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## **Homeless Males Addicted to Alcohol about Helplessness: Secondary Qualitative Data Analysis**

### **Bezdomni mężczyźni uzależnieni od alkoholu o bezradności: Wtórna jakościowa analiza danych**

**Abstract:** The subject of this secondary qualitative data research was related to researching and understanding the issue of helplessness in the lives of homeless males addicted to alcohol. The aim of the study was to learn about the core category of helplessness according to the opinions of 10 homeless Poles. The research was based on 3 secondary datasets from 3 primary sources including 13 transcripts of interviews with homeless males who had been in the process of abstinence for 3 months to 9 years. The results indicated the existence of helplessness in the lives of homeless males in the following two aspects: first *chronological* and second *struc-*

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*tural-contextual*. Chronological helplessness indicated its threefold presence: as a general helplessness in life before alcohol addiction, during addiction, and during the sobriety and therapy process. Structural and contextual helplessness indicated a 3-pillar pattern: *Verbalised helplessness* was present in transcripts indicated directly, referring to denotation of the category. *Hidden helplessness* revealed itself in the background related to the connotations of the helplessness category. Helplessness was associated with sub-categories regarding: self, routine activities, addiction artefacts, symbolic *Ends*, and shrinking of personal space. *Processual helplessness* was referred to as the process of becoming helpless and coming out of helplessness in the context of the loss and regaining of dignity by addicted and sobering males. This report contains implications and suggestions for the social work and public education practice.

**Keywords:** helplessness; homelessness; males; alcohol addiction; qualitative research; secondary data analysis.

**Abstrakt:** Założeniem niniejszego wtórnego badania danych jakościowych było zbadanie i zrozumienie problemu bezradności w życiu bezdomnych mężczyzn uzależnionych od alkoholu. Celem badania było poznanie podstawowej kategorii bezradności w opinii 10 bezdomnych Polaków. Badania oparto na 3 wtórnych zbiorach danych z 3 źródeł pierwotnych, zawierających łącznie 13 transkrypcji wywiadów z bezdomnymi mężczyznami, którzy pozostawali w okresie abstynencji od 3 miesięcy do 9 lat. Wyniki wskazały na istnienie bezradności w życiu bezdomnych mężczyzn w dwóch aspektach: pierwszym *chronologicznym* i drugim *strukturalno-kontekstualnym*. Bezradność *chronologiczna* wskazywała na jej trojaki wymiar: jako ogólną bezradność życiową przed uzależnieniem od alkoholu, w czasie uzależnienia oraz w trzeźwości i procesie terapii. *Strukturalno-kontekstualna* bezradność wskazywała na 3-filarowy wzór manifestowania się, jako: *zwerbalizowana bezradność*, która była obecna w transkrypcjach wskazanych bezpośrednio, odwołujących się do denotacji kategorii. *Ukryta bezradność* ujawniła się w tle, związanym z konotacjami kategorii bezradności. Bezradność ukryta kojarzyła się z podkategoriami dotyczącymi: jaźni, czynności rutynowych, artefaktów uzależnień, symbolicznych *Końców* i kurczenia się przestrzeni osobistej. *Bezradność procesualna* określana była jako proces stawania się bezradnym i wychodzenia z bezradności w kontekście utraty i odzyskania godności przez uzależnionych i trzeźwiejących mężczyzn. Raport z badań zawiera implikacje i sugestie dla praktyki pracy socjalnej i edukacji publicznej.

**Słowa kluczowe:** bezradność; bezdomność; mężczyźni; uzależnienie od alkoholu; badania jakościowe; analiza danych wtórnych.

## 1. Introduction

Homelessness and alcohol addiction have combined, for decades, the interests of various scientific fields, disciplines and their sub-disciplines, such as education, social work and disability studies. In social sciences, the world-wide quantitative, psychological and clinically-orientated research gives a rich insight into the context of homelessness and addiction to alcohol (Leickly et al., 2017; Collins et al., 2018; Doran et al., 2018). However, the constructivist and interpretivist approaches, as well as secondary qualitative data analysis of homeless masculinity and addictions to alcohol are still underrepresented in Poland. In the opinion of the authors of this article, qualitative research used for such purposes could allow researchers to gain insight into understanding the complex aspects of the relationship between homelessness and alcohol addiction, and to discover other hidden aspects of these phenomena. It may also enable other researchers to obtain 'core points' that could be explored in other research paradigms using quantitative studies and larger samples. Moreover qualitative research could indicate implications for improving practice of social work or general public education about the complex disabilities caused by homelessness and alcohol addiction.

The following secondary analysis of qualitative data is grounded in the issues of helplessness experienced and described by sobering homeless males addicted to alcohol. The article begins with a theoretical review of the literature on the clarification of the homelessness phenomenon with an emphasis on alcohol-addicted males' homelessness, the definition and process of alcohol addiction, as well as a description of helplessness as the core analytical category in this research report.

