, social relations, one’s environment and general life satisfaction (Oleś, 2014, p. 36).

In Hobfoll’s view, resources are things that people value. These include objects, conditions, personality traits and energy, which are valued for their, direct or indirect, importance for survival, or which are used to obtain material resources necessary for survival. The main idea behind Hobfoll’s Conservation of Resources (COR) Theory is that people seek to obtain, maintain, retain and protect what is important and valuable to them. Using this main idea, its author formulated two main rules and several implications. The fundamental rule is that any loss of resources is much more prominent than any gain in the same. In other words, given the same degree of loss and gain, the impact of the loss will be much stronger. The second rule states that people need to invest their resources in order not to lose them, and to compensate for any losses and obtain new resources. In the COR Theory, resources are the main characteristic that governs the experience of stress. Resource expenditure can involve their direct investment or risk. It can take place directly or by substitution. Resource investment can support compensation for loss or provide security against possible loss, or it can help to obtain the same or other resources (Hobfoll, 2006, pp. 70–103).

Replacement therapy programmes are based on the damage mitigation policy (Habrata, Steinbarth-Chmielewska & Baran-Furga, 2013, p. 44). Addiction inflicts damage across all areas of the affected individual’s life. Damage reduction is a humanistic and pragmatic approach designed to contain any individual and social damage connected with the use of intoxicants. This pragmatic approach emphasises that the elimination of loss caused as a result of drug use is easier to achieve than abstinence. The humanistic approach stresses the respect for human rights and the dignity of people covered by such programmes. Damage reduction focuses on the losses suffered through the use of psychoactive drugs (Sobeyko, 2008, p. 120). Replacement therapy for opiate addicts involves the administration of opioid receptor antagonists whose effects on receptors are similar to those produced by opiates but which have much more beneficial pharmacological and pharmaceutical properties, i.e. long-lasting effects that allow the substance to be used once a day, oral administration, and chemical and biological purity (Habrata, 2008, p. 14). When substitutes are used without any specific therapy termination date, this is referred to as replacement therapy in its strict sense. Sometimes, long-lasting replacement therapy results in a long-term gradual dose reduction, and, in rare cases, in coming off the drug completely. Replacement therapy

is based on the administration of drugs that are antagonist (e.g. methadone) or partially antagonist (buprenorphine preparations) in relation to opioid receptors (Habratt et al., 2013, pp. 45–46).

The objective of this study was to identify the relations between:

- perceiving gains in personal resources and having a keen sense of the quality of life in persons covered by replacement therapy programmes,
- feeling a high level of purpose in life and having a deep sense of the quality of life in persons undergoing replacement therapy,
- experiencing losses in physical health and having a low sense of the quality of life in methadone programme participants,
- feeling a spiral of loss in one's mental functioning and having a low sense of the quality of life in patients covered by methadone therapy.

Methodology

This study uses four questionnaire-based research methods and an own survey. In order to test the variable, i.e. the distribution of resources, the study uses the Conservation of Resources-Evaluation Questionnaire (COR-E) developed by S. Hobfoll on the basis of the Conservation of Resources Theory (COR). It is a tool used to measure resource management. The Questionnaire comprises a list of seventy four resources. Subjects assess each of these against three aspects, i.e. the individual significance of the resources, their loss over the last six months, and their gain over the past six months. These seventy four resources include four major groups, i.e. material resources (11), personal resources (21), condition resources (25) and energy resources (17). Subjects provide their answers using a five-point scale. This method shows satisfactory psychometric performance. Its internal consistency is higher than 0.7. Both the scale as a whole, and its subscales, are characterised by high coherence (Bartczuk, 2010, pp. 59–60).

The abbreviated version of the Quality of Life assessment survey was used to determine the personal evaluation of one's quality of life. The survey includes twenty six questions, and answers are provided using a five-point scale. Subjects assess their functioning over the past four weeks (Kalinowski, Niewiadomska, Chwaszcz & Augustynowicz, 2010, p. 30). This tool evaluates the overall quality of life by showing the subjects' attitudes towards a number of aspects of their lives, grouped into four areas, i.e. somatic health, mental functioning, social functioning, and the environment (Chwaszcz, Niewiadomska, Fel, Wiechetek & Palacz-Chrisidis, 2015, p. 195). This method includes two variables, namely satisfaction with one's health and satisfaction with one's life, which are analysed separately. This questionnaire is a reliable instrument, with Cronbach's α coefficient for measurements ranging from 0.54 to 0.91, and for the scale as a whole 0.92 (healthy individuals) and 0.95 (sick individuals) (Kalinowski et al., 2010, p. 30).

In addition, the study investigates how keen is the sense of the purpose in life in its subjects. To do so, it uses the Purpose in Life Test, as designed by J.C. Crumbaugh and L.T. Maholick, who attempted to capture the sense of purpose in life, or lack thereof, in quantitative terms. This method comprises three parts, marked A, B and C. Part A includes twenty statements, which are assessed by subjects using a seven-point scale. Part B includes thirteen open-ended sentences that are to be completed by subjects. Part C encourages

open answers to questions regarding one's goals, ambitions and desires in life. Only part A is subject to quantitative interpretation. Other parts undergo qualitative assessment. Its Spearman-Brown reliability index is 0.90. It is important to note that the norms provided for the Purpose in Life Test are general, i.e. these are not differentiated in terms of age and social environment. Moreover, the scale is not standardised in Poland (Popielski, 1987, pp. 242–247).

In order to determine the frequency of psychoactive drug use and emotional, mental and physical symptom experience, the study uses the Maudsley Addiction Profile (MAP). It is an interview used to monitor the outcomes of patient treatment. It can identify problems that occur in the domains such as the type of the psychoactive substances used, health risk behaviour, psychical and psychological health, and personal/social functioning, where relationship conflicts, employment, and crime are measured (Hornowska, 2006, pp. 9–11). For the purposes of this study, only the part concerning the frequency of drug use was employed. The subjects were asked to specify, using a five-point scale (1-never, 5-very often), how often they used the following substances: alcohol, heroin, methadone, cocaine (crack), amphetamine, ecstasy, cannabis, sedatives/hypnotics, hallucinogens, or other substances outside the list. The study also used the part concerning one's health status, where the subjects also used the five-point scale to describe the frequency of problems with their physical and mental health. The MAP questionnaire shows satisfactory psychometric performance. It is a reliable tool for collecting patient data (with its correlation ratio ranging from 0.68 to 0.98). The MAP is also an accurate method for gathering information on the frequency of psychoactive drug use and any co-existing personal and social consequences (Hornowska, 2006, pp. 12–13).

This socio-demographic data was collected using a survey developed as a structured interview which includes 14 questions on socio-demographics data, social status, professional status, financial and economic situation, history of psychoactive drug use, and participation in substitution programmes. The data obtained on the basis of the survey were used to characterise the group and to determine the psycho-social resources of the sample population.

The study included 31 patients (32.3% women and 67.7% men) covered by a replacement therapy programme run by the Addiction Treatment Centre, Independent Healthcare Facility (OLU SZOZ) in Lublin. The average age of the subjects was just about 42 years. The highest percentage of subjects were persons with middle (35.5%) or primary (29%) education. A considerable majority of the subjects lived in towns with 20.000 – 100.000 residents. As many as 58.1% respondents were single. The highest percentage were pensioners (54.8%). In terms of their residential situation, the highest percentage of the sample population lived with their parents (32.3%). As many as 22.6% lived with their own families. Out of 31 subjects, 16 evaluated their financial situation as average, 14 as bad, and one person did not provide any answer. The average time of participation in a replacement therapy in the sample group was nearly 9 years (8.94). The average period of using psychoactive drugs, counting from the initiation, was 21 years. The averaged dose of the substitute used in the sample group was 87.40 mg (the smallest dose was 30 mg, and the biggest equalled 130 mg). Nearly all subjects (93.5%) had their substitution drug dose maintained constant. When asked about their plans to withdraw from treatment, a substantial majority of respondents said they did not want to discontinue replacement therapy (61.3%). The study also identified the variety of treatment forms and combinations, as undertaken

by the subjects. All subjects underwent detoxification treatment at least once in their life. As well as having undergone detoxification in hospital, seven subjects had participated in outpatient therapy. Four subjects underwent treatment that combined short-term hospital therapy, outpatient therapy and detoxification. The sample population generally used methadone due to their participation in a replacement therapy. The second most popular drugs were sedatives/hypnotics. The patients also reported frequent use of alcohol and cannabis. Other, non-listed substances, included suboxone and mephedrone. In order to describe the sample group better, the study used the syndromes identified in the Questionnaire for diagnosing the psycho-physical condition of people undergoing readaptation. The questionnaire was based on Part II of the MAP method developed by J. Mardsen, G. Gossop, D. Steward and D. Best.

Study findings

The data in Table 1. shows that replacement therapy programme patients are most likely to experience depression syndromes, which include the sense of hopelessness towards the future, the sense of low self-esteem, the sense of solitude, lack of interest in anything, the experience of persistent sadness, unwillingness to engage in any activity and problems with concentration. The second most popular syndrome in methadone treatment recipients were physical issues, such as muscle, chest, joint and bone pain, numbing/tingling sensations, difficulty breathing, chills/cold or heat flushes and nausea. The study shows that the surveyed population was the least likely to experience psychotic symptoms such as hearing strange noises, deliberate self-harm, illusions and visions, suicidal thoughts and attempts, and the sense of being followed or observed.

In order to test the first hypothesis, the relationship between the perceived gains in personal resources and subjective quality of life was subject to statistical analysis.

Table 1 *Correlations between the perceived gains in personal resources and subjective quality of life*

WHOQOL-BREF	Conservation of Resources-Evaluation Questionnaire	
	Personal resources (gain)	
	Spearman's rho	$p \leq$
Physical health	.636**	.000
Psychological domain	.536**	.002
Social relations	.448*	.011
Environment	.428*	.016
Satisfaction with one's health	.319	.080
Satisfaction with one's life	.311	.089

WHOQOL-BREF – an abbreviated version of the Quality of Life assessment survey

$p \leq$ – significance (two-tailed)

** – correlation significant at 0.01 (two-tailed)

* – correlation significant at 0.05 (two-tailed)

Considering the data shown in the Table 1., the first hypothesis, which assumed that perceiving gains in personal resources significantly correlated with keen sense of the quality of life in persons covered by replacement therapy programmes, was partially confirmed. The relationship established on the basis of the study supports the thesis that gains perceived by replacement therapy patients in their personal resources translate into a high quality of life in terms of their physical and mental health, and social interactions and environment. Perceived gains in personal resources mean that an individual can experience gains in the areas such as their sense of success in life, sense of being proud of themselves, the achievement of their objectives, hope, sense of having influence over their future success, not settling into routine, sense of optimism and humour, sense of having control over their life, the ability of good communication, etc. Persons who experience gains in personal resources are likely to function better in their everyday lives. In fact, they are characterised by greater energy and mobility. They are able to assess their sleep, rest, and ability to work better (the physical health subscale). They can experience greater satisfaction with the way they look and with the image of their bodies. They are likely to function better in cognitive (thinking, learning, memory, attention) and emotional terms (experiencing positive emotions, sense of self-worth; the mental functioning subscale). They can establish and maintain satisfactory relationships with other people and experience stronger support (the social relations subscale). They might also tend to have a deeper sense of physical and mental safety and function better in their environment (the environment subscale).

In order to confirm the second hypothesis concerning the relationship between feeling a high level of purpose in life and having a deep sense of the quality of life, the variables were correlated using Spearman's rho.

Table 2 *Correlation between the sense of purpose in life and the sense of the quality of life*

WHOQOL-BREF	Overall PIL result	
	Spearman's rho	<i>p</i> ≤
Physical health	.769**	.000
Psychological domain	.532**	.002
Social relations	.617**	.000
Environment	.496**	.005
Satisfaction with one's health	.444*	.012
Satisfaction with one's life	.469**	.008

WHOQOL-BREF – an abbreviated version of the Quality of Life assessment survey

PIL – Purpose in Life Test

p ≤ – significance (two-tailed)

** – correlation significant at 0.01 (two-tailed)

* – correlation significant at 0.05 (two-tailed)

The findings presented in Table 2. allow the conclusion that the second hypothesis was confirmed in full. This suggests that persons who experience a high level of the sense of purpose in life, or, in other words, see their life as exciting, interesting, satisfactory and valuable, experience a deep sense of the quality of life in the domain of physical and men-

tal health, interpersonal relations, their environment, and satisfaction with their life and health. Persons who experience a high level of purpose in life tend to perceive themselves as full of life and enthusiastic. Generally, they have very clear goals and desires, and when they reflect on their lives, they usually find an explanation for their existence. They also see themselves as responsible people, who control, and are in charge of, their own life. Persons who experience a deep sense of purpose in life are likely to function better in their everyday lives. They are characterised by greater energy, and willingness and ability to work. They tend to experience pain, suffering and discomfort less frequently (the psychological health subscale). Persons who experience a deep sense of purpose in life can be more likely to function better in the psychical domain. They can have a better image of their own body and appearance. In addition, they tend to experience positive emotions towards themselves and others (the mental domain subscale) and take satisfaction from interactions with other people, and to receive support (social relations) more frequently. Persons who experience a deep sense of purpose in life can be more likely to function better in the mental and physical domains. They also tend to be more capable of obtaining information and acquiring skills (the environment subscale). They have a tendency to feel happy with their health and life.

The third hypothesis, which assumed that losses in physical health coexisted with low sense of the quality of life in methadone therapy programme participants, was tested by calculating Spearman's rho between the "physical issues" syndrome, identified on the basis of MAP items, and Quality of Life questionnaire subscales.

Table 3 Correlation between the "physical issues" syndrome and WHOQOL-BREF subscales

WHOQOL-BREF	The "physical issues" syndrome	
	Spearman's rho	<i>p</i> ≤
Social relations	-.454*	.012
Environment	-.260	.165
Satisfaction with one's health	-.432*	.017
Satisfaction with one's life	-.440*	.015

WHOQOL-BREF – an abbreviated version of the Quality of Life assessment survey

p ≤ – significance (two-tailed)

** – correlation significant at 0.05 (two-tailed)

Data shown in Table 3. indicate that the third hypothesis was confirmed in part. The statistical analysis corroborated the relation between the losses in physical health and the low sense of the quality of life. This hypothesis argued that persons who suffered losses in their physical health were those who experienced muscle, chest, joint, bone and stomach pain, numbing/tingling sensations, difficulty breathing, chills/cold or heat flushes and nausea. The presented information supports the thesis that persons who suffered losses in their psychological health can have difficulty in establishing and maintaining satisfactory interpersonal relations, receiving social support and engaging in sexual activity (the social relations subscale). Loss in physical health can also influence satisfaction with their health

and life. This hypothesis was subject to additional analyses to identify physical difficulties most often faced by replacement therapy programme patients. It was established that such patients usually experience fatigue, sleep disorders, shivers or heat or cold flushes. The rarest experiences among the subjects was numbing/convulsions and the loss of consciousness.

In order to verify the hypothesis that patients undergoing methadone therapy, feeling a spiral of loss in their mental functioning, also had a low sense of the quality of life, the variables were correlated and Spearman's rho was calculated. For findings, please see Table 4.

Table 4 *Correlations between the depression and psychotic syndromes, and the sense of the quality of life*

WHOQOL-BREF	MAP syndromes			
	Depression syndrome		Psychotic symptoms	
	Spearman's rho	$p \leq$	Spearman's rho	$p \leq$
Social relations	-.425*	.017	-.515*	.003
Environment	-.360*	.047	-.208	.262
Satisfaction with one's health	-.349	.055	-.206	.266
Satisfaction with one's life	-.404*	.024	-.509**	.003

The assessment of the above data shows that the hypothesis was partially confirmed. There are statistically significant relationships between the depression syndrome experience and social relations, the environment and satisfaction with life, and between psychotic symptoms and social relations and satisfaction with life. In this study, depression syndrome means the experience of hopelessness towards the future, the sense of low self-esteem, the sense of solitude, lack of interest in anything, the experience of persistent sadness, unwillingness to engage in any activity and problems with concentration. Psychotic symptoms involve hearing strange noises, deliberate self-harm, illusions and visions, suicidal thoughts and attempts, and the sense of being followed or observed. The above-mentioned data shows that persons who experience depression syndromes tend to have difficulty in establishing social relations, receiving support and functioning in the sexual domain (the social relations subscale). Such persons can experience physical and mental risks in their environment (the environment subscale) and can have a tendency to feel unhappy with their lives. Those who experience psychotic symptoms can also have a tendency for poor functioning in the area of social relations and for feeling unhappy about their lives.

Summary

The obtained findings can close knowledge gaps in the literature on the subject. They can also serve as the basis for further exploration of the quality of life in the studies on chronic addiction or for relating the level of satisfaction with life to the process of treat-

ment. This study can be useful in high- and low-threshold therapies. It can also constitute the basis for developing individual and effective approaches to treatment and the involvement of patients in the therapy. Finally, the study can contribute to the wider application of replacement therapy in Poland, since, although its effectiveness is well documented, it continues to be less popular than outpatient or hospital-based treatment options.

The analyses and their findings regarding the distribution of resources in relation to the sense of the quality of life can be considered as a starting point for subsequent, more advanced research on a larger scale.

Nevertheless, the findings provide the basis for the following conclusions:

1. Patients, who experience gains in personal resources, can function better in the domain of their physical and mental health, social relations and their environment.
2. Persons covered by replacement therapy programmes, who experience a deep sense of purpose in life, tend to assess their quality of life and all its dimensions higher.
3. Methadone patients, who experience losses in their physical health, tend to struggle to cope in the domain of social relations. Moreover, they can experience lower satisfaction with their life and health.
4. Persons, who take part in replacement therapy and feel the spiral of loss in their mental functioning, can have difficulties in social interactions and in their environment. They can also have a tendency to feel less satisfied with their lives.

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Chapter 5

Distribution of resources and subjective quality of life among drug addicts in the early stages of recovery

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ABSTRACT

World Health Organisation defines the quality of life as the “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment” (Chodkiewicz, 2012, p. 79). Resources can be defined as “those entities that either are centrally valued in their own right (e.g., self-esteem, close attachments, health, and inner peace) or act as a means to obtain centrally valued ends (e.g., money, social support, and credit)” (Hobfoll, 2002, p. 307). Resources are these things that individuals value, and include “objects, conditions, personal characteristics, and energies that are either themselves valued for survival, directly or indirectly, or that serve as a means of achieving these resources” (Hobfoll, 2006, p. 70).

Keywords: quality of life, distribution of resources, addiction, early stages of recovery

Theoretical background

World Health Organisation defines the quality of life as the “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment” (Chodkiewicz, 2012, p. 79). Resources can be defined as “those entities that either

are centrally valued in their own right (e.g., self-esteem, close attachments, health, and inner peace) or act as a means to obtain centrally valued ends (e.g., money, social support, and credit)” (Hobfoll, 2002, p. 307). Resources are these things that individuals value, and include “objects, conditions, personal characteristics, and energies that are either themselves valued for survival, directly or indirectly, or that serve as a means of achieving these resources” (Hobfoll, 2006, p. 70).

Methodology

The main objective of this study was to determine the relation between the distribution of resources and the perceived quality of life in drug addicts in early stages of recovery. The study was conducted between February and March 2015 in Kielce, Chęciny and Otwock, in hostels for persons who have completed psychoactive drug addiction therapy. The subjects were aged between 18 and 54. The study covered 40 persons, including 37 men and 3 women. Therefore, in order to make the group more uniform, the analysis covered only data related to male subjects.

