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# psychoprevention

## S T U D I E S

**The characteristics and ways of solving problems with the psychological readiness of families for adopting a child**

*Tetiana Melnychuk*

**Psychological correction and adaptation of partners in difficult family relationships**

*Viktoriia P. Kulenko*

*Sergii D. Maksimenko*



**Meaning of resources in social inclusion, part 2**

*Joanna Chwaszcz*

*Iwona Niewiadomska*

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## The characteristics and ways of solving problems with the psychological readiness of families for adopting a child

*Tetiana Melnychuk*

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**Keywords:** family and adoption, motives, success and effectiveness, process of adoption

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Adoption means the replacement of the orphaned child's family that differs significantly from other forms operating in Ukraine (foster parents and guardians). Adoption is a direct process that on the part of adults is focused on the needs of the child and on parenting, and on the part of the child indicates the need for protection and care. Unfortunately, every year in Ukraine there is an increased trend towards returning adopted children to the orphanage. This study proved that the psychological unreadiness of a family to adopt a child results in repeated orphanhood.

The aim of this study is to identify the characteristics and ways of overcoming the problem of the psychological unreadiness of families for adoption, in order to reduce the number of cancelled adoptions and ensure successful adoptions.

This study is based on the following main hypothesis: the success of the adoption largely depends on a number of socio-psychological measures which make adults realise their psychological ability to fulfil parental roles in relation to an unrelated child. This research was based on the premise that one of the determinants of positive adoption outcomes is the psychological readiness of the family that can be manifested due to constructive and mature motives for adoption, partner interactions within the family, support and approval for the decision to adopt relatives, and a positive attitude of the immediate social milieu to the newly created family with an adopted child.

With a view to achieving study objectives, basic research sampling included a pilot phase, which covered 60 families – candidates for adoption. The results of interviews indicated that 65.0% of the families had previously pondered the decision about adoption based on the need “to have a child, as everyone else does” (having an offspring, help with the housework, etc.), 26.0% of the families decided to adopt a child spontaneously, driven by emotions when watching various TV programmes or receiving information about orphans, and

9.0% of the families decided to adopt because they had lost their birth child. The research revealed the characteristics of the psychological readiness of families for adoption, which include: mature and constructive motives, respect for the subjectivity of the child, egalitarian family relationships, and openness to adoption. These results of the investigation confirm the findings of other studies into the field of replacement childcare and the role of motivation in becoming a successful adoptive parent, i.e. the formation of the psychological readiness of adopters and the further development of the newly formed family and the well-being of the child within it, all significantly depend on the kind of motivation adopters have.

The accumulated practical and theoretical experience in working with married couples - adopters and the results of the research show that the decision to adopt a child from outside the family is made by married couples who have no children of their own and for whom adoption serves as a means of satisfying their personal need for having a family in order to preserve and stabilise the marital relationship. Such families pursue rather personal goals, such as to make their home life more meaningful and to raise an offspring.

The practice of international adoption shows that the willingness of adoptive parents to cooperate with support services on different levels is one of the effective social and psychological factors behind psychological maturity that promotes the awareness of success and efficiency in the adoption. The analysed methods of working with international adoptive parents preparing themselves to adopt a child outside their family can serve as the basis for the review and development of national approaches to the indicators of adoption success. The practice of working in the adoption system proposes to expand the professional training to prepare adoptive parents. Consequently, a special role in achieving the psychological readiness of the family must be played by the professional support of the authorized services and by the socio-psychological training for spouses in the form of relevant courses, which are designed to develop emotional attachment between the adult and the child, as well as to activate the subjectivity status of the adopted child within the family, and beyond.

Further scientific work into this area could possibly clarify the role of the social and psychological factors that ensure the successful mutual adaptation between adults and children involved in the adoption process and the ethnocultural, religious and household identification of children of different ages with their adoptive parents (in terms of attitudes, abilities, skills, activities, tastes, body language) through various psychological mechanisms for imitating adults.

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## Psychological correction and adaptation of partners in difficult family relationships

*Viktoriiia P. Kulenko, Sergii D. Maksimenko*

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**Keywords:** family, relationships, adaptation, psychological correction

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### Aim of the article

To organize and conduct group and individual sessions with families which have complicated family relationships; to improve the living conditions among all family members.

In most cases, an important role in family relationships is played by the individual adaptation of the personality, and motivation and willingness to make compromises. In addition, it was found that the majority of surveyed men and women in different married couples, except personal traits, were diagnosed with physical, neurological, psycho-emotional and sexual disorders caused by prolonged conflicts and stress in their families. Pathopsychological examination using test methods TAT and MMPI, and “family picture”, a projective technique, showed that the significant characteristics for men included neurasthenia and mildly expressed hidden (masked) depression with frequent attacks of cardiovascular disorders without functional changes. Based on this the aggravation of hidden personality traits creates a significant decompensation in the form of personality disorder.

For women it was characteristic during testing to show the presence of hyperthymic and exciting type of accentuation with significant expression of psycho-emotional exhaustion, and protective hysteroid reactions. Strongly marked anxiety-phobic syndrome and fear of losing their partner were also observed.

The proposed model of family and individual psychotherapy is aimed at normalizing partners and their adaptation, and improving the family relationships between all members of the family. Psychological correction covers several vectors related to personal as well as psycho-somatic, psychological, behavioral and psycho-emotional components of the personality of each family member. The group and individual psycho-therapy sessions showed the personal readiness and motivation of the partners to improve the relations between them, their willingness to make compromises, to hear the partner out, to take initiative regardless of the gender and to show empathy and sensitivity.

Additional methods used in the study included such psychotherapeutic techniques as rational psychotherapy, autosuggestion, role and communication training for married couples and the projective method of psychotherapy theatre for spouses.

## **Conclusions**

The research reached some conclusions regarding the improvement of family relationships through individual and psychological correction, and adaptation of the personality of each partner. Psychotherapeutic methods of influence were proposed for long-term improvement in positive family relationships within the family.



Joanna Chwaszcz  
Iwona Niewiadomska

# Meaning of resources in social inclusion

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Part 2





**Joanna Chwaszcz  
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# **Meaning of resources in social inclusion**

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**PART 2**

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## Chapter 6

### Resources as a factor that protects psychoactive drug addicts from relapse

*Adam Lenart, Iwona Niewiadomska, Agnieszka Palacz-Chrisidis*

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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

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### 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

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### 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  $\alpha$  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  $\alpha$ , 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

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#### 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>
<b>Type of crime</b>		
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
<b>Time to be served</b>		
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
<b>Time served</b>		
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
<b>Time remaining until being released from prison</b>		
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
<b>Sentence served</b>		
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	
<b>COPE</b>			
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
<b>SACS-S</b>			
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

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### 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  $\alpha$  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 Eliaasz (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)

$p \leq$  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)

$p \leq$  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

*Paulina Pietras, Iwona Niewiadomska, Agnieszka Palacz-Chrisidis*

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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

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### 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

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#### 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

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#### 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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