## 2. Literature review

### Homelessness

Homelessness is a phenomenon which has not yet been defined in depth and uniformly in social sciences. According to Christian (2003), there are many definitions of this concept, taking into account structuralist and individualistic approaches. The author emphasises that the consequence of this has been the emergence of two defining frames of homelessness related to places of residence and the meaning of the homeless person. Jahiel (1992)

previously specified these approaches as ‘place-based,’ related to the homeless place, or ‘significance-based,’ related to the meaning of homelessness for the subject or for society (Jahiel, 1992). Christian (2003) additionally emphasised the polarisation of epistemological programmes for homelessness research, pointing to the US work as clinical research-orientated, conducted mainly in the positivist paradigm, and the European work orientated towards interpretative research (p. 86). When writing about Polish approaches and paradigmatic perspectives on homelessness research, one can indicate the dominance of the positivist approach in social sciences. In Poland, additionally, the literature on psychology does not specify precise data (Szluż, 2010) regarding the number of people experiencing the homelessness crisis. At the same time, it should be stressed that homelessness is studied and analysed sociologically, and the definitions of homelessness from structuralist perspectives, based on the social construction of homelessness, emphasise the issue of victimisation (Hopper, 1998; Jacobs et al., 1999) as well as social stigma and stereotyping (Nowakowska, 2008). Additionally, in Poland there is a certain understatement of the phenomenon of homelessness in the social consciousness. Kuźma (2015) noted that:

People experiencing homelessness eluded, and still elude ‘normal’ everyday life, that is the everyday life of people who own a house (‘house’ and ‘home’). On the one hand, deprived of a home or limited in access to one, they are invisible. On the other hand, the presence of some of homeless people is even imposed. The latter are people living in non-residential conditions, i.e. on the street, in vacant houses, on plots, etc., where hygiene is difficult or impossible. Most often they are males who shape the mass imagination of who the person without a home is and how he lives. (2015, p. 50)

In specialist literature orientated around the places of the so-called ‘place-based’ homelessness (Christian, 2003), it most often means the lack of a home in which to shelter safely. There are also definitions which emphasise that it is a crisis situation, referring to the existence of a male who is not able to meet his needs and has no connection with the environment (Marks, 2014). This crisis, according to Błaszowska (2013), can be treated both *sensu stricto* and *sensu largo*. The first dimension concerns overt homelessness, affecting people deprived of any place that would guarantee them a sense of security, while the second is latent homelessness, when a person has a place to live, but that place is not actually fit for living and does not satisfy one’s basic needs (Błaszowska, 2013). The author continues that this issue can

also be considered on the following levels: physical (no shelter), legal and administrative (no right to any apartment), social (no connection with the environment), and psychological (sense of alienation), individual (illness, disability, helplessness) (Błaszowska, 2013). Moreover, continuing the analysis of 'place-based' homelessness, there are various typologies of 'people in the homelessness crisis'. Busch-Geertsema et al. (2016) indicated the following, depending on where the homeless people lived:

- People without a flat (people staying on the streets, sleeping in various places not intended for living, in parks, forests, railway stations, and in cars);
- People living in temporary or crisis facilities (night shelters, shelters, centres for victims of violence, camps for immigrants);
- People living in premises that do not meet certain conditions or the stay in these places is precarious (people living with friends, in cheap hostels, caravans, overcrowded places, informal settlements and other uninhabitable premises) (Busch-Geertsema et al., 2016, p. 3).

Analyses of homelessness conducted in the literature from a psychological and subjective perspective (Staszkievicz-Grabarczyk, 2018) indicate that people experiencing this crisis lack the basic resources necessary for life, and are characterised by helplessness in life, lack of planning skills and inability to foresee the consequences of their actions. In addition, they experience many other problems. Nózka et al. (2013) indicated that these additional problems are: housing, personal difficulties (diseases, inability to cope with relationships, aggression, lack of goals in life), social (family problems, rejection), economic (lack of work, debts), and institutional (dependence on social welfare, difficulty in accessing help). Moreover, Leickly et al. (2017), Collins et al. (2018), and Doran et al. (2018) wrote that addiction to alcohol or other substances is a significant problem for people experiencing homelessness. Additionally, Collins et al. (2018) indicated that there is a lack of research on the perception of alcohol by the homeless, emphasising that there are also no studies concerning the negative effects of alcohol consumption by the homeless. Collins et al. (2018) stated that 'in fact, only one study to date has assessed perceived disadvantages of alcohol use among homeless people', and that study was written by Velasquez et al. (2000). The main effects identified by Velasquez et al. (2000) were family, work and legal problems. These studies did not analyse the positive effects of alcohol on the homeless, nor did they estimate the extent of the negative effects (Collins et al., 2018).