Based on the examination of the literature on the subject and the findings on the subjective quality of life and the distribution of different resources in drug addicts, the following research question was formulated:

What is the relationship between the distribution of resources and the subjective quality of life among drug addicts in the early stages of recovery?

This research question, in turn, served as the basis for the following hypotheses:

- Hypothesis 1: Addicts in early stages of recovery show a significant positive relationship between gains in resources and high subjective quality of life.
- Hypothesis 2: Resource loss experienced by drug addicts in early stages of recovery shows significant positive correlation with poor subjective quality of life.
- Hypothesis 3: Substantial resource gains show significant positive relationship with high subjective quality of life in terms of somatic health in addicts.
- Hypothesis 4: Addicts in early stages of recovery show a significant positive relationship between gains in resources and high intensity of social interactions.
- Hypothesis 5: Resource loss experienced by addicts in early stages of recovery shows significant positive correlation with poor satisfaction with their health.
- Hypothesis 6: Addicts in early stages of recovery show a significant positive relationship between gains in resources and high quality of life in terms of environmental adjustment.

In order to address the research question and to test the aforementioned hypotheses, the study employed selected questionnaires.

COR-E Questionnaire by S. Hobfoll

The Conservation of Resources-Evaluation (COR-E) questionnaire is based, as the name suggests, on the Conservation of Resources theory, as developed by Steven Hobfoll. This tool is used to measure how 74 types of resources are managed (Niewiadomska, Chwaszcz & Augustynowicz, 2010, p. 28).

The questionnaire identifies four main types of resources, namely:

- material resources (11),
- personal resources (21),
- condition resources (25), and
- energy resources (17) (Dudek, Koniarek & Szymczak, 2007, p. 322).

WHOQOL-Bref

The Quality of Life-Bref questionnaire (WHOQOL-Bref) was developed by the World Health Organisation on the basis of WHOQOL-100 (Basińska, 2005, p. 23). This study used the abbreviated version of the questionnaire that includes 26 questions. A separate analysis was carried out for 2 variables, including the satisfaction with one's life and the satisfaction with one's health. Answers are related to the last four weeks (Kalinowski et al., 2010, p. 30).

This method facilitates the assessment of the quality of life profile against four areas. These include the following:

- mental functioning
- physical health
- social relationships
- living environment (Kalinowski et al., 2010, p. 30).

MAP

The Maudsley Addiction Profile (MAP) was developed by J. Mardstena, G. Grossopa, D. Stewarda, D. Besta (Hornowska, 2006, p. 9).

This method makes it possible to evaluate individual functioning in the following dimensions:

- psychoactive drug use
- life-threatening behaviour
- physical and mental health
- individual and social functioning (Kalinowski et al., 2010, pp. 32–33; Hornowska, 2006, p. 9).

Items included in this tool determine the frequency of individual psychoactive drug use. In addition, MAP identifies the frequency of physical, emotional and psychological symptoms associated with the addiction.

On the basis of factor analysis and judge assessment, and in reference to part II of MAP, the study established three dimensions to determine the types of disorders that can appear in the group of people at risk of social exclusion, i.e.:

- physical problems,
- depressive syndrome, and
- psychotic symptoms (Chwaszcz, Niewiadomska, Fel, Wiechetek & Palacz-Chrisidis, 2015, pp. 191–193).

Personal data

Personal data for the qualitative analysis of the study was collected in a survey. The survey included 14 questions regarding the following:

- socio-demographic data – gender, age, education, marital status, and residence before the stay in the addiction treatment facility;
- family of origin – is it a two-parent or one-parent family, and if one-parent – which parent is it?
- drug addiction information – drug use initiation age, types of psychoactive drugs used, treatment commencement date, number of treatment attempts, forms of received treatment, period of treatment, time from the completion of the most recent treatment, and the length of stay in a hostel for addicts.

The statistical analysis of the collected data was made on the basis of the SPSS software. The findings obtained through computer analysis facilitated the verification of the formulated hypotheses. In order to establish correlations, and to identify the relations between the variables, the study used Spearman's rho. Spearman's rank correlation coefficient made it possible to determine the non-parametric relation between the tested variables in small groups (Francuz, Mackiewicz, 2005, p. 514).

Study findings

Relations between resource gains and the subjective quality of life among drug addicts in the early stages of recovery

Table 5 *Correlations between resource gains and the subjective quality of life in the examined group [N = 37]*

<i>Resource type</i>	<i>Life satisfaction</i>	
Resources (gains)	rho	0.221
	p-value	0.189
Material resources (gains)	rho	0.031
	p-value	0.854
Personal resources (gains)	rho	0.164
	p-value	0.333
Energy resources (gains)	rho	0.291
	p-value	0.080
Condition resources (gains)	rho	0.214
	p-value	0.203

rho – Spearman's rank correlation coefficient
p-value – significance level (two-tailed)

There is no significant relationship ($\rho = 0.221$; $p = 0.189$) between the experienced resource gains and the high subjective quality of life in the tested group (see Table 5.). Hypothesis 1 was not confirmed, which suggests the lack of relationship between the experienced gains and the high subjective quality of life in addicts in early stages of recovery. These findings can be due to the subjects' failure to understand the instructions, their overall fatigue, large number of questionnaires or the tested group being too small.

Relations between resource losses and the subjective quality of life among drug addicts in the early stages of recovery

Table 6 *Correlations between resource losses and the subjective quality of life in the examined group [N = 37]*

<i>Resource type</i>	<i>Life satisfaction</i>	
Resources (losses)	rho	0.024
	p-value	0.887
Material resources (losses)	rho	-0.199
	p-value	0.237
Personal resources (losses)	rho	0.138
	p-value	0.417
Energy resources (losses)	rho	-0.085
	p-value	0.618
Condition resources (losses)	rho	-0.060
	p-value	0.723

rho – Spearman's rank correlation coefficient
p-value – significance level (two-tailed)

The findings for this hypothesis show that there is no significant correlation ($\rho = 0.024$; $p = 0.887$) between the experienced resource losses and the low subjective quality of life in the tested group (see Table 6.). Hypothesis 2 was not supported, so no significant relationship can be confirmed between the experienced resource losses and the low subjective quality of life in addicts in early stages of recovery. This lack of relation can be the result of the subjects' failure to understand the instructions, their fatigue, large number of questionnaires or the tested group being too small.

Relations between resource gains and the subjective quality of life in terms of somatic health among drug addicts in the early stages of recovery

Table 7 *Correlations between resource gains and the subjective quality of life in terms of somatic health in the examined group [N = 37]*

<i>Resource type</i>	<i>Physical health</i>	
Resources (gains)	rho	0.452**
	p-value	0.005
Material resources (gains)	rho	0.150
	p-value	0.376
Personal resources (gains)	rho	0.447**
	p-value	0.006
Energy resources (gains)	rho	0.439**
	p-value	0.007
Condition resources (gains)	rho	0.424**
	p-value	0.009

** correlation significant at 0.01 (** $p < 0.001$)
rho – Spearman's rank correlation coefficient
p-value – significance level (two-tailed)

There are statistically significant relations between the experienced resource gains and the high subjective quality of life in terms of physical health ($\rho = 0.452$; $p = 0.005$). There are positive correlations between gains experienced in personal resources ($\rho = 0.447$; $p = 0.006$), energy resources ($\rho = 0.439$; $p = 0.007$) and condition resources ($\rho = 0.424$; $p = 0.009$) and the high subjective quality of life in terms of somatic health in the sample group (see Table 7). The strength of the established correlations between the variables is moderate.

The subjects who have experienced gains in different skills, abilities, personality traits (personal resources) tend to perceive high quality of life in relation to their own health. They are more likely to feel energetic, eager to engage in everyday activities and work, and less likely to experience different aches and pains or somatic ailments. Knowledge acquisition and financial profit (energy resources) are also related with decreased physical discomfort, being more energetic and less tired. Finding a job or enjoying improved health (condition resource gains) are connected with the individual being more inclined to take new actions with energy and feeling less tired or affected by physical ailments.

Relations between resource gains and the intensity of social interactions among drug addicts in the early stages of recovery

Table 8 *Correlations between resource gains and the intensity of social interactions in the examined group [N = 37]*

<i>Resource type</i>	<i>Social relationships</i>	
Resources (gains)	rho	0.339*
	p-value	0.033
Material resources (gains)	rho	0.125
	p-value	0.441
Personal resources (gains)	rho	0.406**
	p-value	0.009
Energy resources (gains)	rho	0.299
	p-value	0.061
Condition resources (gains)	rho	0.364*
	p-value	0.021

* correlation significant at 0.05

** correlation significant at 0.01

rho – Spearman's rank correlation coefficient

p-value – significance level (two-tailed)

There are positive relations between resource gains and the intensity of social interactions ($\rho = 0.339$; $p = 0.033$) among drug addicts in the early stages of recovery. Significant relations are also found in personal resources ($\rho = 0.406$; $p = 0.009$), where the strength of correlation is moderate, and in condition resources ($\rho = 0.364$; $p = 0.021$), where the strength of the relations between the tested variables can be considered low (see Table 8.).

Addicts who experienced gains in personal resources, i.e. in various skills, abilities or personality traits (such as self-efficacy, hope, social skills and professional qualifications) have a greater tendency for seeking interactions with other people, establishing new relationships and providing or seeking social support. Gains in condition resources, such as finding permanent employment or enjoying an improvement in one's health, are also associated with the greater intensity of social interactions in addicts in early stages of recovery. These individuals are more likely to build relationships with other people and seek or provide social support.

Relations between resource losses and satisfaction with their health among drug addicts in the early stages of recovery

Table 9 *Correlations between resource losses and satisfaction with one's health in the examined group [N = 37]*

<i>Resource type</i>	<i>Satisfaction with one's health</i>	
Resources (losses)	rho	-0.349*
	p-value	0.027
Material resources (losses)	rho	-0.19
	p-value	0.241
Personal resources (losses)	rho	-0.322*
	p-value	0.043
Energy resources (losses)	rho	-0.412**
	p-value	0.008
Condition resources (losses)	rho	-0.312
	p-value	0.05

* correlation significant at 0.05

** correlation significant at 0.01

rho – Spearman's rank correlation coefficient

p-value – significance level (two-tailed)

There are statistically significant relations between experiencing resource losses and feeling satisfied with one's health ($\rho = -0.349$; $p = 0.027$). This correlation is negative, which means that the greater the experienced resource loss, the lower the satisfaction with their health among drug addicts in early stages of recovery. The experience of losses in personal resources shows significant relations with low satisfaction with their health in addicts ($\rho = -0.322$; $p = 0.043$). The strength of this relation is poor. Losses experienced in energy resources also show significant correlation with low satisfaction with one's health ($\rho = -0.412$; $p = 0.008$), while the strength of this relation is moderate (see Table 9).

Subjects who have experienced losses in their skills or personality traits, such as optimism, sense of self-efficacy, leadership skills or social skills (personal resources), see their health in a negative light. Addicts who have lost the energy resources they consider important, such as money, knowledge and creditworthiness, have greater tendency to perceive their health in negative terms and, consequently, to be greatly dissatisfied with it.

Table 10 *Correlations between somatic and mental symptoms and satisfaction with one's health in the examined group [N = 37]*

<i>Symptoms</i>		<i>Satisfaction with one's health</i>
Somatic symptoms	rho	-0.063
	p-value	0.710
Mental symptoms	rho	0.065
	p-value	0.704

rho – Spearman's rank correlation coefficient
p-value – significance level (two-tailed)

The presence of somatic and mental symptoms is understood as the experience of resource loss in the life of the subject. Based on the findings presented above, it can be concluded that there are no statistically significant relations between somatic symptoms and satisfaction with one's health (rho = -0.063; p = 0.710), nor are there between mental symptoms and satisfaction with one's health (rho = 0.065; p = 0.704) in the sample group (see Table 10.).

Table 11 *Correlations between the dimensions determining disorder types and satisfaction with one's health in the examined group [N = 37]*

<i>Dimensions</i>	<i>Satisfaction with one's health</i>	
Physical problems	rho	-0.195
	p-value	0.248
Depressive syndrome	rho	0.033
	p-value	0.848
Psychotic symptoms	rho	0.022
	p-value	0.896

rho – Spearman's rank correlation coefficient
p-value – significance level (two-tailed)

The analysis of the above-mentioned findings did not show any significant relations between satisfaction with one's health and physical problems (rho = -0.195; p = 0.248), depressive symptoms (rho = 0.033; p = 0.848) or psychotic symptoms (rho = 0.022; p = 0.896), which are considered as resource losses in drug addicts in early stages of recovery (see Table 11.).

***Relations between resource gains and environmental adjustment
among drug addicts in the early stages of recovery***

Table 12 *Correlations between resource gains and the quality of life in terms of environmental factors in the examined group [N = 37]*

<i>Resource type</i>	<i>Environment</i>	
Resources (gains)	rho	0.460**
	p-value	0.004
Material resources (gains)	rho	0.284
	p-value	0.088
Personal resources (gains)	rho	0.360*
	p-value	0.029
Energy resources (gains)	rho	0.398*
	p-value	0.015
Condition resources (gains)	rho	0.398*
	p-value	0.015

* correlation significant at 0.05

rho – Spearman's rank correlation coefficient

p-value – significance level (two-tailed)

There are positive relations between resource gains and good adjustment to environmental conditions ($\rho = 0.460$; $p = 0.004$) among drug addicts in the early stages of recovery. The strength of this relation is moderate. Positive relations were found in personal resources ($\rho = 0.360$; $p = 0.029$), energy resources ($\rho = 0.398$; $p = 0.015$) and condition resources ($\rho = 0.398$; $p = 0.015$). The strength of these correlations is poor (see Table 12.).

Addicts who have acquired new abilities, skills or personality traits, have a tendency to see their everyday environment in positive terms and to feel well-adjusted to it. The experience of gains in resources, such as money or knowledge, is associated with the inclination for assessing health care, financial resources, physical environment, and one's ability to acquire new skills and obtain new information, in positive terms. Individuals who have experienced some improvement in their health or have found a job (condition resources), have a greater tendency to consider their environment as safe, one that makes them feel free and provides opportunities for obtaining information; they are also more happy with their health care and financial standing.

Summary

The findings suggest that the distribution of resources shows a significant relation with the subjective quality of life among drug addicts in the early stages of recovery. Even though no significant correlation was established for the first two hypotheses, the subsequent hypotheses supported the existence of a relations between the tested variables. The distribution of resources plays a significant role in developing the subjective quality of

life in the sample group. In early stages of recovery, individuals experience both gains and losses in their resources. A high number of gains in various resources (personal, energy, condition) shows a significant relation with the high subjective quality of life in terms of one's somatic health, social relationships, and environmental adjustment. In turn, resource loss shows a significant relation with low satisfaction with their health among drug addicts in the early stages of recovery.

Nevertheless, these findings must be interpreted with care given the relatively low number of subjects. The employed methods can be used in further studies conducted with a greater number of subjects. The phenomena described in this paper need further exploration.

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Chapter 6

Resources as a factor that protects psychoactive drug addicts from relapse

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ABSTRACT

This article identifies the relations between the distribution of resources and the level of personal adjustment in addicts in early stages of recovery. The applied research methods include Rotter Incomplete Sentence Blank test, the Gains and Losses Self-Assessment Questionnaire and a personal data form prepared for the purposes of this study to collect socio-demographic and treatment-history data. Statistically significant correlations were demonstrated between gains in vital, family, economic/political and spiritual resources, and personal adjustment. Losses in vital, economic/political, family, spiritual, knowledge and prestige resources, also showed statistically significant relations with the high level of personal adjustment, which indicated maladjustment.

Keywords: distribution of resources, personal adjustment, early stages of recovery, psychoactive drug addiction

Theoretical background

Psychoactive drug addiction is a special kind of illness, which is considered to have its source in interactions between individual characteristics and society. It is also often emphasised that the development of addiction can be the outcome of individual maladjustment. Due to the widespread prevalence of alcoholism and drug abuse, these addictions have become the subject of a number of studies across various scientific disciplines, such as psychology, medicine and criminology (Peele, 1993; Krupa, Matusiewicz-Bargiel & Hofman, 2005).

Reasons for turning to psychoactive drugs often include stress that can turn into its chronic form and which can be mishandled by an individual. One of the non-constructive

ways to cope with difficulties is to resort to using psychoactive drugs, such as alcohol and narcotics, which are considered as an escape/avoidance response (Makowska & Poprawa, 1996), thus manifesting maladjustment. As a result of progressing addiction, the individual experiences losses and conflicts in various areas of his/her functioning, which can stem directly or indirectly from the fact of being an addict. Addicts focus all their attention on psychoactive drugs. Their social, professional and family lives are disorganised.

Psychoactive drug addiction is manifested in physical, environmental and mental dependence (Makara-Studzińska, 2012). In mental terms, addiction manifests itself as a strong and overwhelming urge to take a drug in order to deal with emotions, handle suffering or improve one's mood. From the physical point of view, it involves physiological addiction, i.e. an individual experiences the compulsion to use a drug, which is the consequence of the body becoming addicted to that drug. Any discontinuation of psychoactive drug use causes a physiological response in the body that can be described as drug withdrawal symptoms (Makara-Studzińska, 2012).

Social addiction, on the other hand, emphasises the environmental factor as the primary motivation behind intoxicant use. It is connected with peer pressure and the need to belong. A holistic approach to understanding addiction argues that intoxicant use affects each area of human life (Makara-Studzińska, 2012).

The main objective of the therapy should be to cure mental addiction. However, this is possible only when physiological and social dependence has been overcome and abstinence maintained (Krzyżyniak & Sochocki, 2005). The period of therapy should be experienced by the patient as a time when they can learn how to function in everyday life without using psychoactive drugs and acquire the skills they will need to adjust to living a sober life.

Mental definitions usually associate adjustment with the bio-psychical adaptation of an individual to the conditions of the environment they live in (Błachut, Gaberele & Krajewski, 2001, pp. 478–479). J. Rotter, who developed the *Incomplete Sentence Blank* (RISB) test to directly measure how maladjusted an individual is, defined adjustment as the establishment and maintenance of satisfactory interpersonal relations, the ability to cope with various situations and the lack of maladjustment symptoms, such as long-term depression, failure to deal with frustration, and experienced conflicts. Rotter claims that the level of maladjustment can be inferred from the individual's opinion of themselves, their behaviour, relations with other people and their perception of the world as a whole (Jaworska & Matczak, 1998, p. 9).

S. E. Hobfoll, on the other hand, defined adjustment on the basis of a model developed by Margaret and Paula Baltes (Hobfoll, 2006, pp. 112–118). In their model, the Baltes emphasise the importance of cumulative and non-continuous processes that occur throughout the life of an individual. They argue that life is a series of gains and losses, which are associated either with an increase or a decrease, i.e. growth, or stagnation. The process of adjustment itself is defined as “the so-called selective optimisation with compensation (SOC)” (Baltes, 1987). This mechanism refers to experiencing losses and gains in resources. Optimisation is understood as a process where an individual works out how to choose or reject the circumstances they face, and the compensation mechanism involves adjustment, collection and enhancement of resources to handle environmental changes. In this sense, Hobfoll views individual adjustment as the collection of resources that serve protective function in stressful situations (Hobfoll, 2006, p. 116).

