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Life Situation of People addicted to Alcohol and Their Expectations in Terms of Help and Support based on Interviews with the so-called “Non-Alcoholics”

[Sytuacja życiowa osób uzależnionych od alkoholu i ich oczekiwania w zakresie pomocy i wsparcia na podstawie wywiadów z „niepijącymi alkoholikami”]

Streszczenie: Autorka analizuje sytuację życiową osób uzależnionych od alkoholu. Zwraca uwagę na kwestie zdrowotne, zawodowe, materialne, mieszkaniowe, a także rodzinne. Analizuje zakres ich oczekiwań w obszarze pomocy i wsparcia. W badaniu zastosowano indywidualny wywiad pogłębiony (jakościowy), który został przeprowadzony z 20 osobami w przedziale wiekowym 25–55 lat (14 mężczyzn i 6 kobiet). Z przeprowadzonych wywiadów wynika, że rozmówcy doświadczają wielu problemów, zaburzeń i dysfunkcji we wszystkich wskazanych obszarach sytuacji życiowych i oczekują pomocy oraz wsparcia specjalistycznego w procesie zdrowienia i utrzymania abstynencji, wsparcia finansowego, pomocy w znalezieniu pracy, poprawy warunków mieszkaniowych (a niektórzy znalezienia mieszkania) oraz w odbudowaniu właściwych relacji z najbliższymi. W podsumowaniu sformułowano wnioski i rekomendacje dla praktyki.

Summary: The author analyses the life situation of alcohol-dependent people. It draws attention to health, professional, material, housing and also family issues. Analyses the extent of their expectations in the area of assistance and support. The research tool used in the study was an individual in-depth (qualitative) interview, which was conducted with twenty alcohol addicts (fourteen men and six women). The subjects were aged 25–55. The interviews show that the interviewees experience many problems, disorders and dysfunctions in all indicated areas of life situations (health, work, material, housing, family) and expect specialist help and support in the process of recovery and maintaining abstinence, as well as financial support, help in finding work, improving of housing conditions (some of them even need to find housing) and rebuild proper relations with loved ones. It concludes with conclusions and recommendations for practice.

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Słowa kluczowe: sytuacja życiowa; osoba uzależniona od alkoholu; rodzina; pomoc; wsparcie.

Keywords: life situation; a person addicted to alcohol; family; help; support.

Introduction

Following rough estimations (Ryszkowski et al. 2015, pp. 2–6), there are about 800 thousand addictive alcoholics in Poland; what's more, the same estimations indicate that almost 2 million Poles abuse alcohol and about 4 million Poles live in families where alcohol causes violence, neglect, poverty and demoralization. Likewise, less than 2 million children experience suffering due to their parents' alcoholism. When reviewing the literature and the research carried out so far, one can conclude that the life situation of people addicted to alcohol is far from perfect. According to Jerzy Mellibruda (1997, p. 28), people addicted to alcohol experience destruction in many areas of life and their everyday functioning. The research done by Cierpiałkowska & Ziarko (2010, pp. 38–57) shows that such people often experience many diseases and disorders of a physical, somatic, mental and/or social nature. The most common diseases of a physical and somatic nature include: circulatory disorders, digestive, disorders of nervous and/or respiratory systems, decreased reaction speed, vision problems (visual field limitation), and/or various forms of balance disorders (Kalat J.W., 2006; Błachut J., Gaberle A., Krajewski K., 2007; Osiatyński W., 2009). Alcoholic liver disease (ALD) is also common (Gonciarz Z., Mazur W., 2001, pp. 598–604; Naveau S., 2006, pp. 550–553; Daniluk J., 2006, pp. 1143–1148; Reuben A., 2006, pp. 263–271). This term describes various stages of alcoholic liver damage: fatty liver, hepatitis, fibrosis and cirrhosis of the liver (Cichoż-Lach H., Grzyb M., et al. 2008, pp. 55–62). On the other hand, common disorders and diseases of psychological nature include: psychotic disorders – acute and residual, mood disorders and post-traumatic stress disorder (Cierpiałkowska L., Ziarko M., 2010, pp. 38–57); the research done by B. Habrat, (2010, pp. 75–81) shows numerous cases of the so-called Othello syndrome, also known as the alcoholic madness of jealousy, drunken madness or alcohol paranoia (this is a type of delusional psychosis), depression, personality and behavioral disorders, as well as different forms of amnesic syndrome, i.e. Wernicke's encephalopathy and/or Korsakoff's syndrome. Family relationships and functioning are also disturbed. The research conducted by Irena Namysłowska, Bohdan T. Woronowicz, Marta Bogulas and Andrzej Beauvale (2004, pp. 173–185) reveals that relations are disturbed in all dimensions of average family func-