In Poland, the issue of alcohol dependence among the homeless was investigated by Nowakowska (2008). The author indicated, inter alia, that 31.4%

of the homeless drink alcohol every day or almost every day, while 12.2% do so once a week, 10.1% several times a month, and 12.1% once a month. Nowakowska (2008) stated that daily drinking affects males 4 times more often than females. The alcohol most frequently consumed by homeless Poles is beer and cheap wine. Moreover, 74.8% of the surveyed homeless people did not consider themselves addicted, and during the data collection as many as 95.2% of people stated that they do not participate in any form of addiction therapy (Nowakowska, 2008). Research conducted by Nózka et al. (2013) revealed in the results that addiction to alcohol may affect up to 60–80% of all people in a homeless crisis. Additionally, Szluz (2011) wrote that this problem concerns the vast majority of males. Marks (2014) pointed to low control over life, disturbed life attitudes, and poorly-defined goals, as well as a sense of axionormative voidness as common features of homeless males. Moreover, these homeless people have a low level of satisfaction with life, as well as a lack of optimism (Basińska et al., 2014b; Pawlik, 2014). Research conducted by Basińska et al. (2014a) revealed that males who experience homelessness for 3 to 9 years are more likely to be angry, more focused on ‘fighting’ with others, less worried about others, and have a lower sense of support. On the other hand, in males who have experienced this crisis for over 9 years, the authors indicated a lower level of occurrence of relationship problems and self-concentration. Another important thread differentiating the problematics of homelessness by gender was pointed out by Nózka et al. (2013), who emphasised that males, compared to females experiencing loss of home, have less motivation to change their current lives.

### **Addiction of alcohol characteristics**

Collins et al. (2018), based on their own research and also citing the research of Fazel et al. (2008) and Grant et al. (2004), confirmed the existence of inseparable relationships between the issues of homelessness and addiction. The authors emphasised that, for example, in the USA ‘alcohol dependence is 10 times more common among homeless adults than in the general population’ (p. 2). Therefore, it is necessary in this article to clarify the issue of alcohol dependence. The following review of the literature describes the process of developing alcohol addiction along with initiating areas of helplessness in addicted persons. Alcohol addiction is a problem that does not have one consistent definition (Wasilewska-Ostrowska, 2014). In the literature, this disease is treated as a set of symptoms occurring in people consuming large

amounts of alcohol, including alcohol withdrawal syndrome, tolerance and craving. Jędrzejko and Kowalewska (2010, p. 19) wrote that addiction itself is characterised by a strong need for use, an internal compulsion to drink, the occurrence of mental and physical dependence of the body, and the perception of stimulants as having the highest value – more important than family, friends or personal development. In addition, Kacprzak (2011) wrote that:

Alcoholism is understood both as a special type of psychophysical disease and as a social problem. This applies to people belonging to various social groups and categories. It is the experience of people engaged in various professions, women and men, young people, middle-aged and elderly. (Kacprzak, 2011, p. 74)

In addition, addiction as a phenomenon, according to Kacprzak (2011), is a disease whose consequences not only affect the drinker, but also the entire environment, which is why it is recognised as a problem of the family (system), and not of individual people. Jędrzejko and Kowalewska (2010) added that alcohol addiction is governed by specific mechanisms. The first is the mechanism of compulsive regulation of emotions. It means that, thanks to alcohol, the person improves his/her own mood and forgets about negative feelings. Over time, he/she is not able to feel pleasure, happiness or any positive emotion without the presence of a psychoactive agent in his/her body. The above authors described entire characteristics, including the mechanism of illusion and denial, the essence of which is to change the perception of reality and the compulsive search for reasons to drink, without accepting any arguments for the harmfulness of use. The authors continued that, in this characteristic, a world without alcohol seems to be grey and monotonous for an addicted person, while the intoxicating substance adds colour and will to life. Meanwhile, the addiction process is deepening and the addicted person begins to construct a fictitious picture of his/her life, in which he/she wants to spend as much time as possible, which results in more frequent alcohol consumption and shorter periods of sobriety. Jędrzejko and Kowalewska (2010) described the latter as the 'I' split mechanism, when the drinker perceives his/her own self in two ways, the first being when under the influence of alcohol, and the second being when he/she is sober. This lowers his/her self-esteem, and as a consequence leads to the formation of an unstable identity (Jędrzejko & Kowalewska, 2010, pp. 27–28).

Albański (2010) indicated that the classical typology of Jellinek distinguishes certain stages in alcoholism as: alpha – a person reaches for alcohol