The re-adjustment of addicts, i.e. the stage at which they recover, is an attempt to verify the therapeutic process, and, at the same time, to continue it, only on another level. The individual must take on new challenges, achieve objectives and fulfil life, social and professional roles, thus adjusting to life “without intoxicants” (Krupa et al., 2005). In view of such a recovery and re-adjustment, gains or losses in resources, as experienced by addicted persons in their early stages of recovery, constitute important factors. On the one hand, gains in resources facilitate adjustment, while on the other, the experienced losses can stand in their way by leading to a relapse.

Methodology

The literature on the subject provides research findings related to persons who have completed addiction therapies. The analysis of the available literature shows that previous studies on the maintenance of abstinence by addicted persons were based on identifying correlations between different resources in a group of individuals who remained abstinent, and in a control group. A lower number of studies focus directly on the relationship between the whole groups of resources and their distribution, and the level of personal adjustment, which can predict successful abstinence based on their interactions. This paper investigates the relationship between the distribution of resources and the level of personal adjustment. This relationship will be analysed in terms of resource gains and losses and their evaluation. In order to capture these relations, the following hypotheses were formulated:

- H1: Perceived resource gains show positive correlation with personal adjustment in addicts in early recovery stages.
- H2: Experienced resource losses show a significant correlation with poor adjustment.
- H3: Addicts in early recovery stages show statistically significant, positive relations between adjustment and considering family and economical/politic resources as important.

The study involved 30 addicts during remission (persons who have completed a therapy and have remained abstinent). The subjects included 24 men (80%) and 6 women (20%), who resided in hostels in Kraków and Warsaw. Their average age was 42 years. Secondary or vocational education was reported by 19 persons (63.3%). A considerable majority of the addicts were single (90%). As many as 18 subjects (60%) were unemployed.

In this study, personal adjustment was tested using Rotter Incomplete Sentence Blank test in its college and adult forms. The test form consists of 40 sentence stems to be completed by the subjects. Using a qualitative analysis, each answer was scored on the basis of detailed guidelines to arrive at a total score corresponding to the General Adjustment Index. The higher the total score, the poorer the personal adjustment of the subject, and conversely, the lower the score, the better the adjustment (Jaworska & Matczak, 2003).

The distribution of resources was evaluated using the Gains and Losses Self-Assessment Questionnaire, a Polish version of COR-E in its abbreviated version, as developed by Ewa Gruszczyńska et al. The Gains and Losses Self-Assessment Questionnaire has a similar structure to the original instrument. It comprises two parts. The first (part A) identifies the importance of individual resources on a five-point scale, where 1 corresponds to an un-

important resource and 5 to a very important one. In the second (part B), the subjects estimate the extent of gains and losses within each resource over the last twelve months using a scale from 0 (no change at all) to 5 (a major change). Finally, the questionnaire produces two indices which are the sum of the products of, respectively, the resource importance and the extent of loss within the same, and the resource importance and the extent of gains in the same (Gruszczyńska, 2012). The questionnaire groups the resources into 5 subcategories:

1. vital
2. spiritual
3. economic/political
4. family-related
5. power and prestige-related.

Socio-demographic and treatment-history data were collected on the basis of a personal data form prepared for the purposes of this study.

The study was conducted in groups and was anonymous in nature, with each of the respondents completing the questionnaires on their own.

Study findings

The collected data were subject to statistical analysis using SPSS 21 OPL. Basic statistical calculations were made on sociometric variables and on psychological variables, such as adjustment level (general score) and resource distribution (general score for the experienced gains, losses and importance of individual resource categories, and individual scores for resources in each category). Correlations between psychological variables were estimated using Pearson's *r*. In terms of psychological variables, the study tested the relationship between the adjustment level and the experienced gains and losses in individual resource categories, and between the adjustment level and considering family and economic/political resources as important.

Overall personal adjustment score in a group of addicts in early recovery stages ranges from 74.78 to 179, which suggests a wide discrepancy of the tested variable within this group. The average score was 119.19.

The group of addicts was assessed against the relation between the experienced gains in the individual resource categories and the personal adjustment level. For a summary of these correlations, please see Table 13.

Table 13 *Correlations between the experienced resource gains and personal adjustment in addicts in early stages of recovery*

	<i>Personal adjustment</i>	
	<i>Pearson's r</i>	<i>p</i>
Vital resource gains	-0.498**	0.003
Spiritual resource gains	-0.476 **	0.004
Family resource gains	-0.414*	0.011
Economic/political resource gains	-0.563 **	0.001

	<i>Personal adjustment</i>	
	<i>Pearson's r</i>	<i>p</i>
Power and prestige resource gains	-0.149	0.215

** correlation significant at 0.01 (one-tailed)

** correlation significant at 0.05 (one-tailed)

Negative, statistically significant correlations occur between adjustment and gains in vital resources (-0.498), spiritual resources (-0.476), family resources (-0.414) and economic/political resources (-0.563). This means that gains in these resource categories co-exist with good personal adjustment. The correlation between gains in power and prestige resources and personal adjustment is negative, but is at a statistically significant level (-0.149).

On the basis of the negative correlation between gains in vital resources and adjustment level (-0.498), it can be concluded that persons who experience gains in this resource category are characterised by better adjustment in individual functioning. Good adjustment is manifested in the fact that addicts in early stages of recovery tend to achieve their personal and professional objectives, and formulate and successfully implement their plans, which might suggest their increased sense of self-efficacy, as well as seeing more attractive forms of spending their free time, which can be an effective factor protecting them against relapsing back to drug use. The subjects also were more likely to feel a sense of personal development and having life force.

Gains in spiritual resources, which showed a statistically significant correlation (-0.476) with personal adjustment can suggest that persons with good adjustment tend to have hope, live in harmony with their own conscience and be more tolerant. Well adjusted individuals have more positive personal role models and can be characterised by greater worldly wisdom. With these resources they can feel less frustration resulting from psycho-social tension and experience less internal conflicts.

The negative correlation between gains in family resources and adjustment (-0.414) suggests that these persons experience social support from their families, have close rapport with their close relatives and rebuild their relationships with their children.

Gains achieved in economic/political resources show negative correlation with the adjustment level (-0.414). This correlation means that well-adjusted persons are more likely to live in a safe neighbourhood, are characterised by higher employment stability and have the necessary funds for everyday expenses and for emergencies in life. In financial and professional terms, these persons can have a greater sense of stability in life.

Only the correlation between the experienced gains in power and prestige, and the personal adjustment level was not statistically significant (-0.149). It is, however, negative, which means that gains in these resources also coexist with appropriate adjustment. This lack of statistical significance can be due to the fact that resources in this category often constitute third order resources which are not so crucial for the recovery of persons in this group.

Next, the study tested and analysed the relations between losses suffered by the patients in different resource categories and their personal adjustment levels. For the results, please see Table 14.

Table 14 *Correlation between the experienced resource gains and personal adjustment in addicts in early stages of recovery*

	<i>Personal adjustment</i>	
	<i>Pearson's r</i>	<i>p</i>
Vital resource loss	0.336 *	0,035
Spiritual resource loss	0.394 *	0.016
Family resource loss	0.372 *	0.022
Economic and political resource loss	0.352 **	0.028
Power and prestige resource loss	0.327 *	0.039

** correlation significant at 0.01 (one-tailed)

* correlation significant at 0.05 (one-tailed)

The obtained correlations between losses in resources and personal adjustment proved positive and statistically significant. This means that the greater the loss in resources the higher the overall results for adjustment test, which suggests higher maladjustment.

The correlation between the experienced losses in vital resources and personal adjustment (0.336) means that the subjects who experienced loss in these resources were more maladjusted. The poorer functioning of these persons manifests itself in their greater tendency to miss their life and career goals, to have no sense of personal development, and to have no interests or hobbies that could constitute alternative forms of spending their free time. Moreover, persons who suffer losses in this category of resources are more likely to have no positive reinforcements in the form of reciprocated affection and tend to have less life force.

The relationship between losses in spiritual resources and adjustment (0.394) means that maladjusted persons experience greater losses in this category. Maladjusted persons have a tendency to have no hope, in their environment they are less likely to meet potential role models, they can be less tolerant and can experience bigger inner conflicts due to the discrepancy between their behaviour and system of values.

Additional correlation between the experienced losses in family resources and adjustment (0.372) suggest poorer functioning due to the suffered losses in the domain of family life. Maladjustment involves poorer relationship with one's family and the lack of friendly interactions with one's closest relatives. Maladjusted individuals are less likely to receive support from their families, which can hamper successful adjustment.

Losses in economic/political resources, which show statistically significant correlation with the overall adjustment score (0.352) mean that maladjusted persons are more likely to suffer losses in this category of resources. Poorer adjustment can manifest itself e.g. in having no permanent residence in a safe neighbourhood, being in poor financial situation, having no sufficient income to cover day-to-day expenses, having no access to healthcare services, being uncertain about one's employment, and having a stronger belief in being in an unstable and unsatisfactory financial situation.

The correlation between power and prestige resource losses and adjustment level in addicts also shows statistical significance (0.327). This relationship suggests that poorly adjusted individuals suffer losses in this category of resources. This maladjustment can

manifest itself in their tendency to have no influential acquaintances, to have no opportunities for promotion and to have low social status, which can make it difficult to gain new resources and adjust better to their environment.

Finally, the study investigated the relation between personal adjustment and ascribing importance to family and economic/political resources. For results, please see Table 15.

Table 15 *Correlation between personal adjustment and the importance ascribed to resources*

	<i>Personal adjustment</i>	
	<i>Pearson's r</i>	<i>p</i>
Vital resource importance	-0.127	0.251
Spiritual resource importance	-0.184	0.165
Family resource importance	0.048	0.4
Economic/political resource importance	-0.163	0.194
Power and prestige resource importance	0.275	0.07

** correlation significant at 0.01 (one-tailed)

* correlation significant at 0.05 (one-tailed)

The presented correlations between the importance ascribed to resources by the subjects and their level of personal adjustment, are not statistically significant in any resource category.

The correlation between the investigated family and economic/political resource categories, and adjustment is, respectively, 0.048 for the importance of the former, and -0.163 for that of the latter.

The lack of statistically significant differences can be due to the fact that the individual assessment of resource importance is largely dependent on the cultural evaluation of each community (Hobfoll, 2006), and that the resource importance assessment does not work in group research when it is not associated with a resource gain or loss, i.e. it is resource gain or loss that is important for the individual.

Summary

This study was designed to investigate the relation between the experienced gains and losses in resources and the level of adjustment in addicts in early stages of recovery. The statistical analysis of its findings made it possible to formulate the following conclusions:

- Addicts in early stages of recovery, who experience gains in resources, are characterised by better personal adjustment.
- The importance of economic/political resources and family resources, as perceived by the subjects, is not related to their level of adjustment.
- Losses experienced in one's resources coexist with poorer adjustment.

The overall personal adjustment score in a group of addicts in early recovery stages ranged from 74.78 to 179, which suggests a rather wide discrepancy of the scores obtained within this group. The average score was 119.19, which is within the personal adjustment norm (Jaworska, Matczak, 1998). This could suggest that addicts in early stages of recovery are quite well adjusted.

The study confirmed statistically significant, negative correlations between the experienced gains in vital, spiritual, family and economic/political resources, and the adjustment level. This means that the experience of gains in these categories of resources coexists with the appropriate adjustment in addicts, and, consequently, gains in these categories of resources can serve as the predictor of these addicts' continued abstinence.

Statistically significant relations were also observed between the experienced resource losses and the adjustment level, with significant relations with the level of adjustment established across all resources categories. In this case, the positive correlation between these variables means that maladjustment coexists with the suffered resource losses. Moreover, statistically significant relations between the level of adjustment and loss experienced across all categories of resources can suggest that the experience of loss is incommensurate with the experience of gains for the process of individual adjustment, i.e. each loss in resources can contribute to thwarting addicts in their attempts to remain abstinent.

On the other hand, no relations were established between ascribing importance to individual resource categories and adjustment levels.

In light of these findings, the resource gains or losses experienced by hostel residents seem to play a crucial role for the process of their adjustment. The obtained findings confirm the importance of resource gain experience for the appropriate adjustment, and, consequently, continued abstinence, and the relation between the experienced resource losses and poorer adjustment, or maladjustment, of the individual.

These findings support Hobfoll's Conservation of Resources theory, which argues that gains in resources facilitate personal adjustment and initiate the spiral of gains in new resources, while losses experienced in resources contribute to further losses, which impairs the adjustment of the individual. The validity of this model for the treatment of addicts in early stages of recovery shows that these persons derive some benefits from the therapy, but still continue to suffer losses as a result of their addiction. This, in turn, suggests the need to stop, using intervention measures, this spiral of losses in addicts and, at the same time, initiate the spiral of gains, by reinforcing the development of and gains in new resources.

It is particularly important to note the role of vital, spiritual, family and economic/political resources for the therapeutic process and for the development of positive adjustment in addicts. These resources suggest that the work on personal abilities, such as the sense of self-efficacy, constructive coping with difficult situations, is important, but it is equally essential to create a network of support, where addicts in early stages of recovery could seek support, and to provide assistance in developing positive habits, such as work or the pursuit of one's interests, which could constitute a useful resource protecting them against relapsing back to drug use. A significant asset from the point of view of therapeutic measures aimed at providing protection against relapsing can also be provided by spiritual resources, whose key role in abstinence have already been suggested by other scholars (Wnuk, 2007).

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Chapter 7

Sense of support and stress coping strategies in nicotine-dependent persons

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ABSTRACT

The purpose of the study described in this report was to determine the interdependence between the sense of social support and stress coping strategies. The study was conducted using standard research methods, including the Coping Inventory for Stressful Situations (CISS), the COPE Inventory and the Social Support Scale. Statistically significant relationships in the study group were identified between the sense of social support and stress coping strategies. A poor sense of support was shown to correlate significantly with the emotion-oriented stress coping style, and a keen sense of support was found to correlate significantly with the task-oriented style.

Keywords: sense of support, stress coping strategies, nicotine dependency

Theoretical background

The primary purpose of the study described in this report is to present the interdependence between the sense of social support and stress coping strategies in a risk group comprising nicotine-dependent persons.

The first variable – social support, can be defined in the broadest possible manner as “help available to an individual in difficult situations” (Sarason, 1980; Sęk & Cieślak, 2006, p. 14). There are different sources of the phenomenon in question. These include specific persons and social groups, and the most important include: family, friends, neighbours, work colleagues, school colleagues, formal and informal organisations, professionals and service outlets. Furthermore, there are types of social support that are highly significant from the perspective of the described study, including emotional, evaluative, instrumen-

tal and informative support (Kmieciak-Baran, 1995; Tardy, 1985). There are significant differences between them in qualitative terms. Emotional and evaluative support is mainly based on the influence on the emotional and cognitive spheres of the individual in need, whereas the other two types are based on particular actions focused on problem solving (Sęk & Cieślak, 2006).

The second variable is, in turn, directly related to stress and the cognitive-relational theory of this phenomenon proposed by R. S. Lazarus and S. Folkman (Lazarus, 1986, 1993), which has been a source of inspiration for psychologists for many years. This theory initiated the focus in research on the methods, strategies and styles of coping. The methods used in the analyses presented in this report have also been created on its basis.

The definition of coping with stress most often used in the literature was provided by R. S. Lazarus and S. Folkman, according to whom these are constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing by an individual (Lazarus, 1986, 1993). This activity is referred to as a coping strategy and it can serve different functions depending on the kind of difficult circumstances, coping style as a relatively constant predisposition, and other factors related to internal determinants of an individual and the external environment. There are three main coping styles assumed to exist in problem situations, i.e. task-oriented, emotion-oriented, and the style consisting in avoiding difficulties by means of engaging in displacement activities and seeking social contact (Heszen-Niejodek, 2000; Juczyński & Ogińska-Bulik, 2009; Sęk, 2002; Wrześniewski, 2000).

Many analyses emphasise the significance of social support as a buffer in a stressful situation. It can serve as a resource, an aroused need resulting from the evaluation of an event, or as an element of a coping strategy for dealing with life stress (Sęk, 2006). From this perspective, a study of the aforementioned variables in a group of nicotine-dependent persons seems highly significant for the identification of the way they function in difficult circumstances and the level of support they receive from their immediate social environment, in order to gain more profound understanding of the mechanisms of smoking addiction, and, consequently, to identify the needs of nicotine users and the factors protecting them from becoming dependent on the substance. In addition, knowledge of the relations between the studied variables could contribute to the development of individualised therapy programmes for individuals dependent on tobacco products, emphasising the multidimensionality of the functioning of individuals who smoke cigarettes and their needs, while also developing constructive coping skills used in difficult situations and the ability to consciously develop and use social networks.

In their search for the most efficient methods of treatment for psychoactive substance dependence researchers have focused their efforts on determining the factors contributing to the maintenance of long-term abstinence. The results of analyses obtained to date show that, apart from personality variables, an important role is played by constructive stress coping skills. Coping with difficult situations is, in turn, immensely influenced by social support. It is significant for maintaining self-esteem, it affects the state of health and general life satisfaction. On the other hand, the lack of sufficient support can impede constructive coping with stressful circumstances. Studies on the personalities of addicts prove their unconscious need for affiliation, dependence and social support (Wills, Resko, Ainette & Mendoza, 2004).

Analyses conducted by A. Krupa, K. Bargiel-Matusiewicz and G. Hofman on a group of drug addicts in remission indicate that in individuals with strong support the coping strategies are mainly: positive reappraisal, seeking social support and methodical problem-solving. Among the surveyed with little social support the most readily used methods for overcoming difficult situations were: wishful thinking, blaming oneself, accepting responsibility and positive reappraisal. Moreover, individuals with high intensity of support manifested lower tendency to accept responsibility than the individuals with low intensity of this variable. Therefore, it seems that the support of others inclines people to feel absolved of responsibility for their actions. Methodical problem-solving is the most commonly used strategy among women and men with a high level of social support, which can mean that frequent reception/feeling of support helps to concentrate on problem solving (Krupa, Bargiel-Matusiewicz & Hofman, 2005).

Moreover, some researchers point out that in circumstances in which social support is a substitute for other stress coping methods, especially if this occurs permanently, it is possible that the individual will lose his/her ability to solve problems independently in critical circumstances (Jaworowska-Obłój & Skuza, 1986).

On the other hand, a study by K. Kurowska and M. Frąckowiak conducted on a slightly different risk group (patients with type 2 diabetes) demonstrated that the highest instrumental support was received by the respondents manifesting the emotion-oriented stress coping style, and the lowest by those manifesting the avoidance-oriented style (Kurowska & Frąckowiak, 2010).

As shown in the attempts presented above, the styles of coping with difficult situations are highly varied and they depend on the individual, the individual's characteristics, social environment, but also, or perhaps primarily, on the individually perceived support from others. One can assume that the greater the sense of support experienced by a person is, the more constructive, but still individualised, the strategies of coping with problematic circumstances are. This shows how extremely important the social support variable can be for recovering from nicotine addiction.

Methodology

This article focuses on the following research problem: What are the relations between the experienced social support and stress coping strategies in nicotine-dependent individuals?

The following research hypotheses are an attempt to address the question posed above:

- Hypothesis 1: Low sense of social support significantly correlates with the use of coping strategies of emotional and evasive nature among nicotine-dependent persons.
- Hypothesis 2: High level of experienced support in smokers is significantly related to the frequent use of the task-oriented style.
- Hypothesis 3: The use of the emotion-oriented style is significantly related to experiencing high instrumental support in active smokers.
- Hypothesis 4: High sense of evaluative support correlates with the use of problem-oriented strategies in smokers in remission.