tioning, i.e. in fulfilling tasks, performing roles, communicating, emotional commitment, control, values and norms, kindness towards household members and caring for them. The research also confirms the occurrence of violence, which is used quite often in families with alcohol problems – this is showed, among others, by criminological and psychological research indicating a relationship between them (Burek M., 2007; Chojnicka M., 2001, s. 89–99; Przybysz-Zaremba M., 2018, s. 91–105). The statistical analyses carried out by Ryszkowski et al. (2015, pp. 2–6) show that 70% of family breakdown (cases of divorce) is caused by alcohol abuse of a (male/female) life partner.

The research done by Marta Wilk (2018, pp. 199–218) shows that people who are either addicted to alcohol or abusing it not only lose the ability to function effectively in social and professional roles, but also often lose jobs and have limited opportunities to effectively seek it. Lack of employment opportunities leads to the development of poverty, thus qualifying people addicted to alcohol to the group of people at risk of marginalization and social exclusion. Such situations often translate into the experience of poverty, to be not only experienced of addicts but also of their families.

The signaled data on the life situation of people addicted to alcohol allows to draw a sad conclusion that it is far from being perfect. Disorders, dysfunctions and/or many other various problems observed in health, professional, material and housing, and family areas are visible in almost all areas of life and everyday functioning of alcohol-dependent individuals. Hence, it is necessary to undertake systemic aid and support measures, covering both alcohol-dependent people and their families. Below are the statements of the interviewees (people addicted to alcohol) about their current life situation (health, professional, material, housing and family) and their expectations regarding help and support in the areas of life and everyday functioning of alcohol addicts. The analyzed statements of the interviewees were the basis for drawing conclusions and recommendations for the practice in the field of constructing aid and support activities for people addicted to alcohol and (partially) their families.

Methodological assumptions

The aim of the research was to find out about the current life situation of people addicted to alcohol and their expectations regarding help and support, which will allow to minimize the existing problems signaled above.

While implementing the outlined research goal, the following research problems (in the form of research questions) were posed:

1. How do people addicted to alcohol perceive their life situation, i.e. their health, work, material, housing, and/or family problems?
2. What are alcohol addicts' expectations of help and support?

The study adopted an interpretative and naturalistic approach offered by Denzin & Lincoln (2014, p. 23), focusing on the importance that interlocutors place in their reality, mainly in the socio-professional and family aspects, in which they live and function (Punch K., Oancea A., 2014, p. 36). This situational ethnomethodology paradigm was adopted so as to examine the experiences of the interviewed interlocutors expressed in a spontaneous manner, but focused around the research goals. In line with the adopted paradigm and the chosen research approach, the study used an individual in-depth (qualitative) interview, which, according to Steinar Kvale, ensured the acquisition of [...] *qualitative knowledge expressed in everyday language* (Kvale S., 2010, p. 43) of the interviewees (non-drinking alcoholics) about their life situation, i.e. their health, work, material, housing, family aspects, as well as their expectations regarding help and support. This interview offers [...] *a unique insight into the world of life of the respondents who describe their actions, experiences and views in their own words* (Kvale S., 2010, p. 43). The research was carried out on the basis of a list of prepared questions (dispositions) that concerned the assumed goals and the posed research problems (questions). However, it did not have a closed structure, but gave the opportunity to go beyond its framework. It was a casual but in-depth conversation with people addicted to alcohol.

The selection of the respondents was deliberate so as to justify the issues of the problem. The whole study participation was limited to people who expressed a voluntary willingness to talk. The interview was conducted with twenty (14 men and 6 women) adult alcohol addicts. The subjects were between 25 and 55 years of age. Only cognitive reasons decided about the selection of people for the research.

The interviews were conducted at the beginning of 2020 in the Mazovia Province. The presented material is a part of an ongoing research project.

The principal topic of the research was the life situation (their health, work, material, housing and/or family issues included) of people addicted to alcohol and their expectations in terms of help and support; the main research subject was limited to adults addicted to alcohol.

Some information concerning the interviewees taking part in the survey

Out of the whole group of the twenty interviewees, 16 people were diagnosed with alcoholism through specialist facilities located in a short distance from their place of residence. At the time of the interview, four people did not have a specialist diagnosis in the field of alcohol addiction, but nevertheless each of them was aware (under the influence of relatives/family) that the current drinking process is different than before. Under the encouragement of their relatives, they have resolved to undertake treatment-related activities, but their effectiveness was found to be varying. From the moment of diagnosis, 16 interlocutors started drug addiction treatment provided by local Specialist Drug Rehabilitation Centers (further SDRC) and systematically participate in meetings organized by Alcoholics Anonymous (AA). Four people attend AA group meetings sporadically. The period of abstinence of the people addicted to alcohol (i.e. the interviewees) on the day of the interview ranged from one month to about two years.