often, but does not consume large amounts of alcohol, and he/she controls the amount of alcohol consumed, reaching for it mainly in difficult times; beta – the person drinks alcohol rarely, but in large quantities, which can cause health problems; gamma – there is a compulsion to use, which creates a withdrawal syndrome and increases tolerance; delta – continuous drinking while controlling it; there is physical and mental addiction; epsilon – several days of drinking combined with periods of abstinence (Albański, 2010, pp. 49–50). Page (1997) and Pospiszyl (2010) listed four basic stages of alcoholism by Jellinek: preliminary – alcohol appears during family events, is associated with pleasure, fun and relaxation. The authors continued that, for some people, alcohol at this stage begins to bring relief, meets the needs and starts to be a way to escape from the hardships and problems of everyday life; warning – alcohol is becoming increasingly important in life. Added to this are palimpsests (gaps in memory after consuming more alcohol), while the person also starts drinking more and more, often alone, or is frequently looking for opportunities to drink. He/she explains his/her behaviour using defence mechanisms, while experiencing a sense of shame for his/her actions. There are already withdrawal symptoms and slow isolation from the environment; critical – an addicted person tries to use alcohol control, but it is getting increasingly difficult. Drinking becomes everyday life, while other areas of life cease to have any meaning. There are health, family, professional or school problems; chronic – there are alcohol sequences, as well as serious health and mental problems. The person no longer controls his/her life and becomes helpless in the face of his/her addiction (Page, 1997; Pospiszyl, 2010, pp. 133–134). There is no single cause that would lead to addiction (Woronowicz, 2009). The above-cited authors agreed that both the sources and course of this disease are individualised (Chlebio-Abed, 2000). According to data analysed by Feliksiak (2010), there are approximately 800,000 people addicted to alcohol in Poland, while between 2 and 2.5 million Poles drink harmful amounts, and around 3 million are co-addicted, half of whom are children (<http://www.parpa.pl/index.php/33-analysis-study-reports>). Results from the Public Opinion Research Centre show that as many as 76% of people admit that they use alcohol, while up to 11% drink frequently. Males dominate among drinkers (84%) and young people (89%). Poles most often reach for beer (52%), wine (21%) and vodka (17%). Most respondents admitted that they drink alcohol on weekends (73%), during holidays and at events (91%). 48% of males and 12% of females confessed to being intoxicated in the last year. As many as 63% of Poles stated that they know someone from their immediate surroundings who uses alcohol (Feliksiak, 2010).

### **Helplessness in addiction**

Helplessness, according to Bedyńska and Rycielski (2016) and Borowska-Beszta and Wasilewska-Ostrowska (2019), is a situation in which a person has no sense of control over the events that affect him/her. Most often, as Potempa (2013) wrote, it is accompanied by negative emotions. Moczydłowska (2005) indicated that, over time, this condition may turn into a syndrome of learned helplessness, i.e. the belief that no matter what action one takes, it will not have any impact on the current situation. According to Peterson and Seligman (1984):

Childhood experiences shape us in a sense of control or learned helplessness. The consequence of this process is the creation of a specific way of thinking, i.e. a style of explaining events. Attributive style is associated with self-esteem, belief in having/lacking control over events, ways of achieving goals, and our response to emerging events. There are situations in life that do not depend on us and despite many efforts we have no influence on them. (Peterson and Seligman, 1984, as cited in Potempa, 2013, p. 132)

According to Woronowicz, (1994) addicted persons feel they have no influence on the situation they are in and thus think that they cannot change that situation. Despite attempts to discontinue use, addicts cannot maintain full abstinence. It is worth noting here that helplessness is a problem for the whole family in which the alcoholic lives (Woronowicz, 1994). The author continued that co-addicts (spouse, parents or children of a drinker) undertake many activities to help a person with an alcohol problem, but they are ineffective, and so they begin to feel a strong sense of helplessness in the face of illness of a family member. Moreover, Woronowicz (1994) added that, to deal with this difficult situation, they use, like an alcoholic, defence mechanisms that allow them to survive. A key concept in the theory of learned helplessness is loss of control. Control, according to Pomianowski (2014), is: 'Control is the basis for deliberate action and making conscious choices, making decisions, strongly associated with freedom, independence of functioning autonomy' (p. 214).

The author continued that the essence of addiction is the lack of control over the drug/alcohol. Gradually the person stops making any effort to control his/her drinking. Pomianowski (2014) indicated that a possible solution is helplessness training, which over time leads a sick person to change his/

her valuation, thinking or experiencing. Pomianowski (2014) described two stages of 'addicted helpless training.' In the first stage, the alcoholic begins to drink more and more often. It seems to him/her that he/she controls the alcohol consumption, but in fact it is becoming increasingly rare. He/she denies the facts and deceives others and him/herself, arguing that there is no problem with drinking and that he/she can quit at any time. The addict unsuccessfully tries to find a reason to use alcohol again, without accepting information about the loss of control. Cognitive fatigue occurs, but also more often the individual feels the negative consequences of his/her alcohol use. In the second phase, as the author mentioned, the human realises that, because of addiction, he/she is not in control of his/her life, which in turn breeds learned helplessness. Pomianowski (2014) also wrote about deficits that arise, such as cognitive (e.g. problems with concentration or attention, pessimistically looking at the future), emotional (negative feelings), and behavioural (inactivity, lack of willingness to act).