- Hypothesis 5: High sense of evaluative support from family and friends correlates with frequent use of the avoidance-oriented style among the persons with a tendency to recurrence.
- Hypothesis 6: Low sense of social support is significantly related to frequent avoidance behaviours in active smokers and smokers in remission.

The study was conducted among persons regularly (currently or formerly) using nicotine, a psychoactive substance. The set of questionnaires was distributed in Poland, across the following provinces: lubelskie, podkarpackie and małopolskie, among people of various ages, from different environments, also differing in terms of their gender, marital status, education, place of residence and material status. The smokers were surveyed individually or in small groups, depending on the possibilities resulting from the conditions of external environment. The questionnaires were completed anonymously. The results are presented in the Table 16.

Table 16 *Characteristics of the study group*

<i>Marital status</i>	<i>N</i>	<i>%</i>	<i>Education</i>	<i>N</i>	<i>%</i>
single	31	34.4	elementary	0	0.0
married	49	54.4	vocational	5	5.6
divorced	6	6.7	secondary	31	34.4
widow/widower	4	4.4	higher	54	60.0
<i>Place of residence</i>	<i>N</i>	<i>%</i>	<i>Material status</i>	<i>N</i>	<i>%</i>
countryside	29	32.2	poor	9	10.0
town up to 100.000 residents	9	10.0	average	37	41.1
city 100.000 – 500.000 residents	44	48.9	good	38	42.2
city > 500.000 residents	8	8.9	very good	6	6.7

The study surveyed 90 persons aged 22 to 70 and the average age of all the subjects was approximately 37.5. Women comprised 50% of the respondents. More than a half of the respondents (54.4%) were married, 34.4% were single, and the divorcees (6.7%), widows and widowers (4.4%) formed a small minority.

In terms of education the respondents were generally divided into two groups, i.e. individuals with higher (60%) and secondary education (34.4%). People with vocational education formed a very small percentage (5.6%) and there were no participants with elementary education taking part in the survey.

The highest percentage of the respondents came from the cities with 100.000 to 500.000 inhabitants (48.9%). 32.2% of them were the residents of the countryside, whereas the others, i.e. a total of 18.9%, lived in towns with less than 100.000 and cities with more than 500.000 inhabitants. The respondents most often declared good (42.2%) or average (41.1%) material status. A significantly lower percentage assessed their financial conditions as very good (6.7%) or poor (10%).

First of all, individuals who in the most intense periods of dependence smoked at least 10 cigarettes a day were identified among the respondents based on a screening scale. Next, the following 3 subgroups were selected from among them:

- people who smoke currently or who have not been smoking for a short time (up to 6 months) – active smokers,
- individuals who in their history of use of tobacco products experienced a period/periods of non-smoking lasting more than 6 months, after which they returned to the addiction, and are currently smoking, or have not been smoking for up to 2 years – recurrent smokers,
- people who have not been smoking for at least 2 years – smokers in remission.

The methods used in the study were: the **Coping Inventory for Stressful Situations (CISS)** by Norman S. Endler and James D. A. Parker, based on the transactional model of stress, as presented by R. S. Lazarus and S. Folkman, according to which actions taken by an individual in difficult circumstances are a result of interaction between the features of a particular problem situation and the coping style characteristic of the individual. The coping style is understood here as a behaviour specific to a particular person in different stressful situations (Strelau, Jaworowska, Wrześniewski & Szczepaniak, 2013). The method consists of 48 statements referring to different behaviours a person can manifest in circumstances he or she finds difficult. The frequency of these activities is assessed on a five-point scale. The authors identify three styles of coping with stressful situations:

- task-oriented style (TOS),
- emotion-oriented style (EOS) and
- avoidance-oriented style (AOS), which can take two forms:
 - engaging in displacement activities (EDA) and
 - seeking social contact (SSC).

The reliability of the described method measured with the use of Cronbach's α ranges for the TOS and EOS from 0.82 to 0.88, whereas for the AOS scale – from 0.74 to 0.78 (Strelau et al., 2013).

In this study, the multidimensional **COPE Inventory** was used to measure the so-called flexible coping, understood as a relatively constant tendency, specific to a person, or a characteristic repertoire of strategies for coping with stressful situations (Juczyński & Ogińska-Bulik, 2009). The method consists of 60 statements assessed on a four-point scale, which make up 15 scales, divided as a result of the conducted analysis into three factors:

- Active Coping,
- Avoidance Behaviours, and
- Seeking Support and Focus on Emotions.

The reliability of individual scales, as measured with the use of Cronbach's α , ranges from 0.48 to 0.94, with it being the poorest for Attention Diversion ($\alpha = 0.48$) and Active Coping ($\alpha = 0.49$), and the highest for Turning to Religion ($\alpha = 0.94$) (Juczyński & Ogińska-Bulik, 2009).

Social Support Scale developed by K. Kmiecik-Baran is based on Tardy's concept of social support (1985), and it is used to analyse the kind and strength of support a person receives from specific social groups available in that person's environment. Two groups, most important from the point of view of the author, were selected to be used in this study,

including the family, i.e. parents, siblings, wife, husband, and children; and other relatives and friends.

Moreover, the discussed method also makes it possible to isolate four kinds of support that an individual can experience from the environments mentioned above. These include informative, instrumental, evaluative and emotional support. The final version of the method consists of 24 items with six statements in each, referring to the kinds of support mentioned above (three positive statements and three negative statements), evaluated on a six-point scale.

The reliability of this tool, calculated with the use of Spearman's rank correlation coefficient, is relatively high and ranges from 0.70 to 0.82. Internal consistency was tested for several samples to obtain the above-mentioned correlation coefficients between different kinds of support and social support in general (Kmieciak-Baran, 1995).

Discussion of findings

In order to verify the posed hypotheses, statistical analyses were conducted, calculating Pearson's r correlation coefficient. The results are presented in the Table 17.

The results presented above show that hypothesis 1 was partly confirmed, i.e. the low sense of social support significantly correlates with the use of coping strategies of emotional nature ($r = .480^{**}$). However, the results did not show the co-occurrence of the social support variable with the avoidance-oriented coping methods ($r = -.025$).

The obtained results confirm that nicotine-dependent persons using coping strategies of emotional nature experience low social support, which means that they subjectively evaluate the help provided to them by the immediate social environment (family and friends) as relatively rare or insufficient. The surveyed individuals do not feel they can always count on receiving useful information, advice or tips from other people, or on receiving material and financial support or similar specific support activities. These persons probably do not consider themselves as individuals of unique value and significance in the company of the supporting group; they might not feel entirely comfortable and safe among family and friends.

Confirmation of hypothesis 1 also indicates that nicotine-dependent individuals feeling low social support use coping strategies of emotional nature, which means that in difficult situations they manifest a tendency to focus on themselves, their own affective, usually negative, experiences such as anger, rage, sense of guilt, sadness, and physical and mental tension, as these are the feelings that usually appear in stressful life circumstances. Moreover, these persons can manifest tendencies towards wishful thinking and fantasising in an attempt to lower the experienced anxiety or tension.

As far as hypothesis 2 is concerned, it was also confirmed in the study ($r = -.412^{**}$), which means that a high level of social support from family and friends is significantly related to the frequent use of the task-oriented style in the group using nicotine products.

The respondents subjectively evaluate the received support as relatively frequent, characterised by high intensity, which means that they feel that when they are going to need it, they will receive help from their social environment – family and friends. The support will probably take different forms – from sharing significant information and providing advice, to lending money, supporters' dedicating their time, letting the individuals know that they

Table 17 Pearson's *r* correlations between the variables measured in the study

<i>Addicts in total (N = 90)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.412**	.480**	-.025	-.272**	.366**	-.065
<i>inf_sup</i>	-.406**	.438**	.024	-.306**	.344**	.031
<i>inst_sup</i>	-.359**	.296**	.042	-.249*	.320**	-.129
<i>eval_sup</i>	-.312**	.495**	-.178	-.176	.223*	-.093
<i>emot_sup</i>	-.356**	.448**	.015	-.218*	.374**	-.022
<i>Active smokers (N = 30)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.478**	.564**	.162	-.370*	.491**	0.21
<i>inf_sup</i>	-.380*	.605**	.136	-.322	.367*	.063
<i>inst_sup</i>	-.451*	.551**	.116	-.422*	.448*	-.072
<i>eval_sup</i>	-.400*	.352	.018	-.243	.374*	-.004
<i>emot_sup</i>	-.414*	.452*	.277	-.278	.493**	.100
<i>Persons with a tendency to recurrence (N = 30)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.455*	.572**	-.299	-.280	.215	-.108
<i>inf_sup</i>	-.567**	.457*	-.177	-.410*	.359	.053
<i>inst_sup</i>	-.404*	.270	-.099	-.201	.198	-.120
<i>eval_sup</i>	-.258	.643**	-.437*	-.123	-.001	-.177
<i>emot_sup</i>	-.406*	.587**	-.293	-.268	.229	-.122
<i>Smokers in remission (N = 30)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.262	.357	.001	-.167	.367*	-.011
<i>inf_sup</i>	-.183	.291	.098	-.215	.367*	.021
<i>inst_sup</i>	-.250	.214	-.024	-.088	.184	-.064
<i>eval_sup</i>	-.290	.455*	-.108	-.183	.306	-.058
<i>emot_sup</i>	-.178	.303	.032	-.108	.428*	.067

* correlation is significant at 0.05 (two-tailed)

** correlation is significant at 0.01 (two-tailed)

are important to the reference group, and finally to creating atmosphere in the supporting environment that is safe and full of acceptance.

Based on the results presented above, one can also conclude that the nicotine-dependent individuals with a high sense of social support significantly more frequently use the task-oriented style, which means that they manifest a tendency to make efforts aimed at solving problems by way of cognitive transformations or attempts to change the situation. Moreover, they put strong emphasis on the task and planning to overcome difficult

circumstances. In conclusion, these respondents manifest tendencies to engage in direct actions aimed at solving stressful situations.

Results of the study indicate the presence of a significant, but inverse, relationship between the variables, as assumed in hypothesis 3, in the group of active smokers, which means that the use of emotion-oriented style is significantly related to the respondents' experiencing low instrumental support ($r = .551^{**}$).

Hypothesis 4 was not confirmed, which can be observed on the basis of the results presented in Table 17. In the group of persons in remission, the high intensity of evaluative support is not significantly related to the use of problem-oriented strategies ($r = -.290$).

Hypothesis 5, on the other hand, was confirmed in the study, which means that the nicotine-dependent individuals experiencing recurrences and having a sense of strong social support of evaluative nature manifest a tendency to more frequently use the style oriented towards the avoidance of solving difficulties in stressful situations ($r = .436^*$).

The obtained results seem surprising in the light of the general relations between the variables available in the literature on the subject. However, based on the premises described above and analyses conducted for the purposes of this report it can be assumed that a high and constant level of evaluative support provided to recurrent smokers by their families and friends affects the adaptability of the addicts in a negative way. In circumstances in which the individuals receive social support regularly, frequently and with large intensity, it can replace other problem-solving methods, and even lead to the individuals' losing their ability to independently overcome critical situations, and therefore to using less constructive escape strategies.

Moreover, frequent manifestations of tendencies towards withdrawal in difficult life circumstances by persons experiencing relapses can be the result of their lower inclination to take responsibility for a given stressful situation, which is caused by their strong sense of evaluative support from the social environment. This support, expressed to the individual by means of messages indicating that he or she is a significant person for the given supporting group/person, probably plays the role of a factor absolving the individual of responsibility for their own actions. Consequently, this responsibility becomes shared between the members of the supporting group.

Moreover, the persons experiencing relapses are individuals who made attempts to quit smoking many times and these attempts each time ended in a fiasco. It is therefore possible that in the face of the subsequent challenges of such type, i.e. certain difficult situations, they are going to feel anxious about failures, which by that time have already become the reason why their subjective self-efficacy decreased. Therefore, when experiencing strong social support, they do not have to take all the responsibility for their actions themselves, which is very convenient in the case of a failure, as it is not going to be treated as an individual failure, but as a failure of a shared, collective nature. Moreover, without the sense of sufficient responsibility in the face of a problem, recurrent smokers can partially withdraw from a difficult situation by means of engaging in displacement activities or seeking social contact.

The last hypothesis was confirmed, which means that active smokers ($r = .491^{**}$) and persons in remission ($r = .367^*$), feeling low social support, manifest a tendency to frequently use avoidance behaviours in stressful situations.

Summary

The analysis of the interdependence between the analysed variables proved the existence of a statistically significant correlation between the sense of social support and stress coping strategies in nicotine-dependent persons.

Individuals experiencing low social support tend to use coping strategies of emotional nature frequently. This means that the persons using tobacco products, who consider the possibility of gaining support from their immediate social environment as low, in difficult situations manifest tendencies to focus their efforts on the emotional sphere of their functioning in response to stressful circumstances. It can be assumed that here social support plays the role of a resource necessary to deal with strong emotions appearing in difficult life situations, whereas insufficient experience of it by an individual influences the prevalent use of less constructive ways to overcome problems – emotion-oriented strategies.

Analyses of results also revealed a statistically significant correlation between the high sense of social support and the frequent use of the task-oriented style. This indicates that nicotine-dependent persons experiencing strong support from their immediate environment tend to make efforts aimed at solving stressful circumstances by way of cognitive transformations or attempts to change the situation. Moreover, they put strong emphasis on the task and on planning to overcome the encountered difficulties.

The positive verification of hypotheses 1 and 2 can indicate a significant role of social support in dealing with stress as a factor facilitating or impeding constructive coping measures in problem solving.

People with a tendency to relapse, experiencing strong evaluative support, are more likely to use the avoidance-oriented style, which means that they manifest the inclination to withdraw from difficult situations. This can be the result of the high intensity of the social support variable, negatively affecting the adaptability of individuals in dealing with difficulties, the lower tendency to accept responsibility in persons experiencing strong support from their environment, or the specificity of the studied subgroup, as described above.

Active smokers and nicotine-dependent persons in remission with a low sense of social support manifest inclinations to frequently use avoidance behaviours in stressful situations; these include problem denial, cessation of activities, humour, attention diversion, use of alcohol or other psychoactive substances and acceptance.

Confirmation of hypotheses 5 and 6 indicates the existence of significant differences between the three identified subgroups of nicotine-dependent persons in respect of relations between the analysed variables. Individuals with a tendency to recurrence distinguish themselves from the other two subgroups, which can result from the specific nature of their functioning, the course of the process of addiction, and other factors which caused the differences.

The results of these analyses confirm the general interdependence between the variables available in the literature on the subject that have also been proved on other study groups, not only on persons addicted to psychoactive substances. In most cases, the relations associate the low sense of social support with the use of less constructive coping strategies – oriented at emotions and/or avoidance, and the strong experience of the independent variable is associated with the task-oriented coping methods.

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Chapter 8

The severity of crisis in valuation and the use of coping strategies in prison inmates

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ABSTRACT

The issue of valuation is important and ever-present subject of psychological research. Past studies showed that a stable system of internal standards narrows the circle of applicable strategies of coping to those that are consistent with the values preferred by the person. However, the coping is one of the most important aspects of life in prison. The present study concerns of the relationship between the severity of the crisis in valuation and the preference of coping strategies among imprisoned persons. The study group consisted of 124 Polish male prisoners. The results showed a complex relationships between the crisis in valuation, measured using Oles's Value Crisis Questionnaire, and strategies of coping studied using COPE, developed by Carver, Scheier and Weintraub, and Strategic Approach to Coping Scale by Hobfoll.

Keywords: value crisis, coping strategies, prisoners

Introduction

Even though values are an important issue that continues to be present in psychological studies, the problems associated with crisis in valuation are relatively infrequently explored by scholars.

The area of values is deeply rooted in human personality (Rokeach, 1973). Values are what you assess as good, what you have a positive attitude towards, what you want to pursue and what you ultimately choose (Oleś, 1989a). Values are important for human functioning because they are responsible for establishing one's goals in life, planning and completing tasks, which, in turn, leads to self-actualisation, sense of fulfilment and success. Values are

the driving force behind our actions. Well-established hierarchy of values ensures the consistency of actions taken by the individual with his/her axiological system. This protects the individual against negative emotions that arise when the individual fails to act in line with his/her system of values (Rokeach, 1973; Niewiadomska & Chwaszcz, 2010).

Ossowski (1967) argues that values can exist at the actual and declarative levels. This distinction is important for their respective roles in behaviour control. This function is fulfilled only by internalised values, i.e. those perceived and considered as attractive (Bielicki, 1991). This regularity is clearly reflected in the assessment of the axiological attitudes of persons receiving their imprisonment. This group holds values that are similar to those recognised by the majority of the society. Among inmates, the overriding values include family life, fitness and physical strength, followed by education, stability in life, social support, pursuit of wealth, financial independence, and, finally, the satisfaction of one's hedonist needs (Świętochowska, 1995, Ziomek-Michalak, 2005). The essential difference between prison inmates and the general public is that the former attach significantly less importance to values associated with searching for meaning in life in relation to transcendence and the quality of interpersonal relations. Also in terms of values connected with working towards one's goals, socially maladjusted individuals are significantly more likely to choose factors based on self-sufficiency, like courage or independence, rather than those associated with interpersonal cooperation, like honesty, responsibility, integrity, truthfulness or cheerful disposition (Kościuch, 1984). The cited findings, which show insignificant differences in the hierarchy of values between socially maladjusted, or imprisoned, persons and the general public, suggest that the discrepancies between these groups should be found not so much in their failure to hierarchise their values as in the process of valuation itself. Previous studies on inmates, while focused on their hierarchy of values and valuation methods (Kozaczuk, 2005), have disregarded an important issue, that is the crisis in their axiological sphere.

Each human experience is connected with the sphere of values, hence the difficulties arising during the valuation process can play a significant role in the life of an individual. Oleś (1989a) argues that disorders in the axiological sphere can manifest themselves in: (a) difficulties in hierarchising one's system of values, when the individual is unable to identify his/her dominant value, which results in conflicts between values, and, consequently, causes axiological disorientation; (b) considerable re-evaluations, when the individual discovers new values, or abandons the values he/she used to hold on to; (c) failure to integrate cognitive, affective and motivational processes that take part in valuation, when the individual declares certain values, while at the same time having negative emotional attitude towards them or being poorly motivated to preserve them; (d) difficulties in assessment and making choices on the basis of one's system of values, that can result from the failure to adequately hierarchise one's inner standards or one's inclination towards impulsive behaviour; and (e) feeling that one has failed to hold on to one's values in life, i.e. realising the discrepancy between one's inner standards and behaviour. A valuation crisis can be caused by strong internal (social and/or cultural) or external (frustrated needs) pressures (Oleś, 1989a).

Imprisonment is a difficult time and the process of coping with stress is one of the vital aspects of functioning in a correctional facility. As argued by Lazarus and Folkman in their pioneering work (1989), coping is defined as the person's "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are

appraised as taxing or exceeding the person's resources" (p. 141). Individual coping methods for specific difficulties are defined as strategies (Heszen-Niejodek, 1997).