Analysis and discussion of the interviewees' statements

The results of the interviews with non-drinking alcoholics show that their health, work, material and housing, as well as family situation is far from being perfect, and in some cases it is even desperately tragic. Each of the interviewees pointed to poor health caused by drinking alcohol (sometimes drinking for many years). The respondents have been found to be suffering from various somatic and mental problems, and/or disorders. They have been diagnosed with the following health problems: /1/ digestive system diseases (many of them complain of problems with the stomach, pancreas and liver – some have been diagnosed with cirrhosis); /2/ circulatory system diseases (a few of the respondents indicated palpitations); /3/ nervous system diseases (anxiety, uncertainty, irritability, difficulties with concentration, trembling hands); /4/ respiratory system diseases (inflammation of the tracheal and bronchial mucosa); as well as /5/ some forms of mental illnesses such as: alcohol delirium (tremor, delirium) manifested in them in the form of: anxiety, anxiety, insomnia, irritability and even epilepsy (two interviewees are taking antiepileptic drugs.) All the respondents complained of headaches. The detailed statements of the interviewees about their health situation are presented in Table 1.

Table 1

**Health – professional – material and housing situation and the situation
of families of people addicted to alcohol – selected statements
of the interviewees²**

Types of life situations analyzed in the research	Statements of the interviewees
Health situation	<p>“Since I started taking antiepileptic drugs, my health has stabilized, but it was not good before” [two interviewees indicated that I was taking antiepileptic drugs];</p> <p>“I have high blood pressure, heart rhythm disturbances, weakness of strength, mood disorders, insomnia, headaches, difficulties in spatial orientation”;</p> <p>“I suffer from physiological uncontrollable [wetting], excessive body sweating, seizures, headache, restlessness, uncertainty, palpitations, vomiting, diarrhea, irritability, difficulties in concentration”;</p> <p>“I have no health problems, no headache, no insomnia. I do not let myself to suffer from a hangover and so far it was good”;</p> <p>“It’s okay now, but I went blind from drinking. I hadn’t seen anything for over six months, so I lost my feet because they started to rot. My sisters saved me. They made bandages for me, lubricated my feet, etc. – I regained my feet. They [sisters] drove me to the doctor for treatments and surgeries to save my eyes. I had terrible headaches”;</p> <p>“During the drinking period, I felt various ailments, such as: vomiting, headaches. When I stopped drinking, the worst period began – I was spitting blood, my stomach and liver ached. I am currently diagnosed with cirrhosis of the liver. When I quitted drinking, I was irritated, I kept thinking about drinking again. Sometimes I have “alcohol psychosis” during which I do not control my behavior – sometimes I hit my wife”;</p> <p>“I have liver problems” [6 respondents pointed to this disease];</p> <p>“The medical records show that I have a stomach ulcer; almost every day I feel bad, especially in the morning my head hurts a lot, my hands are trembling. Only the right dose of alcohol brings me relief”;</p> <p>“[...] I have visual disturbances, problems with walking, headaches, difficulties in concentrating. There were also stomach problems”;</p> <p>“[...] during my stay in a medical facility, I was diagnosed with an acute ‘withdrawal syndrome’. As a result of long-term drinking of alcohol, the liver was completely destroyed and there were problems with the pancreas. As I repeatedly interrupted periods of abstinence (I took the medications prescribed for me), my health problems kept coming back. I had stomach pains, mood disorders, problems with sleeping, I felt constantly unwell and anxious”.</p>

² In the reports presented below, the original language of the interlocutors was invoked.