Jakubik and Kraszewska (2002) emphasised that alcohol addicts are persons who are often socially rejected, and marginalised. In their studies the authors showed that addicted people are characterised by a high sense of anomy, alienation, senselessness, loneliness and powerlessness. Moreover, they experience difficulties in determining the purpose of life and have low self-esteem. In addition, they have a sense of social isolation and manifest the need for social support (Jakubik & Kraszewska, 2002). According to research undertaken by Pomianowski (2014), addicted persons who begin therapy show a high sense of helplessness. The author added that this often results from experiencing strong emotions or difficulties in learning in new places for the use of routine in action. According to Cierpiałowska (2000), self-help groups (AA, Al-Anon, and Al-Ateen) enjoy the greatest interest. The most notable of these are groups is Alcoholics Anonymous, whose concept is based on 12 Steps and 12 Traditions. Mikołajczyk (2014) wrote that AA's advantage is the support of people who have experienced similar problems, as well as the fact that patients seek help and want to provide it to others. Cierpiałowska (2000) explained that the first step in treatment is to admit that one is powerless against alcohol and has lost his/her own ability to manage his/her own life. The author wrote that, thanks to this, every alcoholic as a person is supposed to adopt and cope with the problem (p. 337). However, the necessity of recognising this powerlessness raises doubts in the opinions of some authors, such as Wasilewska-Ostrowska (2015) and Szczepkowski (2007). The dilemma concerns the answer to the following question: Is an effective condition for treating anyone who suffers from alcoholism a return to these

often traumatic memories? According to the above-cited authors, at present new forms of therapy are increasingly being proposed, and these kinds of therapy focus more on the future than the client's past (Szczepkowski, 2007; Wasilewska-Ostrowska, 2015). Thanks to orientating around the future, the addicted persons would hypothetically be able to focus on planning a 'sober' life, discovering their goals and dreams, as well as strengthening their personal and social resources. These discussions and attempts to solve problems through the prism of practical actions to support people addicted to alcohol are constantly conducted in the environments of addiction therapy and practical, educational support for addicts in Poland.

### **3. Method**

#### **Research design**

The research in this article is part of the tradition of qualitative research and is based on the interpretive paradigm. The report is grounded in secondary qualitative data analysis of data primarily developed in 3 different sources, collected during the period spanning 2012–2018. Primary data formed 3 different secondary datasets. The research design and methodology were prepared according to the methodological suggestions of Atkinson et al. (2001), Creswell (2009), Flick (2010; 2011), Angrosino (2010), Rapley (2010), Gibbs (2011), and Borowska-Beszta (2017). All secondary data was obtained from 13 transcripts and concerned 10 Polish sobering males; the data was gathered in accordance with the required ethical considerations in social sciences in Poland. The secondary qualitative data analysis assumed the use of an analytical technique called thematic coding and categorisation, as suggested by Flick (2010) and Gibbs (2011). Approval for the secondary qualitative data analysis research project, including data collection and ethical clearance, was obtained from the Dean's Office of the Faculty of Education Sciences, whose competence until October 2019 included the ethical approval of educational projects. The research was carried out as part of two internal, faculty research topics on qualitative research methodology and helplessness experienced by homeless people in Poland (2018–2019).

### **Research question**

The authors of this article formulated the following main research question:

- How does helplessness manifest itself in the lives of homeless males addicted to alcohol?

### **Secondary datasets selection criteria**

The criteria for the selection of raw data for the secondary analysis purposes were as follows: homeless males' addiction confirmed by medical diagnosis, involvement in the sobering-up process and participation in therapy at a drug/alcohol addiction centre.

- The first dataset was raised from raw data of 6 transcripts of interviews in primary research projects concerning the healing process during alcohol addiction undertaken in 2017 by Misiak (2017).
- The second dataset was developed from 4 transcripts found in local press as published interviews with former sportsmen, and addicted males, which formed the cyclical press-case studies collected: one in 2012, two in 2017 and one 2018.
- The third dataset comprised 3 transcripts of interviews with addicted males led in face-to-face (FTF) meetings in October 2018 by the second author of this article.

### **Sample**

The purposive sample contained 10 homeless Polish males addicted to alcohol, all of whom had been in the process of sobriety and abstinence for 3 months to 9 years. 10 males were in their early and middle adulthood (aged 30–58), living in Toruń (North-central Poland). The analysis was performed on a total of 13 transcripts from FTF interviews. All personal data from the 3 datasets was secondarily encoded with a Polish name starting with the letter 'S', after which the age was added (e.g. Sebastian50). The ethics of the data collection were ensured in two ways, thanks to oral consent (Green & Bloome, 1997) in the case of data collected in the third dataset, and due to the proper and ethical usage of sources and origins of primary data in the case of the first and second datasets.

## 4. Findings

Analysis of 13 transcripts of the interviews with the 10 homeless Polish males revealed *helplessness* as the category manifested in the aspect of time as: (a) life helplessness that occurred before alcohol addiction, which was a certain factor leading to alcohol consumption; (b) helplessness during alcohol addiction and (c) helplessness during sobering, treatment and therapy that was undertaken several times in hospital wards and then in support facilities working with addicted males.