Studies conducted by Groth (2003) on a group of prison inmates and persons without a criminal record showed that juvenile delinquents, as compared to non-offenders, are characterised by a stronger tendency to use emotion-focused strategies, avoidance and self-distraction. However, there were no differences between these groups in terms of avoidance strategies focused on seeking interactions with other people. As demonstrated by other studies (Niewiadomska, Chwaszcz & Augustynowicz, 2010), inmates who develop their coping skills in problem situations are more capable of social readjustment. This is facilitated by their frequent use of strategies based on seeking social support and increased caution in their actions. Lower prevalence of strategies based on the use of psychoactive drugs, anti-social, instinctive, or avoidance activities, indirect behaviour and negative religious coping contributes to improved adjustment in penitentiary confinement. The use of alcohol or other psychoactive drugs as avoidance coping strategies is characteristic of the individuals who are released from prison and constitutes an important factor that leads to their return to criminal activity (Szczeplaniak, 2003; Yu, 2000). Studies on criminals covered by addiction therapies have shown that such therapies encourage the use of an increased number of constructive strategies in difficult situations in life (Hepburn, 2005).

Studies have proven that, when faced with a difficulty, the most effective and adaptive coping style is the problem-focused strategy. Coping focused on changing emotions and on avoidance does not provide these benefits (Pervin, John, 2002; Strelau, Zawadzki & Oniszczenko, 2004). These findings have been corroborated by studies conducted on different groups of inmates. A survey by Niewiadomska (2007) showed that the low intensity of the task-oriented coping style corresponds to poor adjustment capacity in convicts, and infrequent use of emotion-focused and avoidance strategies is associated with increased adjustment, i.e. low severity of the value crisis. Both one-time and habitual offenders with considerable adjustment capacity use psychoactive substances, such as sedatives, alcohol or drugs, only to a small degree. Trying not to focus on negative emotions when faced with a difficult situation results in moral improvement among recidivists. A reverse trend is found in habitual offenders with a limited capacity to change. They generally tend to concentrate on reducing their emotional tension, wishful thinking, daydreaming and focusing solely on themselves.

The relation between coping strategies and crisis in valuation is well established in the literature on the subject. Individuals characterised by a major crisis of values are distrustful, hostile and excessively critical towards others. They are unable to develop close emotional relationships. In addition, they have a tendency to compete and take vengeance on other people, while at the same time seeking acceptance and sense of interdependence. Individuals with the low severity of crisis in valuation desperately seek peaceful management of interpersonal relations. Such persons tend to be kind, friendly and caring (Oleś, 1989b). It has been argued that coping with problems by means of using emotions is associated with an inefficient management of internal standards, which increases tension (Strelau et al., 2004). A stable system of internal standards restricts the range of available coping strategies to those that are consistent with the values held by the individual.

A study by Ostrowska (1982) demonstrated that juvenile delinquents predominantly use strategies based on attack and ruthlessness. Their high scores on those scales indicate that these individuals tend to achieve their goals by any means. Frequently, they break

the law to reach their objectives. Recidivists, in turn, prefer strategies based on ruthlessness and resignation. Such individuals do not have any goals that would give purpose to their life. They also deny the importance of objectives they used to consider important. Studies have also shown that offenders who are imprisoned for the first time are less likely to use strategies based on resignation and ruthlessness (Ostrowska, 1982). Socially maladjusted individuals, including inmates, tend to come into conflict with their environment and are characterised by wrong attitudes towards society. They experience tensions and adopt wrong attitudes, which is manifested by their using antagonistic and destructive behaviour (Kozaczuk, 2006).

Crisis in valuation is also connected with destructive problem solving. Such coping methods are employed by individuals with poor coping skills, who adopt avoidance attitudes, often resort to self-destruction, abuse psychoactive drugs and experience fear of human interaction (Badura-Madej, 1999; Kubacka-Jasiecka, 2006). At the same time, the increased severity of crisis in valuation leads to the escalation of destructive attitudes in life, passivity, avoidance behaviour such as alcohol, drug or medicine abuse, and distancing oneself emotionally from society (Niewiadomska & Chwaszcz, 2010).

A hierarchised system of values rejects anti-social coping strategies in favour of pro-social ones (Niewiadomska, 2007). Axiological stability is further associated with only slight preference for assertive, instinctive or indirect strategies, or negative religious coping (Niewiadomska & Chwaszcz, 2010). Valuation integration is facilitated by the use of constructive coping strategies. These lead to the discovery of higher values, encourage the pursuit of mature goals, develop pro-social attitudes, and, as a result, drive inmates towards personal growth. One of such strategies is to act with caution in difficult situations (Cekiera, 1993; Niewiadomska, 2011). A study by Niewiadomska (2007) demonstrated that the low intensity of the task-oriented coping style is associated with increased crisis in valuation, while less frequent use of emotion-focused and avoidance strategies is connected with a low severity of crisis in the domain of values.

The present study addresses the following research question – What is the relationship between the severity of crisis in valuation and coping preferences among inmates? The authors expected that the high severity of crisis in valuation would co-occur with the use of strategies focused on avoidance behaviour (Hypothesis 1), based on seeking support and focused on emotions (Hypothesis 2), of active anti-social nature (Hypothesis 3), or of asocial character (Hypothesis 4), while the low severity of such crisis would be associated with active coping strategies (Hypothesis 5) or with active pro-social attitudes (Hypothesis 6).

Method

Study group and procedures

The study group comprised 124 men serving their time in the External Detention Facility of the semi-open Penitentiary in Zamość. The survey was conducted in groups of several people each. Before completing a set of questionnaires, the inmates had been informed

that the study was anonymous and its findings would be used solely for research purposes. Following the rejection of certain questionnaires due to incomplete data, 117 inmates were subject to an analysis.

The study covered prisoners aged 18–63, 51% of whom had resided in cities/towns, and 49% in villages before imprisonment. The majority of subjects had completed primary (37%) or vocational (33%) education; this was followed by secondary (24%) education, with only 7 inmates having university degrees.

On the basis of personal questionnaire forms, the study group was profiled against the variables connected with their stay in the penitentiary, the types of crimes committed, the time to be served, the time already served and the time remaining until being released from prison and the number of sentences served. The relevant study group description is presented in Table 18.

Table 18 *The profile of the study group in terms of the variables associated with imprisonment*

<i>Variable</i>	<i>N</i>	<i>%</i>
Type of crime		
against life or health	10	9
against safety in transport	25	23
against family or custody	19	17
against property	46	42
against business transactions	1	1
against the Act on prevention of drug abuse	10	9
against public order	1	1
unsuspended fine	5	5
against freedom	2	2
against document credibility	1	1
Time to be served		
Less than 6 months	9	8
Less than a year	10	9
Less than 2 years	27	24
Less than 3 years	24	21
More than 3 years	43	38
Time served		
Less than 6 months	33	30
Less than a year	20	18
Less than 2 years	27	24
Less than 3 years	15	14
More than 3 years	16	14
Time remaining until being released from prison		
Less than 6 months	30	27

<i>Variable</i>	<i>N</i>	<i>%</i>
Less than a year	16	14
Less than 2 years	40	36
Less than 3 years	18	16
More than 3 years	7	6
Sentence served		
First	81	75
Second	17	16
Third	4	4
Fourth	4	4
Fifth	1	1
Tenth	1	1

Methods

Valuation Crisis Assessment Form (VCAF) The VCAF by Oleś (1989a) comprises 25 items, of which 24 are of evaluative nature. The assessment provides the overview of the overall crisis in valuation and 4 sub-scales that measure the major outcomes of this crisis: Difficulties in hierarchising one's system of values, Sense of being lost in terms of values, Valuation disintegration, Sense of failure to live in line with one's values. The overall score is obtained on the basis of answers to 24 evaluative questions. This study uses only the overall score provided by the VCAF.

The subjects were asked to assess each statement by ticking one of the following three answers: P – truth, ? – I'm not sure, it's hard for me to decide, F – false. The reliability of the overall score assessed using Cronbach's alpha is 0.89 (Oleś, 1989a).

Coping Orientations to Problems Experienced (COPE). In its Polish version, as developed by Juczyński and Ogińska-Bulik (2009), the COPE inventory by Carver, Scheier and Weintraub, refers to the transactional approach to coping adopted by Lazarus and Folkman (1984) and is designed to assess individual attitudes to stress. This tool assesses avoidance, active, behavioural, cognitive, emotion-focused and problem-focused strategies.

COPE consists of 60 statements that make up 15 sub-scales, which have been categorised into three styles on the basis of factor analysis: (1) Active coping (positive reframing and growth, planning, restraint coping, active coping, suppression of competing activities), (2) Avoidance (behavioural disengagement, self-distraction, acceptance, denial, humour, substance use), and (3) Seeking support and focusing on emotions (seeking instrumental social support, seeking emotional social support, turning to religion, focusing on and venting of emotions) (Juczyński & Ogińska-Bulik, 2009). The reliability of the individual scales, measured using Cronbach's alpha, ranges from 0.48 to 0.94. The highest score was achieved for Turning to religion (0.94), and the lowest for Self-distraction (0.48) and Active coping (0.49) (Juczyński & Ogińska-Bulik, 2009).

Strategic Approach to Coping Scale, a situational version (SACS-S) The SACS-S by Hobfoll is used to assess coping strategies used by individuals when faced with stress.

The statements employed by this approach refer to individual and collective coping strategies. The scale consists of nine coping strategies, which have been subject to factor analysis to distinguish three styles: (1) Active pro-social coping (cautious action, social joining, seeking social support, assertive action); (2) Active anti-social coping (aggressive action, instinctive action, anti-social action); and (3) Asocial coping (avoidance and indirect action) (Hobfoll, 2006).

Findings

In order to test the hypotheses, the study calculated Pearson's r . For average standard deviations and correlations between the individual valuation crisis coping strategies, please see Table 19.

Table 19 *Descriptive data and Pearson's r for the variables evaluated in the study*

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>r</i>
Valuation crisis	31.9	8.8	
COPE			
Avoidance (style)	2.1	0.4	0.43***
Denial	1.9	0.6	0.38***
Behavioural disengagement	1.9	0.6	0.36***
Humour	1.9	0.7	0.21*
Self-distraction	2.1	0.5	0.36***
Substance use	2	0.9	0.34***
Acceptance	2.7	0.7	0.11
Active coping (style)	2.7	0.4	-0.29**
Planning	2.8	0.6	-0.34***
Positive reframing and growth	2.7	0.5	-0.182*
Active coping	2.8	0.6	-0.27**
Suppression of competing activities	2.6	0.6	-0.23*
Restraint coping	2.5	0.5	-0.10
Seeking support and focusing on emotions (style)	2.4	0.5	0.03
Seeking emotional support	2.3	0.7	-0.04
Seeking instrumental support	2.6	0.7	-0.06
Focusing on and venting of emotions	2.5	0.6	0.15
Turning to religion	2.2	0.9	0.04
SACS-S			
Active anti-social coping (style)	47.2	9.5	0.12
Aggressive action	14.6	3.5	-0.0
Instinctive action	19.3	3.8	0.18
Anti-social action	13.2	4.3	0.08

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>r</i>
Active pro-social coping (style)	84.2	13	-0.32***
Cautious action	16.5	4.1	-0.29***
Social joining	15.6	3.6	-0.14
Seeking social support	22.5	5.5	-0.12
Assertive action	29.7	4.6	-0.46***
Asocial coping (style)	29.2	6	0.20
Avoidance	17.8	4.2	0.16
Indirect action	11.3	3	0.18

Note. Significance levels: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

The conducted analyses demonstrated that there is a positive correlation between the severity of crisis in valuation and avoidance behaviour (COPE) and its corresponding strategies. No significant correlation was found only in the acceptance scale. The moderate, positive correlations between the variables, as observed in the study, show that the greater the severity of crisis in valuation, the more likely the individual is to use denial, behavioural disengagement, humour, self-distraction, or substance use. This confirms Hypothesis 1.

Based on the analyses carried out under this study, it can be assumed that, in line with Hypothesis 5, there is a negative correlation between the severity of crisis in valuation and the active coping style (COPE) and its corresponding strategies. No significant correlation was found only in restraint coping. The moderate and low, negative correlations between the variables, as observed in the study, show that the lower the severity of crisis in valuation, the more likely the individual is to use planning, positive reframing and growth, active coping and suppression of competing activities.

The presented study findings demonstrate that there is a negative correlation between the severity of crisis in valuation and active pro-social coping (SACS-S) and its corresponding strategies. No significant correlation was found for two scales, i.e. social joining and seeking social support. The moderate and low, negative correlations between the variables, as observed in the study, show that, in line with Hypothesis 6, the lower the severity of crisis in valuation, the more likely the individual is to use cautious action and assertive action.

The conducted analyses demonstrate that there are no significant correlations between the severity of crisis in valuation and seeking social support or focusing on emotions (COPE) and strategies corresponding to this style. There are also no significant correlations between the severity of crisis in valuation and active anti-social coping (SACS-S) and asocial coping (SACS-S) and the strategies corresponding to this style. In view of this, Hypotheses 2, 3 and 4 were not supported.

Discussion of findings

The findings presented above indicate that there are significant correlations between the severity of crisis in valuation and coping preferences among the surveyed prisoners.

Hypothesis 1 assumed that the high severity of the crisis does not foster the use of strategies focused on avoidance behaviour in inmates. As demonstrated by the presented analyses, the high severity of crisis in valuation increases the likelihood of using avoidance strategies, such as denial, behavioural disengagement, humour, self-distraction and substance use among prisoners. These findings are consistent with those recorded by Niewiadomska and Chwaszcz (2010) and Niewiadomska (2012). Avoidance strategies are conducive to maladjustment, as they fail to overcome obstacles, while also contributing to the proliferation of problems (Niewiadomska & Chwaszcz, 2010). This, in turn, suggests that the use of this type of coping strategies shows significant correlation with valuation disintegration.

Hypothesis 5 referred to the relation between the low severity of crisis in valuation and the preference for active coping strategies in prison inmates. The study showed that individuals with a great severity of the crisis are more likely to use task-oriented coping strategies. Heszen-Niejodek (2002) and Pervin & John (2002) claim that such strategies support adjustment. Task-oriented strategies facilitate personal development. Through such attitudes, inmates are more successful in overcoming life's adversities, which, in turn, leads to less problems in the axiological domain.

Hypothesis 6 associated the low severity of crisis in valuation with the use of active pro-social strategies. The study supported this claim. In particular, this applies to cautious action and assertive action. Previous studies have shown that the valuation process is consolidated through the use of strategies based on cautious action and on kind and friendly social attitudes (Niewiadomska, 2011; Oleś, 1989b). The relations found in this survey further suggest that active pro-social activities are beneficial for inmates. By careful planning and problem solving, and determined pursuit of goals, inmates consolidate their axiological attitudes.

Hypothesis 2 assumed that the high severity of crisis in valuation would correspond to the use of strategies based on seeking social support and focusing on emotions in prisoners. The conducted analyses did not show any significant relations between these variables. In theory, individuals who fail to manage their internal standards successfully, i.e. who experience a crisis in valuation, tend to employ emotion-focused strategies (Niewiadomska, 2007; Strelau et al., 2004). This lack of correlation can be, at least in part, due to the lack of females in the study group. The literature contains studies indicating that women are more likely than men to use emotion-focused strategies (Byra, 2011). Another explanation can be based on the fact that during their stay in the penitentiary, inmates have restricted social contact, which makes it very difficult to seek support or sympathy from other people.

Hypothesis 3 referred to the relation between crisis in valuation and the use of active anti-social strategies among convicts. This hypothesis was not supported under this study. It was based on study findings obtained by Niewiadomska & Chwaszcz (2010) and Oleś (1989b). These authors demonstrated that, in difficult situations, individuals who experience a crisis of values act instinctively, tend to compete with others and display negative attitudes towards them. The lack of this correspondence in the study group can be caused by its penitentiary confinement. Imprisoned individuals can show no active anti-social behaviour because there are no favourable conditions for this. They are continuously controlled by prison service and have limited contact with other people towards whom they could exhibit such behaviour.

Hypothesis 4 assumed that there is a significant relation between the high severity of crisis in valuation and preferences for asocial coping strategies among convicts. It was

based on research which showed that, in stressful situations, inmates with unstable axiological systems prefer indirect actions and tend to avoid the problem (Niewiadomska & Chwaszcz, 2010; Niewiadomska, 2012). This study did not support this hypothesis. This might be due to the specific nature of the study group, which included prison inmates participating in a programmed impact system. This system focuses on stimulating activity. This is why such inmates are less likely to exhibit such coping strategies as avoidance or indirect action (Stępnia, 2009).

To sum up, the strongest relation with the severity of difficulties in the axiological domain among prisoners is manifested by avoidance strategies, and the poorest – by task-oriented and active pro-social coping strategies. These findings confirm that corrective measures designed to assist prisoners in overcoming crisis in valuation can foster their adaptation of constructive coping strategies (and protect them from destructive ones). On the other hand, encouraging inmates to focus on tasks, especially of pro-social nature, and preventing avoidance behaviour, can help their value systems crystallise.

The correlations between crisis in valuation and the remaining coping strategies included in this study seem to be determined by various environmental factors operating in the penitentiary institution. The discrepancies found between this study and findings recorded in the literature ask for further research into this problem.

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Chapter 9

Personality and stress coping strategies in gambling-addicted persons

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ABSTRACT

The objective of this article was to study the relations between personality traits and coping strategies of gambling addicts. These were explored with the following methods: the Maudsley Addiction Profile (MAP), the Brief Biosocial Gambling Screen (BBGS), the NEO-PI-R Personality Inventory, the Strategic Approach to Coping Scale (SACS) – a situational version, and the Brief-COPE Coping Inventory. The results of this study indicated a relationship between personality traits and coping strategies.

Keywords: personality, stress coping strategies, gambling, addiction

Theoretical background

Nowadays, gambling is a commonly known and legal form of entertainment, favoured by many people. The instruments of using and accessing gambling activities make it available to many individuals, including ever younger users. This and many other factors contribute to the fact that gambling addiction is becoming a serious problem (Tucholska, 2008). It is a relatively new issue and studies are still being undertaken to gain the best knowledge of the pathological aspect of gambling.

In accordance with the International Classification of Diseases ICD-10, it was classified under the category of habit and impulse disorders and is defined as “frequent, repeated episodes of gambling that dominate the patient’s life to the detriment of social, occupational, material, and family values and commitments” (ICD-10, p. 178). Woods and Griffiths (2007) claim that gambling constitutes a kind of non-constructive coping strategy, which is a response to situations that are beyond their adaptation and coping capac-

ities (Wood & Griffiths, 2007). The way individuals cope with problems and hardships in their lives depends on the interrelation of personality and experience (Sheard, Derevensky, & Gupta, 2010). The literature on the subject and previously conducted empirical studies emphasise the significant impact of personality on the process of coping and combating the hardships of the daily life. It is connected with the tendency of an individual to prefer some coping strategies over others (Kolonowicz & Cieślak, 2004). Similarly, pathological gamblers are characterised by a specific set of features and they tend to choose specific strategies, and many gamblers treat gambling as an escape from everyday problems and hardships (Wojewódzka, 2014). The objective of the study was to find these dependencies and thus to deepen the knowledge of a certain aspect of functioning of such individuals.