Figure 1. Helplessness in chronological aspects



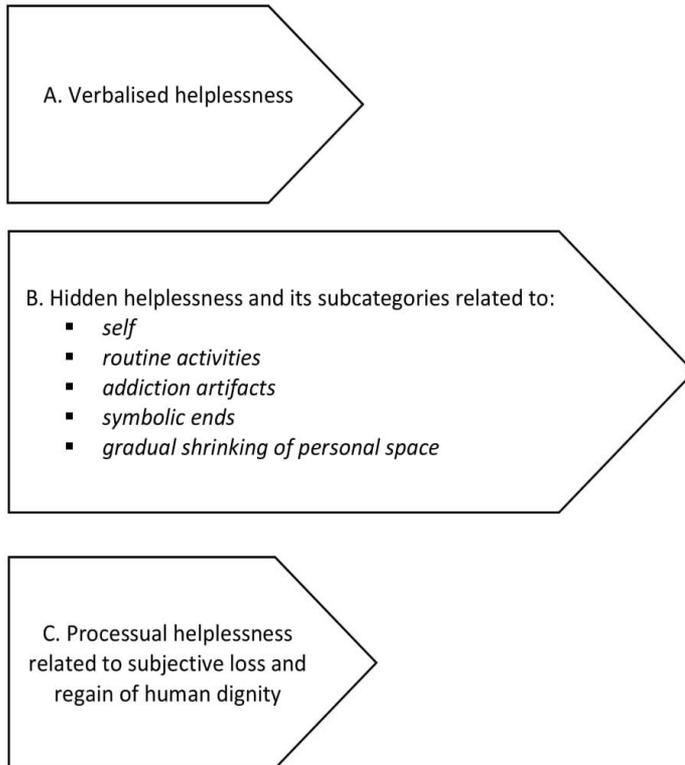
According to the internal structure of helplessness and its contextual aspects, the findings showed that only 3 males refer to helplessness directly. The category of helplessness was generated more often from the contextual data as a kind of tacit knowledge. The research indicated the presence of 3 general ways in which helplessness manifests itself in the lives of 10 homeless males, namely: verbalised, hidden and processual helplessness.

**A. Verbalised helplessness.** This type of helplessness was mentioned directly and explicitly in transcripts by the informants in the category of *helplessness*.

**B. Hidden helplessness.** This type of helplessness was generated by the researchers from the content and context of the informants' statements. Hidden helplessness appeared in the connotation of the statement, and referred to several sub-categories present in the transcripts of interviews as: (a) *self*, (b) *routine activities* (appearance, alcohol strings, return to drinking, support of drinking, temptations), (c) *addiction artefacts* (alcohol itself; medicine sewn under skin), (d) *symbolic Ends* (sport career, professional career, family bonds, intimate sexual relationships, sense of respect and dignity), (e) *gradual shrinking of personal space* (from own homes or shared apartments, to psychiatric room, prison cells, and finally to bench in the park).

**C. Processual helplessness related to subjective loss and regaining of human dignity.** This type of helplessness was generated against the background of the process of moving from helplessness and lost dignity to regaining of dignity and minimalised helplessness.

Figure 2. Helplessness in structural and contextual aspects



#### A. Verbalised helplessness

- Stefan55: *'My problem is low self-esteem and the feeling of such harm, or the one that accompanied me, therefore I felt lonely and it turned out that although I was among people it came out that. It was my trigger for this loneliness and maybe such helplessness is for such a state.'* (verbalised helplessness)
- Salomon42: *'I was helpless in the face of alcohol; nothing interested me more, neither my wife nor my children nor work. My family*

*helped me, but they were also helpless. My wife, as I said, gave me a lot of chances, and I was still doing my thing.* (verbalised helplessness)

- Szczepan46: *'Once I was often helpless. I had no influence on anything, neither on my father's alcoholism nor on my mother to leave him, neither on my parents-in-law, nor on my marriage. Maybe that's why I started to run into alcohol because I was helpless...'* (verbalised helplessness)

B. Hidden helplessness. This type of helplessness generated from the data was related to: self (*outlook*), addiction artefacts (*alcohol itself, medicine sewn under the skin*), routine activities (*failing therapies*), symbolic ends of (*family, bonds, work*), shrank space (*from own homes or shared apartments, psychiatric unit room, prison cells to bench in the park*).

### **Helplessness related to the self**

- Sławomir41: *'Once I did not pay attention to the fact that I had long nails. No. I didn't pay attention to this. Am I unshaven there? It could be (laughs).'* (outlook)
- Salomon42: *'I fell into the alcohol string. I don't remember how long it lasted, and I don't remember much from that period. I did not eat, I did not wash, but instead I accumulated more and more debts.'* (outlook)
- Sylwester60: *'They lacked teeth, and they had scratches on their faces from fights.'* (outlook)
- Sławomir41: *'Listen. Pharmacotherapy. I have epilepsy. I have alcoholic epilepsy. I started drinking when I was fifteen, and since then I have been drinking, drinking, drinking, drinking, drinking, addicted.'* (self)
- Sławomir41: *'I used to have such stresses, you know, damn how to tell you, well... Something was pissing me off. Anger.'* (anger)
- Stanisław58: *'We can't deal with feelings and emotions. This means that there is also no such thing as addiction, but drinking or habitual drug abuse when I need drugs or chemistry, in the form of alcohol, yes.'* (emotions)