The objective of this work was to study the relations between personality traits and coping strategies of gambling addicts. The following operational definitions were adopted for the variables. Personality is a set of fixed and interconnected features and mechanisms in an individual that influence their adaptability to the constantly changing environment, whether physical, social or psychological. It has been described using five aspects: Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness, based on the Five-Factor Personality Model, constructed on the basis of three structures: basic tendencies, characteristic adaptations and the self-concept. Human personality develops and is shaped by two contexts: external influences and dynamic processes. The need to adapt requires that the individual learn how to react in difficult situations he/she faces. Strategies for coping with stress involve cognitive and behavioural actions directed at reducing internal and external stressors and bringing them under control; an individual perceives them as changing cognitive and behavioural efforts aimed at satisfying external and internal requirements, often assessed by the individual as being beyond his/her adaptation skills and resources.

Methodology

The objective of this work is to study the connections between personality traits and strategies for coping with stress in a group of gambling addicts. The study of the issue in question was to address the following research question:

What relations occur between personality traits and strategies for coping with stress among gambling addicts?

In response to the question above, four hypotheses were formulated on the basis of the literature on the subject:

- Hypothesis 1: A strong relation between high Neuroticism level and the use of avoidance and emotional coping strategies is observed in a group of gambling addicts.
- Hypothesis 2: High intensity of Openness to Experience is strongly related with the use of active-prosocial strategies among gambling addicts.
- Hypothesis 3: High level of Extraversion significantly correlates with task strategies and active-antisocial methods of coping in a group of gamblers.
- Hypothesis 4: Low intensity of Agreeableness significantly relates to the preference for active-antisocial strategies in a group of pathological gamblers.

The study covered 32 gambling addicts aged 22–54, with the average age of 34. The youngest examined person was 22, and the oldest 54 years old. The average age was

provided for 31 persons (no data for 1). The surveys for the master's thesis were conducted from January to the end of March 2015. They included individuals staying at addiction treatment centres, outpatient addiction treatment centres, participants of Gamblers Anonymous, and also relatives and associates. These included the inhabitants of the Małopolskie (20 persons) and Lubelskie (12 persons) provinces. The surveys were performed individually.

The following research methods were applied:

Brief Biosocial Gambling Screen (BBGS)

BBGS (*Brief Biosocial Gambling Screen*; Gebauer, LaBrie & Shaffer, 2010) is a screen that helps evaluate whether an individual has a pathological gambling problem and whether specialist assistance is required in relation to the addiction. It facilitates the identification of pathological gambling by referring to the three areas of human functioning – emotional issues, financial problems and lying (Gebauer et al., 2010). Three-times “Yes” to each question suggests a problem with gambling and the need for a detailed clinical diagnosis. The method is characterised by good psychometric characteristics in the identification of pathological gamblers – sensitivity 0.96, specificity 0.99. Its predictive value is 0.37, which indicates that one-third of the individuals with positive response to the three questions were diagnosed as symptomatic gamblers (Niewiadomska, Augustynowicz & Palacz-Chrystidis as cited in: Gebauer et al., 2010). The tool served to select the individuals for the study group. Three-times “Yes” to each question indicated the occurrence of addiction. Furthermore, the selection of individuals is supported by the fact that most of them are patients of addiction treatment centres, which confirms the reliability of the selection of the study group.

NEO-PI-R Personality Inventory by Paul T. Costa, Jr, Robert R. McCrae

This method was developed by Paul Costa, Jr., Robert R. McCrae and was adapted in Polish literature by Jerzy Siuta. The inventory consists of 240 items, which make it possible to measure five personality traits, with 6 components measured under each of the traits. The traits include: *Neuroticism*, *Extraversion*, *Openness to Experience*, *Agreeableness* and *Conscientiousness* (Siuta, 2006). Cronbach's alpha internal consistency coefficient was used to measure the reliability of scales and subscales within the study. The reliability proved to be high. The lowest result was obtained for the Agreeableness scale (0.81). The values of the remaining scales ranged between 0.85 and 0.86 (Siuta, 2006).

Strategic Approach to Coping Scale (SACS) – a situational version by Stevan E. Hobfoll

The authors of this method are Stevan E. Hobfoll, Dunahoo, Ben-Porath and Monnier. It is used to indicate the preferred ways of coping with stress. SACS consists of 52 items referring to individual and collective coping strategies (Hobfoll, 2006, pp. 168–169). The research made use of its version that included 27 additional items concerning religious coping.

The reliability of the Strategic Approach to Coping Scale was measured using Cronbach's α internal consistency coefficient. For specific subscales its value oscillates between 0.47 for "indirect" action and 0.77 for seeking social support (Niewiadomska 2011, pp. 80–81; Niewiadomska, Chwaszcz & Augustynowicz, 2010, p. 32).

Brief-COPE Coping Inventory by S. Carver, M. F. Scheier and J. K. Weintraub

This method was developed by S. Carver, Michael F. Scheier and Jagdish K. Weintraub. The authors of the Polish version are Zygryd Juczyński and Nina Ogińska-Bulik. The inventory is based on the Lazarus's model of stress and the self-regulation model. Abbreviated version of the COPE Inventory, Brief-COPE, consists of 14 scales. Each of them corresponds to 2 items, which gives a total of 28 items. These items are derived from the full version of the tool. Subjects provide answers using a 4-level scale from 0 – *I haven't been doing this at all*, to 4 – *I've been doing this a lot*. The psychometric characteristics of the method are good (Juczyński & Ogińska-Bulik, 2012).

Maudsley Addiction Profile (MAP) by J. Marsden, G. Gossop, D. Steward, D. Besta

The authors of the method are J. Marsden, D. Steward, D. Besty. The questionnaire takes the form of a structured interview. The questions refer to 4 areas in which a subject might experience issues. The first part of the interview has been modified by the research team within the Chair of Social Psychoprevention as part of the project "Social Bonds instead of Prisons". Subjects referred to the frequency of using certain substances on a 5-level scale, on which the values were as follows: 1 – never, 2 – very rarely, 3 – sometimes, 4 – often, 5 – very often.

The reliability of the scale is high, with the correlation coefficient for its individual parts ranging between 0.68 and 0.98 (Hornowska, 2006, p. 12).

Spearman's rho correlation was used for statistical analyses. The results of the studies indicated a relationship between personality traits and coping strategies.

Discussion of findings

The first hypothesis failed to be confirmed. The study proved that gambling addicts with high level of neuroticism are much less likely to use avoidance and emotion-focused coping strategies, which is contrary to the majority of current theoretical assumptions and studies (Zawadzki, Strelau, Szczepaniak & Śliwińska, 1998; Bolger & Zuckerman, 1995). Similar findings were presented by Doyle and Slaven (2004), who studied a military vessel crew. They reported only a weak relation between neuroticism and using avoidance coping strategies. The authors pointed out that these individuals might use less adaptive coping strategies and, considering their workplace, they might feel more stress in connection with their work-related requirements. The validity of replication was also confirmed due to the small size of the study group. As a result of in-depth analyses, the existence of statistically significant relations between Neuroticism components and the scales of

some coping strategies has been confirmed (Tables 20. and Table 21.). Gambling addicts who feel guilty, lonely, sad or apathetic (Neuroticism component – Depressiveness) tend to more often deny and refute the occurrence of a given situation. They may also fail to focus on stress events (Brief-COPE – Denial). Carver & Connor-Smith (2010) and Lengua et al. (1999) suggest that self-distraction and denial of the situation may result from temporary support, assistance, and thus reduction of the individual’s engagement in active coping. Gamblers with high impulsiveness (a player’s trait), which was confirmed in valid studies (Shin, 2012), who have difficulties in controlling their needs and impulses (Neuroticism component – Impulsiveness), are considerably more prone to refrain from engaging in combating the stressor (Brief-COPE – Disengagement). These findings can be similar to those obtained by Connor-Smith and Flachsbart (2007), according to whom neurotic individuals are less likely to engage in coping, and more prone to disengagement and wishful thinking (Connor-Smith & Flachsbart 2007). This may be related to the fact that those individuals prefer to invest their energy and resources in behaviours that give them pleasure, are dictated by impulses and force, and help them forget about their difficult situation. Furthermore, gambling addicts characterised by impulsiveness are significantly less likely to seek support, comfort or help from others (Brief-COPE – Use of emotional support), which has been confirmed in the study by Custron, Hessling and Skur (1997), as referred to by Cieślak and Eliaz (2005).

Table 20 Correlations between selected neuroticism components and avoidance coping strategies in a group of gambling addicts (N = 32)

Coping Strategies (COPE)	Neuroticism components	Depressiveness		Impulsiveness	
		Spearman’s rho	p ≤	Spearman’s rho	p ≤
Self-distraction		.009	.963	.262	.147
Denial		.417*	.018	.111	.547
Substance use		.070	.703	.251	.165
Disengagement		.340	.057	.378*	.033
Humour		.102	.579	.096	.603
Acceptance		-.090	.626	.113	.539

*. correlation significant at 0.05 (two-tailed)

Spearman’s rho – correlation coefficient

**. correlation significant at 0.01 (two-tailed)

p ≤ significance level

Table 21 Correlations between selected neuroticism components and emotional coping strategies in a group of gambling addicts (N = 32)

Emotional Coping Strategies (COPE)	Neuroticism components	Impulsiveness	
		Spearman’s rho	p ≤
Seeking emotional social support		-.355*	.046

<i>Emotional Coping Strategies (COPE)</i>	<i>Neuroticism components</i>	<i>Impulsiveness</i>	
		<i>Spearman's rho</i>	<i>p ≤</i>
Venting		.171	.350
Religion		-.380*	.032
Self-blame		.147	.422

*. correlation significant at 0.05 (two-tailed)

Spearman's rho – correlation coefficient

** . correlation significant at 0.01 (two-tailed)

p ≤ significance level

It is also important to note additional analyses, which, despite being outside the area of the hypothesis under discussion, remain within the scope of the research problem in question (Table 22.). It turns out that gamblers with the highest Neuroticism levels are less likely to plan their steps ahead (Planning). This confirms the assumptions based on the theory of temperament developed by Carver and Connor-Smith (2010) and Lengua et al. (1999), according to which the existence of an emotional excitement stimulus itself may result in a disruption of the application of coping strategies, which mainly consist in planning (Carver, Connor-Smith, 2010; Lengua et al., 1999). Furthermore, in difficult situations, gamblers with high neuroticism tend to undervalue, and thus not utilise, their own traits and resources (Assertive action). This fact is emphasised by Bolger and Zuckerman (1995), who also claim that neurotic people are more susceptible to interpersonal stress, as well as to the perception and assessment of events as being too difficult, threatening, and disproportionately big compared to the resources at hand (Bolger, Zuckerman, 1995). They are also much more likely to undertake action without thinking, act on impulse (Cautious action). Gambling addicts with higher results on the neuroticism scale prefer indirect action as their coping strategy. Their goal can be to preserve the balance and peace, and not to directly fulfil their needs. It can often manifest itself in the “say one thing and do another” attitude (Indirect action).

Table 22 *Additional correlations between neuroticism and coping strategies in a group of gambling addicts (N = 32)*

<i>Personality traits</i> <i>Coping strategies</i>	<i>Neuroticism</i>	
	<i>Spearman's rho</i>	<i>p ≤</i>
1. Planning (Brief-COPE)	-.361*	.042
2. Assertive action (SACS)	-.385*	.029
3. Cautious action (SACS)	-.537*	.002
4. Indirect action (SACS)	.360*	.043

*. correlation significant at 0.05 (two-tailed)

Spearman's rho – correlation coefficient

** . correlation significant at 0.01 (two-tailed)

p ≤ significance level

The second hypothesis failed to be confirmed. There is no statistically significant relation between the intensity of openness to experience and using active-prosocial coping strategies (cautious actions, social joining, seeking social support). The only correlation was identified for the relation between the high intensity of openness to experience and assertive action, which, in addition to cautious action, social joining and seeking social support for gambling addicts, make up active-prosocial coping strategies (Table 23.). They are more likely to see the circumstances through the prism of their resources and capacities. Moreover, they tend to be more open in situations and during experiences they encounter, and more often care about their needs, while at the same time being very persistent. This finds no confirmation in the studies conducted so far, apart from the relation concerning assertive action, which reflected more frequent cognitive problem solving (Connor-Smith, Flaschbart, 2007), and also studies and findings referred to by Kolonowicz and Elias, arguing that individuals open to experience use effective coping strategies (Kolonowicz & Elias, 2004, as cited in: O'Brien & DeLongis, 1996). Gamblers with high openness levels tend to use indirect action more often in their coping with stress. They frequently declare one position and then take another. They also tend to follow the rules and standards in their environment rather than presenting any views that are contrary to these rules and standards. This might be a way to increase the sense of control and influence over the order and stability of their relationships. One may also wonder if using this strategy by individuals who are open to experiences is a form of defence or an attempt at manipulating other people by giving them the sense of control whilst it is really the gambler who "pulls the strings". However, this issue takes no part in the verification of the research problem, and we cannot make conclusions based on the current findings. Further studies are recommended in order to verify this issue.

Table 23 *Correlations between openness to experience as a personality trait and using active-prosocial strategies for coping with stress in gambling addicts (N = 32)*

<i>Personality traits</i>	<i>Openness to experience</i>	
	<i>Spearman's rho</i>	<i>p ≤</i>
<i>Active-prosocial strategies</i>		
Cautions action	.087	.635
Social joining	.009	.962
Seeking social support	-.023	.899
Assertive action	.364*	.041
<i>Additional coping strategies</i>		
Indirect action	.413*	.019

*. correlation significant at 0.05 (two-tailed)

Spearman's rho – correlation coefficient

** . correlation significant at 0.01 (two-tailed)

p ≤ significance level

The third hypothesis was confirmed in part. Based on the analyses, statistically significant relations were found between the high level of extroversion and the use of aggressive and antisocial strategies. Furthermore, as regards the use of problem-focused strategies,

statistically significant relations were indicated only for the Planning strategy, which is in line with previous studies (Carver & Connor-Smith, 2010; Connor-Smith & Flachsbart, 2007; Vollrath, 2001) (Table 24.). Socialised individuals, who value the company of other people, and who are active and assertive, tend to manifest planning behaviour and think about their course of action much more frequently.

Table 24 *Non-parametric correlations between extroversion and problem-focused (Brief-COPE) and active-antisocial coping strategies (SACS) in a group of gambling addicts (N = 32)*

<i>Personality traits</i> <i>Problem-focused coping strategies (Brief-COPE)</i>	<i>Extroversion</i>	
	<i>Spearman's rho</i>	<i>p ≤</i>
Active coping	.307	.087
Planning	-.454**	.009
Seeking instrumental support	.046	.804
Positive reframing	-.111	.545
<i>Active-antisocial coping strategies (SACS)</i>		
Aggressive action	-.714**	.000
Instinctive action	.171	.350
Antisocial action	.416*	.018
<i>Coping strategies, additional correlations (SACS)</i>		
Assertive action	-.582**	.000

*. correlation significant at 0.05 (two-tailed)

Spearman's rho – correlation coefficient

** . correlation significant at 0.01 (two-tailed)

p ≤ significance level

As a result of the conducted analyses, an additional statistically significant relation between extroversion and active-antisocial coping strategies was identified. Gamblers with high level of extroversion tend to manifest behaviours that involve disparaging other people in a deliberate or unintentional way (Aggressive action). This may be related to the self-regulation process consisting in the willingness to set and achieve objectives which are important to them, even at the expense of others people and their interests. Moreover, a significant relation was indicated between extroversion and antisocial behaviours. In difficult situations, gamblers with high level of energy, who value the company of other people, are more likely to manifest deceitful behaviour, cheat or play tricks aimed at achieving their own goals and benefits. The coexistence of both strategies, i.e. aggressive and antisocial actions, might suggest that they can be used interchangeably, which results from the fact that aggressive strategies are characterised by higher levels of directness, while antisocial actions are more indirect and manipulative. Connor-Smith and Flachsbart (2007) also pointed out that extroverts prefer strategies that require involvement, which reflects the nature of the strategies used by gamblers in groups with higher intensity of this personality trait. There is also a statistically significant relation between extroversion and assertive action (Carver & Connor-Smith, 2010; McCrae and John, 1992). Gamblers of this kind can be

more inclined to act despite failures and to resume their attempts. They can be more resilient, determined and eager to achieve their goals, even if it requires persistence or persuasion. The result is interesting, as the author of this method had indicated in most of his studies that assertive actions did not coincide with active-antisocial actions (Hobfoll, 2006). Therefore, it seems that personality trait relation is stronger in this case, since the relevant studies and theories confirm that individuals with higher levels of extroversion are significantly more likely to be assertive, and the assertiveness itself is one of the components of this personality trait under the Big Five model.

The fourth hypothesis was confirmed in full. There is a statistically significant positive correlation between high intensity of agreeableness and using active-antisocial strategies by gamblers. This relates to all three strategies in this category, i.e. aggressive, antisocial and instinctive actions (see Table 25.). Individuals who apply antisocial coping strategies can behave in a deceitful way, lie and plot in order to gain benefits (Antisocial actions). Their actions are aimed at direct confrontation with the problem source, and they strive to gain dominance and control (Aggressive action). They also tend to ignore the needs of others, often acting aggressively towards them. It is important to note the fact that these actions may be of intentional or unintentional (instinctive actions) nature; they may also be a part of a pre-developed strategy to achieve certain objectives (Aggressive actions). Gamblers who follow these strategies significantly antagonise other people, which consequently leads to their isolation. Strelau and Zawadzki (1998) also suggest that individuals with low agreeableness levels can behave aggressively towards people they feel threatened by, and manipulate them. Similarly, researchers claim that high agreeableness level is connected with the small number of interpersonal conflicts and larger relationship network (Carver & Connor-Smith, 2010; Asendorpf, Denissen & Aken, 2008; McCrae & John, 1992). Therefore, low intensity of agreeableness combined with the applied strategies impacts on the quality of relationships and the number of conflicts, including those that cause stress. It is much more likely for active-antisocial coping strategies to correlate with indirect action. Furthermore, studies show that this relationship also takes place in a group of gambling addicts with low agreeableness levels (see Table 25.). Similar relationships are indicated by Zawadzki et al. (1998). In their opinion, gamblers are characterised by lower levels of agreeableness, are less trusting, competitive and less sensitive to the needs and feelings of others. They can also exhibit egocentric attitudes (Zawadzki et al., 1998).

Table 25 *Correlations between agreeableness and preferred coping strategies in a group of gambling addicts (N = 32)*

<i>Personality traits</i>	<i>Agreeableness</i>	
	<i>Spearman's rho</i>	<i>p ≤</i>
<i>Active-antisocial strategies</i>		
Aggressive action	-.477*	.006
Instinctive action	-.364*	.040
Antisocial action	-.690*	.000
<i>Additional coping strategies (SACS)</i>		
Indirect action	-.385*	.030

<i>Personality traits</i>	<i>Agreeableness</i>	
	<i>Spearman's rho</i>	<i>p</i> ≤
<i>Active-antisocial strategies</i>		
Assertive action	-.411*	.020

*. correlation significant at 0.05 (two-tailed)

Spearman's rho – correlation coefficient

** . correlation significant at 0.01 (two-tailed)

p ≤ significance level

Failure to confirm all the hypotheses does not mean that the influence of personality on coping is insignificant. In the face of the occurrence of many stressful daily situations, low intensity of relations can have its impact in time. In addition, many studies have shown inconclusive relationships. The nature of the studied groups and the diversity of the applied methods, and also the related differences, might have influence on the occurrence of the above-mentioned discrepancies. This also reflects the need for studying individual coping strategies in various groups, not restricting oneself to defining general coping types and testing the moderators that have significant impact on the relationship between personality and coping strategies.

Summary

The obtained results should be interpreted with caution due to the small size of the study group. It seems necessary to conduct research on a larger scale to verify the indicated relationships. Furthermore, the performed analyses confirmed the validity of the employed research instruments and methods. The only method whose reliability and applicability in this study group might be questioned is the Brief-COPE Coping Inventory, with the relatively few items, the content of which was formulated in a too straightforward way, which might have resulted in a certain manipulation of the answers for the purpose of impression management. This conclusion is driven by the analysis of the SACS results, which indicated strong correlations for the formulated hypotheses. Therefore, the results and analyses should be treated with caution and examined further. It would also prove interesting to study additional moderators influencing the relationship between personality traits and coping strategies, such as age, gender, nature of the stress event the subjects referred to, the context of that event, and the time of its occurrence. Further analyses can be conducted also for the purposes of studying the functional role of Openness to experience.

The above-mentioned studies show that their application in the diagnosis of the personality and coping strategy of gambling addicts is reasonable. The diagnosis in the addiction treatment centre is the basis for treating an individual who requires help with the problems resulting from his/her addiction (Bętkowska-Korpała, 2007). This creates an opportunity for the better understanding of the functioning of an individual in psychological and social terms, and also regarding his/her response to difficult and stressful situations.

Given the fact that there are no recommended methods of therapy to work on learning constructive strategies for coping with stress and unlearning the non-constructive ones, it seems essential to develop new forms of proceeding and treatment, and to create methods for teaching how to change one's habits in response to difficult situations. Bętkowska-Ko-

rpała, Gierowski, Ryniak, Kasprzak, Nolbrzak-Drozd & Starowicz (2012) also indicate in their studies on personality among gambling addicts that this knowledge helps differentiate individuals with adjustment traits from those who might find it difficult to achieve results in the therapy and in keeping their abstinence. This leads to them being covered by special programmes and care due to the worse prospects, which result from the strength of addiction and its coexistence with difficulties in psychosocial functioning.

The knowledge gained from the diagnosis can contribute to the evaluation of the therapy outcomes, and professional therapeutic programmes might contribute to increasing therapy effectiveness.

Further studies and exploration of the subject of personality and coping with stress by gambling addicts are necessary. It is worth paying more attention to personality profiles, individual elements that shape personality, and variable moderators, while also searching for more relations and data. This will allow us to learn about the functioning of gambling addicts and, consequently, to provide them with better professional support as regards the prevention, identification and treatment of the addiction.

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Chapter 10

Personal adjustment and preferences for coping strategies in people with behavioural addictions

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ABSTRACT

Behavioural addiction is defined as a compulsive, habitual behaviour that restricts the freedom of human desire. It is caused by having one's desires attached to or riveted on a specific object. An overview of the literature on the subject shows that personal adjustment and preference for coping strategies have not been adequately studied. This article explores these interdependencies to not only expand the state of the art but also to improve the competences of practitioners working with people with compulsive disorders.

Keywords: personal adjustment, stress coping strategies, behavioural addictions

Theoretical background

Behavioural addiction is a poorly researched and fairly new phenomenon. It was not until the last several decades that researchers began to become more interested in it. Psychoactive substances such as alcohol, drugs and cigarettes have been regarded as addictions for a long time. Currently the definition of an addiction is much broader. The compulsive performance of a given activity, e.g. gambling, working, shopping, Internet surfing or having sex, has increasingly often been seen as an addiction. New addictions are undoubtedly a result of ongoing civilisational changes, which include a very fast pace of life, high stress, which often causes negative emotions, and an increase in ubiquitous consumptionism (Ogińska-Bulik, 2010, pp. 9–10). Behavioural addictions are often associated with causes characteristic of psychoactive-substance addictions, namely the need for a quick reward after completing a task, as well as problems with controlling one's own impulses. A number

of publications, as well as research results, are available on alcohol, drugs and cigarettes. When it comes to compulsive behaviours, there are more and more literature items and research analyses, yet these are still scarce. Especially in Poland this is a less explored and poorly researched area. An analysis of the literature on the subject shows that personal adjustment and preferences for coping strategies displayed by people with addictions have not been studied enough. The exploration of these interrelations can improve the competences of practitioners working with people with compulsive disorders.

Methodology

The primary objective of this research was to study the interrelations between personal adjustment and preferences for coping strategies displayed by people addicted to gambling. The surveys were conducted from January to March 2015. The analysis covered questionnaires completed by 60 men. These men included 30 people addicted to gambling and 30 people without addictions. The group of addicts included mainly participants in therapeutic groups for gamblers. The surveys were carried out mostly in Lublin, Warsaw and Poznań.

Based on the literature on the subject of personal adjustment, preferences for coping strategies and behavioural addictions, the following research question was formed:

What are the relations between personal adjustment and preferences for coping strategies in people with behavioural addictions?

To address this question, the study formulated 5 research hypotheses. These hypotheses illustrated the anticipated relations between the analysed variables:

- Hypothesis 1: People with a high level of personal adjustment prefer active coping.
- Hypothesis 2: Gamblers characterised by a low level of personal adjustment strongly prefer avoidance coping strategies.
- Hypothesis 3: The consumption of alcohol and other psychoactive drugs is associated with a low level of personal adjustment.
- Hypothesis 4: Emotion-focused coping significantly correlates with a low level of personal adjustment.
- Hypothesis 5: Negative religious coping by persons addicted to gambling significantly correlates with a low level of personal adjustment.

To verify the presented hypotheses, the following methods were employed:

The Maudsley Addiction Profile - MAP

The MAP questionnaire is designed as an interview and used to study issues connected with psychoactive substance use. It also draws attention to the problem of behaviours accompanying the use of psychoactive substances and its effects (Marsden, Gossop, Stewart, Farrel, Lehmann, Edwards & Strang 1998, pp. 5–9). This method consists of 4 parts, including:

1. Substance use – the specification of types and frequency of using psychoactive substances;
2. Health risk behaviour – drug injections and risky sexual behaviour;

3. Physical and psychological health – problems and symptoms that occur as the effects of substance use;
4. Personal/social functioning – behaviours in social and professional relations, and in criminal activities (Hornowska, 2006, pp. 10–11).

The surveys made use of two parts from the original questionnaire – parts 1 and 2. The analysis focused solely on data concerning psychoactive substance use.

The first part includes a list of 19 psychoactive substances and a numerical scale depicting the frequency of use. Surveyed individuals tick one box out of seven. These boxes are marked as follows: never; once; several times; rarely; fairly often; often and very often. The second part aims to depict the experienced negative effects of psychoactive substance use. These effects are presented in 5 areas, including physiological health, physical health, relations with the family, relations with other people and relations at school/work. Surveyed individuals, just as in the first part, have to tick an appropriate box.

The reliability of the questionnaire was assessed using the test-retest method within 14 days. The correlation coefficients between the results for respective parts ranged from 0.68 to 0.98 (Niewiadomska & Chwaszcz, 2010, p. 33).

The Gambling Questionnaire – developed on the basis of the SOGS

This questionnaire was developed on the basis of the American version of “The South Oaks Gambling Screen (SOGS): a new instrument for the identification of pathological gamblers”, which was created by H. R. Lesieur and S. B. Blume in 1987 (Lesieur & Blume, 1987). The questionnaire includes closed-ended questions. This method comprises 16 questions that provide information on the gambling patterns of surveyed individuals.

The questionnaire also includes an interpretation of the results. Every “yes” equals one point. Questions 1, 2, 3, 12, 16 j and 16 k are not included in the overall score. At the bottom of the questionnaire there are also guidelines on how to calculate the result. When a surveyed person gets 0 points, this means he/she has no gambling problem. A result of 1–4 points indicates a slight gambling problem, and 5 or more points signal that the surveyed individual is a pathological gambler.

The Rotter Incomplete Sentence Blank

The Rotter Incomplete Sentence Blank is a method that makes it possible to draw conclusions on the personal adjustment of an individual. Its original version has 40 sentences, but this study employs its extended version with 46 statements. The task of the respondent is to complete the sentences. Each of the sentences is classified within one of seven possible categories: positive responses (0 – definitely positive, 1 – very positive, 2 – moderately positive); conflict responses (3); negative responses (4 – weak conflict, 5 – moderate conflict, 6 – strong conflict). The adjustment indicator is the sum of points obtained from all incomplete sentences (0–282 points). The higher the result, the poorer the adjustment. According to the author of this questionnaire, personal maladjustment can be indicated by such variables as depression, unhappiness and the lack of constructive coping strategies. When it comes to adjustment, such indicators include effective actions, as well as state-

ments and behaviours. It is also important to note that the reliability of the test for adults equals 0.92 with the level of significance at $p < 0.001$, which is a high result.

The COPE multidimensional stress-coping inventory

The COPE multidimensional stress-coping inventory was created by Charles S. Carver, Michael F. Scheier and Jagdish K. Weintraub. Its Polish adaptation was prepared by Zygryd Juczyński and Nina Ogińska-Bulik. The COPE is based on Lazarus' stress model and the behaviour self-regulation model. This method aims to assess an individual in respect of its ability to cope with stress. The tool differentiates between "dispositional coping" and "situational coping", as, according to its authors, coping is affected by the characteristics of the person and the situation. The current version of the Inventory includes 60 statements as part of 15 scales. The surveyed individual is to choose one out of four answers: 1 – I usually don't do this at all, 2 – I usually do this a little bit, 3 – I usually do this a medium amount, 4 – I usually do this a lot. Each of the scales is scored individually by adding points from the answers that make up the scale (I usually don't do this at all = 1 point, etc.). On the basis of these 15 scales it is possible to determine the stress coping strategies of the respondent.

The COPE multidimensional stress-coping inventory has the following scales: Active coping, Planning, Suppression of competing activities, Positive reinterpretation and growth, Acceptance, Restraint, Humour, Religious coping, Use of emotional social support, Use of instrumental social support, Mental disengagement, Denial, Focus on and venting of emotions, Substance use and Behavioural disengagement.

Based on these 15 scales it is possible to distinguish three factors – styles of coping with stress: active coping, avoidance behaviours, support seeking and focusing on emotions.

The Strategic Approach to Coping Scale (SACS) by Stevan E. Hobfoll

The Strategic Approach to Coping Scale questionnaire was developed by S.E. Hobfoll, and is used to analyse the preferable coping strategies employed by individuals in difficult situations. The strategies include both individual and collective coping strategies. The scale is composed of 52 statements, which make up subscales related to particular strategies. These statements are presented in the form of sentences in past tense, which, therefore, relate to the previous experiences of the surveyed individual. This makes it possible to calculate results for 9 dimensions: Assertive Action, Avoidance, Seeking Social Support, Cautious Action, Social Joining, Instinctive Action, Aggressive Action, Antisocial Action and Indirect Action.

The respondent's task is to indicate on a 5-point scale to what extent he/she can relate to a given statement. The possible answers are: 1 – Didn't do this at all, 2 – Didn't do this, 3 – Don't know if I did this, 4 – Did this, 5 – Did this a lot.

The result is obtained by adding the points obtained from individual answers, using the key.

The interview

Every surveyed person completed the interview devised by the staff of the Chair of Social Psychoprevention supervised by I. Niewiadomska, and modified for the purposes of this work. The interview included questions about the current social status, age, gender, place of residence, educations, occupational status and marital status.

The obtained data were used to characterise people addicted to gambling, who constituted the study group, as well as to verify the hypotheses.

The methods of statistical analysis

The statistical analysis of the data obtained from the survey was performed using the Pearson correlation coefficient. This method was used to verify all research hypotheses that had been put forward. The aforementioned coefficient is a measure of the linear correlation between two variables (Francuz & Mackiewicz, 2005, pp. 474–475).

Survey results

Hypothesis 1: People with a high level of personal adjustment prefer active coping

Table 26 *The correlations between personal adjustment and active coping in the group of addicted people (N = 30)*

<i>Coping strategies (COPE)</i>	<i>ROTTER (RISB)</i>		
	<i>Pearson's r</i>	<i>p ≤</i>	<i>N</i>
Active coping	-0.244	0.193	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

Based on the analysis of results it can be stated that there is no correlation between personal adjustment and active coping in the group of people addicted to gambling (N = 30). The level of significance equals 0.193 and indicates a negative correlation (Table 26.). The lack of relevance might mean that individuals addicted to gambling, who are characterised by a high level of personal adjustment, display no pathological symptoms, can act effectively, and establish and maintain interpersonal relationships, do not prefer actions aimed at reducing the stressor and its effects in problematic situations.

Table 27 *The correlations between personal adjustment and active coping in the group of non-addicts (N = 30)*

<i>Coping strategies (COPE)</i>	<i>ROTTER (RISB)</i>		
	<i>Pearson's r</i>	<i>p ≤</i>	<i>N</i>
Active coping	-0.465	0.010(**)	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of the results makes it possible to establish the existence of correlations between personal adjustment and active pro-social coping in the group of non-addicts (N = 30). The level of significance equals 0.010 and indicates a negative correlation (Table 27). On the basis of the analysis of the survey results it can be stated that hypothesis 1 was positively verified in the group of non-addicts. This means that a high level of personal adjustment in the group of non-addicts is accompanied by a preference for active pro-social coping. Such findings might prove that people characterised by the ability to undertake effective actions and establish and maintain interpersonal relationships, can refrain from premature actions and avoid other actions that are not connected with the problem. Their goal is to reduce the stressor and take well thought-out actions.

Hypothesis 2: Gamblers characterised by a low level of personal adjustment strongly prefer avoidance coping strategies

Table 28 *The correlations between personal adjustment and avoidance coping in the group of addicted people (N = 30)*

<i>Coping strategies (COPE)</i>	<i>ROTTER (RISB)</i>		
	<i>Pearson's r</i>	<i>p ≤</i>	<i>N</i>
Avoidance behaviours	0.322	0.082	30

* Correlation significant at 0.05 (two-tailed)

** Correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of the aforementioned data shows the lack of significant correlations between the low level of personal adjustment and avoidance coping strategies in the group of people addicted to gambling. These are positive relations with the level of significance equal to 0.082 (Table 28.). The obtained results might prove that people addicted to gambling, who are characterised by a low level of personal adjustment, do not see their situation as irreversible or one that requires them to get used to and live with it; they do not ignore their current state of affairs by avoiding thinking about the problem or focusing on other activities. These people are not characterised by helplessness and giving up on their efforts

to achieve their goals. As illustrated by the surveys, gamblers characterised by the inability to cope or difficulties in coping with their frustration, great unhappiness, prolonged depression and inability to maintain satisfying social relations, are trying to solve their problems on an ongoing basis, and do not run away from them or accept the state of affairs.

Table 29 *The correlations between personal adjustment and avoidance coping in the group of non-addicts (N = 30)*

<i>Coping strategies (COPE)</i>	<i>ROTTER (RISB)</i>		
	<i>Pearson's r</i>	<i>p ≤</i>	<i>N</i>
Avoidance behaviours	0.573	0.010(**)	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of the aforementioned data shows the existence of significant correlations between the low level of personal adjustment and avoidance coping strategies in the group of non-addicts. This is a positive relation with the level of significance equal to 0.010 (Table 29).

The obtained results suggest that non-addicts characterised by a low level of personal adjustment have tendencies to reject the fact of the existence of a given situation, and try to distract themselves from thinking about the consequences by engaging in activities such as sleeping or watching television. These people are characterised by helplessness and their giving up on efforts to achieve their goals.

Hypothesis 3: The consumption of alcohol and other psychoactive drugs is associated with a low level of personal adjustment

Table 30 *The correlations between personal adjustment and the consumption of alcohol and other psychoactive drugs in the group of addicted people (N = 30)*

<i>COPE</i>	<i>ROTTER (RISB)</i>		
	<i>Pearson's r</i>	<i>p ≤</i>	<i>N</i>
The consumption of alcohol and other psychoactive drugs	0.545	0.002(**)	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The obtained results show the existence of significant correlations between the consumption of alcohol and other psychoactive drugs and the low level of personal adjustment in the group of addicted people. This is a positive relation with the level of significance

equal to 0.006 (Table 30.). The existence of such an interrelation might prove that gamblers characterised by prolonged states of depression and unhappiness, and also inability to cope or difficulties in coping with frustration, opt for coping strategies involving the consumption of alcohol to temporarily alleviate negative and unpleasant emotions.

Table 31 *The correlations between personal adjustment and the consumption of alcohol and other psychoactive drugs in the group of non-addicts (N = 30)*

COPE	ROTTER (RISB)		
	Pearson's <i>r</i>	<i>p</i> ≤	<i>N</i>
The consumption of alcohol and other psychoactive drugs	0.491	0.006(**)	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of above-mentioned results indicates the existence of significant correlations between the consumption of alcohol and other psychoactive drugs and the low level of personal adjustment in the group of non-addicts. This is a positive relation with the level of significance equal to 0.002 (Table 31.). The existence of such correlations can indicate that, as in the case of addicted people, non-addicts characterised by the absence of constructive activities or difficulties in taking or continuing actions, opt for coping strategies involving the consumption of alcohol or other substances, to reduce the experienced stress, fear and negative emotions.

Hypothesis 4: Emotion-focused coping significantly correlates with a low level of personal adjustment

Table 32 *The correlations between personal adjustment and emotion-focused coping in the group of addicted people (N = 30)*

COPE	ROTTER (RISB)		
	Pearson's <i>r</i>	<i>p</i> ≤	<i>N</i>
Seeking support and focusing on emotions	-0.414	0.023(*)	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of the results shows the existence of correlations between the low level of personal adjustment and emotion-focused coping in the group of addicted people. The level of significance equals 0.023 and indicates a negative correlation (Table 32.). The obtained research results suggest that people addicted to gambling, who have a low lev-

el of personal adjustment and are characterised by their inability to become or difficulties in becoming involved in constructive activities, are significantly more inclined to prefer emotion-oriented strategies. To conclude, their actions in difficult situations are characterised by the tendency to focus on their own emotions and venting them.

Table 33 *The correlations between personal adjustment and emotion-focused coping in the group of non-addicts (N = 30)*

COPE	ROTTER (RISB)		
	Pearson's <i>r</i>	<i>p</i> ≤	<i>N</i>
Seeking support and focusing on emotions	-0.157	0.407	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of these results shows the lack of correlation between the low level of personal adjustment and emotion-focused coping in the group of non-addicts. The level of significance equals 0.407 and indicates a negative correlation (Table 33.). These findings might prove that non-addicts characterised by a low level of personal adjustment, who have problems in social contacts and are unable to constructively cope with their problems, do not seek support or concentrate on emotions. These individuals do not use emotion-focused coping strategies.

Hypothesis 5: Negative religious coping by persons addicted to gambling significantly correlates with a low level of personal adjustment

Table 34 *The correlations between personal adjustment and negative religious coping in the group of addicted people (N = 30)*

SACS	ROTTER (RISB)		
	Pearson's <i>r</i>	<i>p</i> ≤	<i>N</i>
Negative religious coping	0.221	0.241	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The obtained results show the existence of significant correlations between negative religious coping and the low level of personal adjustment in the group of addicted people. This is a positive relation with the level of significance equal to 0.241 (Table 34.). These findings prove that gamblers characterised by a low level of personal adjustment, who experience long periods of depression and unhappiness, and are unable to cope with their

problems, do not display spiritual unhappiness. They do not resent God or blame Him for their problems and difficulties.