### Helplessness related to routine activities

- Seweryn30: *'Therapy. Means. There are various orders and bans. And I don't really like this stuff. I mean no, I haven't finished these therapies. But I took something out there.'* (no perseverance in therapy)
- Sławomir41: *'After leaving the jail I drank for eight months. I drank regularly, every day. Yes, I don't even remember taking my vacation (laughs).'* (heavy drinking)
- Sławomir41: *'There are no individuals there. There is a group – there are seventeen, eighteen thieves sitting there. Everyone looks at everyone. Someone just wants to say something – they can't, because that one is just laughing. Everyone makes a belch for it. This is what this therapy looks like. This lady produces, gets tired and they laugh at it.'* (poorly conducted therapy)
- Stefan55: *'Because this is my next therapy, as you know.'* (another therapy)
- Stanisław58: *'I mean, I tried therapy here once. It didn't work out as I would have liked. It wasn't until the therapy in one place that I can't say that it gave me something or didn't give me when it comes to addiction, but it gave me a lot when it comes to understanding the problem itself.'* (another therapy)
- Salomon42: *'I became a builder and got a job right after school. There it was just drunkenness, everyone drank... Then it seemed normal to me.'* (normalisation of the groups of drunkenness)

### Helplessness related to the addiction artefacts

- Sylwester60: *'I didn't start drinking until I started my hockey career. I tried various sports, but hockey seemed to be the most masculine game, so I stayed with this discipline. Alcohol gave me a break, and opened new relationships. And who was with them?'* (addiction artefact)
- Sylwester60: *'Then. Everyone wants to drink with you. You eat, drink and pay for nothing. Girls are coming at you. I remember that one day I thought: "how easy this life is."'* (addiction artefact)
- Sebastian50: *'I mean, I was on drugs sewn under the skin.'* (being medicated)

### Helplessness related to symbolic Ends

- Sergiusz46: *'Well, it's hard. I was alone.'* (loneliness)
- Sylwester60: *'I experienced this trauma myself, so I know exactly how a person does not want to feel, deprived of the meaning of life and even pain of existence.'* (loneliness)
- Stanisław58: *'People who lost the sense of life, people who were experiencing. I can say the pain of existence. My problem started when the pain of loneliness hit me.'* (loneliness)
- Stefan55: *'Even being here is so complicated. I had no plans or anything. This is terrible. No dreams, no plans. Such a typical stagnation.'* (emptiness, stagnation)
- Sergiusz46: *'Well, at first my wife and my son left me.'* (loss of bonds)
- Sergiusz46: *'I mean, I would still have to get my siblings back, but this is unlikely to happen.'* (loss of bonds)
- Stefan55: *'In this healing process (whisper) the most difficult thing for me was the lack of my family and loved ones. It was my biggest alcoholic loss.'* (loss of bond)
- Sylwester60: *'The wife blocked the account and replaced the door locks: "You don't have a home anymore." I sat squatting that night in the musty basement. In my hand I had a quarter bottle of cheap wine.'* (loss of a family)
- Sławomir41: *'I just miss, as the saying goes, I miss woman. Woman before everything. Such a good normal woman.'* (lack of female intimate partner)
- Sergiusz46: *'I mean, I had treatment in B here. But this treatment was directed to us from work, because they fired me, because I came to work drunk.'* (loss of work)

### Helplessness related to shrinked space

- Sławomir41: *'Yes of course. I was in a psychiatric unit (pause).'* (psychiatric unit room)
- Sławomir41: *'At the age of eighteen I went to the jail.'* (prison cell)
- Szczepan46: *'I spent time in bars, I came to work with an eternal hangover, until they finally kicked me out.'* (loss of work, prison cell)

- Stefan55: *'Because with alcohol I have unpleasant life experiences, where all that matters is I failed, that I lost. I live where I live now.'* (loss of the house, therapeutic unit room)
- Sylwester60: *'Heats a park bench for weeks.'* (park bench)

### C. Processual helplessness related to subjective loss and regaining of human dignity

- Salomon42: *'One day I woke up in the park, I was very dirty and some children were making fun of me; I won't forget that laughter.'* (loss of dignity)
- Sergius46: *'Everyone rejected me. I missed some support there maybe. Or something. Definitely some person. And certainly was not. I was depressed. Tears in my eyes and you know that.'* (loss of dignity)
- Salomon42: *'I think that an addict has no respect for himself or his family. He only respects alcohol, he is his only friend. After finishing therapy, he must regain that respect, but it is not easy as other people remember you from the time when you were a drunkard and you fell in the bushes.'* (loss and regaining of dignity, bushes in park)
- Salomon42: *'When I came to the fourth centre, I came across a therapist who could influence me. He used to drink, but he stopped. I thought that since he managed it, maybe I can do it too.'* (regaining of dignity)
- Sebastian50: *'And you see some differences between the beginnings, how did you stop drinking alcohol, and now? For sure. They are there. Certainly there are, because, as I observe, for those who drink, there are some procedures. The courage to speak, confidence, or something. In my opinion, it is certain that before I say something to a person who does not drink, because those who drink there, I will answer as I should. But the one who does not drink, sits next to me, it is certainty to think. Talk, but what to say? Such a thing. I mean, I don't feel normal there.'* (regaining of dignity)
- Sławomir41: *'I also meet those people with whom I drank. I just ignore them. I do not want to speak to them. They insist "well, drink something, why don't you drink with me?"'* (regaining of dignity)
- Sławomir41: *'And I say: "no, I won't drink". I will buy him a beer and he says: "Here, drink with me" and I don't want to. And I say goodbye and turn around and go.'* (regaining of dignity)
- Sławomir41: *'When I was drinking, I went to my place where I lived. So what if I have a house when it's empty. I don't want to go back*