Table 35 *The correlations between personal adjustment and negative religious coping in the group of non-addicts (N = 30)*

SACS	ROTTER (RISB)		
	Pearson's <i>r</i>	<i>p</i> ≤	<i>N</i>
Negative religious coping	0.584	0.001(**)	30

* correlation significant at 0.05 (two-tailed)

** correlation significant at 0.01 (two-tailed)

p ≤ – level of significance

The analysis of the obtained results shows the existence of significant correlations between negative religious coping and the low level of personal adjustment in the group of non-addicts. This is a positive relation with the level of significance equal to 0.001 (Table 35.). These findings prove that non-addicts characterised by their inability to take actions, establish contacts and cope with failures and frustration, opt for negative coping strategies. They are unhappy with their relations with God, blame Him for all their misfortunes, and question His power.

Summary

To sum up, the findings obtained through the examination of the research hypotheses are partly consistent with the research reports presented in the literature (cf.: Biegasiewicz, 2010; Ogińska-Bulik, 2010; Niewiadomska, 2007; Kalinowski, Niewiadomska, Chwaszcz & Augustynowicz, 2010).

The results of the conducted research are significant in terms of their application, and can enrich psychological knowledge with research on the functioning of people with addictions. They also expand the scope of groups surveyed in respect of their personal adjustment. This research highlights the differences between people addicted to gambling and non-addicts. It also provides knowledge on the personal adjustment and coping strategy preferences of people addicted to gambling. These conclusions can be used to support this group in developing their coping strategies and personal adjustment. The conclusions can be also of use when it comes to supporting the group in question in the field of emotion-focused coping strategies. The knowledge on personal adjustment can further be used in various forms of therapy. These measures can contribute to the improvement in the quality of support, and, as a result, to the positive adjustment and improvement in the quality of life among addicts, and eventually to helping them break the habit.

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Chapter 11

Innovation as a tool for social policy and welfare

Magdalena Zdun, Stanisław Fel

ABSTRACT

This article explores the potential of innovation in social support. Innovation is described in relation to policies, and social work and welfare practices. In the domain of policies, the article identifies the sources of innovation, and in the sphere of social practices and interventions, it discusses the characteristics that affect the diffusion potential of the novelty. Innovation is presented as a multifaceted phenomenon, a combination of spontaneity and coordination, and pragmatism and axiology. In the end, the analysed category becomes a way to bridge two separate levels, i.e. that of social support policies and practices.

Keywords: innovation, social policy, social welfare, social work

Introduction

Social welfare, as argued by Phyllis Day (1989), is a peculiar combination of love and power. On the one hand, welfare services are based on the idea of providing support, and on the other, no specific objectives can be achieved in this area without exercising supervision. Even the noblest philosophical intentions would do no good if the provided help was accidental and unorganised. Philanthropy inspired solely by the idea of *Charis* could, at the very most, resemble noble romantic inspiration, a most earnest desire to make the lives of others enjoyable, to the rhythm of Charities, ancient goddesses of beneficence, cheerfully romping about.

An accidental distribution of goods by the Olympians would have no impact on the life of the inhabitants of the Earth, if it was not coordinated. This is why the gifts from the goddesses are merely an important reminder of beneficence, which, only when well-managed, can provide the foundation for social beauty. Seneca expresses this idea by describing the dance of Charities as one that symbolises benefice (Lat. *beneficium*), i.e. beneficence (Radwan-Pragłowski & Frysztacki, 2009). The first dancer gives benefits away, the second

receives them, and the third gives them back. All three have their hands clasped, since help makes sense only if it is continuous and mutual. Graces, as the goddesses were referred to from the times of Seneca, on Botticelli's paintings are dressed in loose-fitting and see-through dresses. This means that the provision of help cannot be done under compulsion or in secret. Acts of beneficence are to be done in an open and controlled way. They cannot be the effect of blackmail or pity.

However, control over welfare services implies a certain power. Coordinated provision of help means having control over acts of beneficence and over the individuals who benefit from them. The history of social welfare knows many examples of the lack of balance between the two components of support measures. These were described, for example, in the most famous social involvement novels and portrayed through the stories of immortal protagonists created e.g. by Charles Dickens and Victor Hugo. Nowadays, the appropriate methods for providing help and preventing social exclusion are also widely debated (Esping-Andersen, 1990; Siaroff, 1994; Fel, 2007; Vis, 2007; Hudson & Kuehner, 2009; Szarfenberg 2009). Contemporary social policies focus on developing the best possible support framework to reconcile the spontaneous and the rational. What seems to be particularly useful in creating this framework is innovation (Rogers, 1983), which combines elements of spontaneity and coordination to not only interpret support measures but also propose specific solutions for providing support services.

Innovation and social welfare

Innovation defined as the creation, implementation and adopting of innovative solutions (Rogers, 1983) is the basis of all support interventions. Indeed, the history of beneficence is but a story about successive, ingenious solutions. Social innovation can be found e.g. in the rule of St. Augustine, which requires not only obedience, chastity and poverty but also care of the sick from monks. This rule gave rise to hospital systems, and first proved useful when Europe struggled with ergot, and Antonines, guided by the *dominis nostris infirmis* principle, prevented an epidemic (Radwan-Pragłowski & Frysztacki 2009). Another social novelty were beguines, a lay religious order, who brought together unmarried women, thus addressing two issues simultaneously, i.e. social inclusion and safety of single women (Radwan-Pragłowski 2009). The Elizabethan Poor Law, made in 16th century England, must also be considered a social innovation (Frysztacki, 2009). This law was the crowning achievement of all efforts to combat extreme poverty and provided a legal foundation for workhouses. Another innovation that changed the fate of poor peasants in France were the activities of St. Vincent de Paul (Zalewski, 1995) and his cooperation with Marguerite Naseau (Radwan-Pragłowski & Frysztacki 2009).

There are many more examples of innovation in social welfare. However, the point here is not to trace back the whole history of philanthropy but to explore the underlying principle of innovative solutions in this area.

Innovation is, therefore, both a category for analysis and a tool for social welfare. What makes this category suitable for working out the principles of supporting the needy is its nature. Just like social welfare is the combination of love and power (Day, 1989), innovation is the blend of the practical and the axiological. Innovation can also be considered as an amalgamation of passion and calculation. Indeed, on the one hand, it requires uninhibited crea-

tivity, not to say a brainwave (Kozielecki, 2002), and on the other, it cannot be implemented and developed without rational plans and strategies (Kotarbiński, 1965). This combination of needs with values and feelings with the mind, ultimately makes innovation both a tool for support strategies and an instrument for specific initiatives, interventions and measures. This means that innovation is the instrument for both social policy and welfare. The former is “the product of society’s institutional structures and involves public transfer of revenue and the associated social services” (Iatridis, 1994). This makes it a form of power in society and an instrument designed to create well-being (Szarfenberg, 2007). Social policy is the voice of the social system regarding living conditions, social security and social transfer. Its objective is to create a space, where social work and welfare can take place on the basis of the established laws and principles. Support activities, on the other hand, are a kind of intervention. They are professional in nature and aimed at providing support to individuals and social groups to achieve the objectives of the social policy, or, in other words, to put words into action.

This mutual link between social policy and welfare translates into a close relationship between “systemic innovation” and “individual innovation”. The former is characteristic of the policy area and can be considered as a strategy for developing as flexible models of social support as possible. The latter, in turn, exists in the domain of social work and welfare practices. It is implemented within the framework established by the social policy, which, as a result of its flexibility, provides a leeway for practical measures. This means that the flexibility of social policy implies innovation in specific support measures. These, in turn, in addition to systemic requirements, need initiative and willingness from their depositaries.

Regardless of the level it occurs on, innovation in social security is a form of making the support policy and measures more flexible. This, on the other hand, translates into the improved effectiveness of services, which seems to be a sufficient factor to include innovation in the social welfare system.

The category of innovation and its analysis levels in the domain of social support

Innovation is about being ready to implement and accept innovative solutions (Rogers, 1983). In semantic terms, this category is similar to two other notions, i.e. inventiveness and creativity. It has, however, a broader semantic range. It goes beyond the narrow process of producing a novelty and includes the notion of spreading this novelty. As a result, it becomes a rather broad category that covers both the conceptual and popularisation stages. In social sciences, innovation is associated mainly with social change. It is analysed in the context of cultural transformations and in relation to economic growth. In all cases, however, it means a form of disturbing the *status quo* and creatively redefining its structures (Schumpeter, 1960). It is not without reason that it is examined in the context of fear of a new order or risks associated with an anticipated change. Its existence foreshadows a new order and determines the future development of a social system.

Innovation does not happen on its own but rather requires a social environment with considerable absorption capacity. This capacity is a cultural derivative that can create an atmosphere conducive or unfavourable to innovation. Innovation can sprout from flex-

ible structures which provide fertile ground for novelty. What hampers innovation, on the other hand, are dictatorships, where individual initiatives are neither supported nor legitimised. Innovation readiness is therefore supported by systems based on democracy, trust and social capital (Fukuyama, 2003). Focus on post-materialistic values makes such systems open and flexible. This means that a good foundation for innovation is provided by the contemporary civil society and the frameworks that are developed on its basis. One of these frameworks involves social support and provides an excellent playground for innovation.

Innovation in support measures is to be analysed on two crucial levels, i.e. conceptualisation and distribution. The former approaches innovation as an aptitude for coming up with innovative solutions. This level involves social policy. The latter narrows innovation down to the ability to adopt and implement novelty. This level covers social welfare and social work practices.

Ultimately, the process of innovation is made up of two levels and two corresponding areas. The policy level aspires to seek the sources of innovation, while that of practice to establish the actual principles of its operation. Social policy addresses the question of the systemic conditions for innovative solutions, whereas social practice deals with the ability to diffuse them. This means that our analysis needs to be divided into two parts. The first part will discuss the sources of innovation and its systemic opportunities and barriers. The second part will focus on the diffusion chain, which includes both innovation itself, and the individuals who adopt it.

Innovation sources, opportunities and barriers in social policy

The literature on the subject identifies two fundamental sources of innovation. The first is referred to as endogenous, and the second as exogenous (Stawasz, 1999). This means that innovation can either have its source within an organisation, or a business, or be adopted from third parties. In the latter case, it is a form of imitation, or emulating innovative undertakings implemented in other sectors, markets or areas of activity. This division into endogenous and exogenous sources seems to be particularly relevant for social support. Innovative ideas, whether aimed at preventing exclusion or combating poverty, can emerge in an independent manner or follow a solution that has already been proven e.g. in another country. In the first case, novelty originates in a place which faces a problem that requires an intervention. This way, the proposed innovative undertaking can be tailored accordingly. Perfectly adjusted to local conditions, the novelty frequently must be implemented at the risk of failure. Innovation implemented for the first time involves certain uncertainty and, by definition, must be open to further adjustments. As a result, independent innovation in the area of social policy requires extraordinary carefulness, manifested in the successive improvements in the novelty, i.e. in designing re-innovations that are gradually refined to meet the needs of the target audience.

Re-innovations must become the guiding principle of social policy for one simple reason, namely, this policy is focused on the individual (Fel, 2007). This means that the process of innovation cannot be approached as if it were an experiment. There can be no room for implementing completely different and not connected ideas every six months or so. Each subsequent adjustment needs to be in line with previous solutions, so that the enhancement of a policy instrument contributes to the consistent implementation of support practices.

“Adopted innovation”, on the other hand, has the benefit of having already been tested. Consequently, its strengths and weaknesses, threats and opportunities for application are well known. At the same time, as a solution adopted from another system, it will never show perfect compatibility. Created under different conditions, not only social, but often also economic and cultural, it requires a reasonable approach to its application. As a result, its success is determined by the accuracy of its adjustments, and its failure by trying to implement a model that is not in line with new systemic conditions.

The distinction between endogenous and exogenous sources leads, in fact, to a conclusion that innovation in social policy has double provenance. On the one hand, independently developed projects can be attributed to internal institutions, while on the other, they can be considered as having external inspirations. This approach implies, in turn, that innovation in social support can be attributed to individuals who become initiators, while also being the outcome of cooperation between many people and the manifestation of the values prevalent within a particular system. Consequently, innovation can be considered not only as an incidental and spontaneous activity of social heroes, but also as a planned and supervised project. At the same time, the distinction between the two types of sources, and their associated two types of innovation (independent and imitative) creates not a dichotomy, but a continuum. Indeed, it turns out that the Great Man, the initiator and originator, does not only have his own talents, but also exists and operates because of the favourable conditions at a particular point in time (Kozielecki, 2002). The Order of the Holy Sepulchre would have few innovative undertakings without the support of the mediaeval philosophy that emerged in monastic seclusion. The success of the philanthropic undertakings of Piotr Skarga, a Polish preacher, would be equally doubtful if it had not been for the Counter-Reformation that inspired people to put words into practice. It was the shift in the outlook on life that produced some innovative (at the time) initiatives, such as the Archconfraternity of Mercy, which not only fought poverty but also counteracted destitution. A group established by Piotr Skarga organised *Montes Pietatis*, or charitable institutions of credit, that protected persons in want from usurers. The fraternity started to care for unmarried women, thus rekindling the legend of St. Nicholas (Radwan-Pragłowski & Frysztacki, 2009). As a result, here, innovation builds on a legend. It implements a familiar idea under new circumstances. This is similar to contemporary support schemes. The idea of social entrepreneurship has its historical as well as Western European counterparts, and is applied and developed in the atmosphere of the civic society, which is based on social capital and participation, and encourages all forms of inclusion undertakings. This means that values within systems are not only the foundation for, but also the source of, innovative ideas.

There can be no innovation in social policy without favourable systemic conditions. One’s environment can provide both opportunities and threats for the diffused novelty. In social policy, the main barrier for innovation is the level of bureaucracy that results in a considerable solidification of structures, with no room for novelty. In addition, bureaucracy often goes hand in hand with an extremely centralised social policy system. Such systems remain deaf to the needs of the environment, for which they, in fact, exist. Instead of being responsive to the problems of the community, they obstinately pursue the predefined solutions, even when their efficacy or reasonableness are disputable.

What supports innovation are social policy systems based on the ideas of consultation and dialogue. As a result, social policy becomes not only an intervention but also the outcome of social consensus, a by-product of communication-based community, if you will.

Such a policy is never complete, it always remains ajar. It provides room for both adjustments and some greater extensions or changes. It is also a common good of all citizens, for which everyone must feel responsible. Its flexibility ultimately becomes a considerable challenge for great innovation, which is, after all, requisite for its enhancement.

Innovation in support measures

Innovation needs opportunities for diffusion as soon as it occurs in its source. Nobody would need innovation, had it not carried some potential for change and a promise to transform and improve the world. Innovation can impact on the world only when it is put into practice. In social support, this practice means support measures, or, in other words, social work practices.

The diffusion of innovation in this area of social activity is done after the fashion of technological or cultural novelties. This process can be described as both hierarchical and wave-like (Hägerstrand, 1952). This means that for social innovation to spread, it goes both in the top-down direction, and is distributed through networking, ultimately conquering the whole system. Hierarchical diffusion generally takes place between social policy centres and local support units. Spatial (network) diffusion, on the other hand, means innovation practices at the level of specific undertakings and interventions. The success of this type of distribution depends on its several components, including the innovation itself, innovators (agents of change) and the system in which the novelty is diffused.

The characteristics of innovations that affect diffusion include the superiority of the novelty over other solutions, compatibility of the innovation with relevant needs, values and familiar solutions, its complexity and testability (Rogers, 1983). The first characteristic, i.e. superiority, is the competitiveness of the novel solution. It shows whether the innovative undertaking is better from others, as it is not sensible to implement innovation solely for the sake of making a change. In fact, in social welfare, such attitude could be considered harmful. It does not contribute to improved effectiveness of any practices, but produces ostensible transformation that only makes further forecasts and interventions misguided. The second characteristic, i.e. compatibility, shows the level of “troublesomeness” of the innovation for the system in which it is diffused (Linton, 1936). The innovations that are the most difficult to accept are those that do not match the structure and rules of the system, are clearly distinguishable from previous solutions and do not meet any current needs. No innovation that is not in agreement with the system can be successfully implemented. Indeed, each novelty must be socially and cognitively approved. This means that innovation is evaluated not only against its usefulness but also compliance with systemic standards. When it comes to support measures, these requirements include, in particular, instrumental and axiological approvals. The former ensures the effectiveness of the proposed solutions, and the latter their compliance with the law that safeguards the applicable values and standards in the area of social support. Innovation’s troublesomeness also involves the risk inherent to innovation. The most difficult to spread are those innovations that are deeply feared. For example, it is difficult to convince a society which has trust issues to legalise home confinement, i.e. a form of detention that involves a continuous monitoring of convicts by means of special electronic sensors (ankle monitors).

The third characteristic of innovation, testability, means the possibility of testing an innovative solution to a limited extent and under complete control. This attribute seems particularly important in social welfare innovations, as it considerably reduces the risk of failure. Such electronic sensors could, for instance, be used on a restricted basis, both spatially and temporally. After such testing, it is possible to make adjustments, or, in other words, develop re-innovations.

The fourth characteristic, i.e. observability, refers to the visibility of innovation. The most readily diffusing innovations are those that can be previewed elsewhere. This preview is, at the same time, a test for the novelty. By observing an innovation implemented elsewhere, one can see its strengths, weaknesses, opportunities and threats. This is also the case for innovative support interventions, which are more reliable and worth using when previewed elsewhere. Often a support idea sets an example for others to follow. Take, for instance, charity runs, which have become commonplace across Poland.

The diffusion potential of an innovation is not only determined by the characteristics of the novelty itself, but also by those of its innovators, i.e. those that make the effort to implement it (Barnett, 1953). Agents of change should bridge the gap between the centre of innovation (policy) and support interventions. Their job is not only to implement innovative solutions but also provide feedback on whether the novelty was a success. The activities of such agents affect the diffusion process. For this reason, they should be respected for their honest and solid efforts. Agents of change must also have a considerable network of connections at their disposal to talk other people into giving the innovation a chance. Otherwise, the observability of their actions is close to none, which, in turn hampers the diffusion. In addition, it is typical for agents of change to have an activist and entrepreneurial bent and to focus on the outcome and on changing the world.

Ultimately, what determines the success of any innovation in social support is the enthusiasm of those who are responsible for support interventions. This, in turn, means that there can be no innovation without personal involvement and approaching one's efforts as the implementation of an *etos*, or Weber's idea of vocation (*Beruf*).

Apart from innovation and innovators, the success of the diffusion process is also affected by the environment, i.e. the social system where the novelty is popularised. A social system can support diffusion through innovation-friendly values, standards, laws and institutional background. A system can also attach a certain level of significance to support its policy that is the expression of its dominant values. This, in turn, affects the financing of innovative initiatives, which can hardly materialise without support from the system.

Conclusions

Innovation can be ultimately considered as a tool for social policy and social work. Its central position, where support strategies and plans are developed, determines the enhancement of individual practices and interventions in the field. As a result, innovation rises to the rank of a reformative tool for social services, which, faced with the need to adjust to the changing working conditions, must be ready to adopt novelties. Innovation in social support cannot exist only in theory, as part of various regulations, plans and strategies. It only makes sense when it is put into practice. Therefore, innovation bridges the gap between support policies and practices. As a combination of the spontaneous and the planned,

or sensibility and axiology, it can be ultimately considered as a driver of change and a way to manage social support systems.

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