*there because I have drinking neighbours. There is a rush. Pathology. My neighbours are all drunks. If I came back there now, I would get sucked back.* (regaining of dignity)

- Seweryn30: *'I've become better. Normal.'* (regaining of dignity)
- Szczepan46: *'I understood that I was a valuable man, who had to forgive his own father and not make the same mistakes.'* (regaining of dignity)

## 5. Conclusion

The secondary data analysis indicated the moments of helplessness of 10 homeless males addicted to alcohol (aged 30–58) living in Toruń (North-central Poland), in the process of sobriety. The findings showed helplessness of homeless males in chronological aspects, as well as structural and contextual aspects. The results showed that only 3 males referred to the category of helplessness directly. The category was generated more often from the contextual content of the data, mainly as a kind of tacit knowledge. The research gave: 3 general perspectives of manifested structure and contexts of helplessness as follows: 1. verbalised helplessness, 2. hidden helplessness and its dimensions as: self, routine activities (appearance, alcohol strings, return to drinking, support of drinking, temptations), artefacts (alcohol itself, medicines sewn under the skin), symbolic Ends (sport career, professional career, family bonds, intimate sexual relationships, sense of respect and dignity), and gradual shrinking of personal space (from own homes or shared apartments, psychiatric units, rooms, and prison cells, to benches or bushes in the park), 3. general perspective was associated with processual helplessness related to human dignity issues, and to the crucial points concerning subjective loss and regaining of human dignity.

The results of the research showed dramatic turns of lives indicated in narratives and various forms of helplessness of 10 homeless males addicted to alcohol on the road to sobriety. Against the background of secondary data analysis, it is not difficult to see that helplessness is both an openly-pointed-out phenomenon and a more subtle and hidden phenomenon, which can be seen in the statements of the research participants. One important thread which is also present in the research results is the current helplessness, within a process related to the subjectively perceived loss of dignity and the regaining of a sense of human dignity by 10 sobering Poles.

It is important to note that without the proper support of social workers, educators and therapists, as well as other specialists, the process of tackling helplessness which is undertaken by the addicted males cannot be strengthened. It is therefore necessary to vigorously support addicted persons on their way to sobriety.

## **6. Implications for Social Work Practice, Disability Studies, and Public Education**

In the opinion of the authors of the present article, in the context of the issues of social work and public education practice, and support with the helplessness of addicted males, preventive actions should include:

- Work on helplessness as a prerequisite for the therapy process. Empowering addicted and helpless males through improving their belief that they will manage to get out of the disease, will learn to control their life, and will be able to deal with negative emotions and helplessness.
- Suggestion of early diagnosis of addiction and motivating addicted males to undergo therapy and reduce their own helplessness.
- Working on regaining self-esteem for addicted males, and subjectively perceived loss of human dignity.
- Empowering addicted males and helping them to find their life goal, build a better physical outlook, and a new value system, all of which will lead them to regain losses they experienced during their periods of heavy drinking (bonds loss, family loss, intimate relationships loss, work loss, home loss, personal space loss, etc.).
- Working with the family members of addicted males (also co-addicted persons) to initiate, improve and/or establish the bonds.
- Support in case of entering the groups (former colleagues, family members, neighbours) or any other addicted people who insist or force the sobering males to drink.
- Using various methods and techniques of working with addicted males with consideration of more therapeutic sessions applied which are based on individual needs. Working with groups of addicted persons with various techniques e.g. safety seeking therapy, brief intervention, solution-focused therapy, motivational dialogue.

- Involving specialists (addiction therapists, social workers, probation officers, educators) and creating interdisciplinary teams dedicated to preparing an individual plan to help addicted males.
- Improving the support and continuation of the therapeutic activities and social assistance provided to addicted males after they leave the therapy centres.
- Educating the public about the prevention of addiction already at the school stage, combined with education about respect for all human beings, regardless of their life situation and alcohol addiction.
- Social campaigns and public education promoting a healthy lifestyle, free from addictions and normalisation of drunkenness as a lifestyle.
- Social campaigns and public education showing the human dignity of males coming out of addiction.
- Social and disability studies, campaigns and public education on reducing hatred, violence and hate crimes in public spaces (real and online) against the homeless and addicted people.

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