Professional situation	<p>“I am unemployed, I volunteer at the foundation”; “I am a non-working, unemployed person, without any livelihood”; “I lost my job three months ago, I am unemployed without the right to unemployment benefit. I came to SDRC to help me find a job, I did not come for benefits because I want to get out of my difficult situation. I think the new job will help me overcome my difficult situation”;</p> <p>“I am an unemployed destitute person. I don't work because it's been a short time since the eye surgery. I earn some extra money from my neighbors in small jobs. Recently I have earned 230 PLN”; [16 interviewees declared themselves to be unemployed];</p> <p>“I am a person working on a mandate contract. The monthly income from my work is 3,000 PLN”;</p> <p>“I work under a contract as a truck driver. I often go abroad. My salary is 4.5 thousand. PLN – it depends on the number of trips they make during the month”; “I am a person working on a mandate contract” [three respondents stated they work on a mandate contract];</p> <p>“I make a living from running a farm”.</p>
Material and housing situation	<p>“I have no flat, I have lived in a shelter for the unemployed for two years”; “[...] I volunteer at the foundation and in return I can live in a flat they own”;</p> <p>“My wife and I have a single-family house for which a mortgage has been taken out, which is being repaid by the wife”;</p> <p>“I have obligations to the bailiff for my daughter from my previous marriage, for whom I did not pay maintenance (PLN 1,000). I also have loans for the purchase of home appliances – I have to pay back installments (500 PLN), so there is not much left to live on.” [...] “I live with my partner in a rented apartment, which she maintains and pays all the bills”;</p> <p>“I live with my parents who support me; I'm not worried about anything – I'm a bachelor”;</p> <p>“I have obligations to my daughter, for whom I did not pay alimony – all together about 16 000 PLN accrued right now. I have no other obligations; My sister does fees and purchases. My sister allowed me to live at home after my parents. And before that, I lived in a utility room. Now I have water, heating, a bathroom. The apartment is fine, only I have trouble keeping it. Electricity, gas, water – I haven't had this worry for a long time”;</p> <p>“I live in my wife's family home, with her parents and our two children. My wife and her parents legally own the house”;</p> <p>“The financial situation is critical, when I have the opportunity, I take part in odd jobs, but this is not always the case. In the previous month, I earned 200 PLN. I am indebted to a rural grocery store in the amount of 500 PLN (I received a stamp and signature from the owner). I live in a 10 m² room I rent from a friend; the living conditions are bad”;</p> <p>“The material situation is bad; I live on the allowance in the amount of PLN 350.50; I have a lot of debts and obligations to others. I live in my mother's flat because I am in arrears in paying my rent and cannot get a Rent Supplement”;</p>

Material and housing situation	<p>“The material and housing situation is very bad. I don’t have enough money for food, clothes and/or medicine. My only source of income is my pension, which is not enough for my basic things. I have a lot of debts to my friends and the local store. I live in my parents’ house, but there is no running water, there are old tiled stoves only. In winter, I only occupy one room with a kitchen that I use to heat. The house requires a general renovation”;</p> <p>“I receive financial aid from the local SDRC and my wife receives 500+ benefits for two children and nursing allowances. The wife also earns extra money as a manual worker. I live with my family in a small house in the countryside (60 m²). The building is owned by my parents; it is very damaged and requires a general renovation”.</p>
Family situation	<p>“When I stopped drinking, I developed shame, anxiety and seizures. I don’t stay in touch with my family because they are ashamed of me”;</p> <p>“When I was under the influence of alcohol, my family felt fear in front of me, the children went out to their friends – they were ashamed of me. Since I started drinking, children have had difficulties in school. There is a tense atmosphere at home”;</p> <p>“I think my partner is angry, she is still anxious. We talk a lot together about my addiction, and she keeps encouraging me to continue the treatment. My partner’s daughter sees that I am aggressive, I speak badly to her, which is why she avoids me”;</p> <p>“Due to my alcoholism, my wife wants to divorce me, which may result in my eviction from my present house. My family is very much affected by my alcoholism because I do not support them financially. Our everyday life is maintained by my wife only, and she does not earn much. My children often go to school after they have spent sleepless nights because they are afraid when I am drunk – then I am aggressive and I do not control my behavior”;</p> <p>“My family doesn’t feel the effects of my addiction. After drinking, I am calm, I do not fuss, I clean and help my mother”;</p> <p>“[...] I live alone, because my wife left me because of my excessive alcohol drinking she also took the children with her – I do not have contact with them;</p> <p>“My addiction to alcohol has had a significant impact on the life and everyday functioning of the whole family. When I am under the influence of alcohol, I can be aggressive and use violence against my relatives. My family set up a Blue Card for me. [...] Children experience stressful situations”.</p>

Source: own study based on the conducted interviews.

The professional situation of the respondents is also not perfect. Sixteen of the interviewees indicated that they belonged to the group of the unemployed. Most of the interviewees receive small benefits from social institutions, such as local or county SDRCs, or are dependent on their relatives. Three interviewees undertook temporary contract work and one of them runs his own farm with his family. Little or no financial resources translate into poor social, living and housing conditions. Almost all re-

spondents indicated that their financial and housing situation is very bad. There is a shortage of funds for basic needs, such as: food, clothes, hygiene and housing maintenance. The interlocutors indicated that they have debts and financial obligations towards natural persons (*I have obligations to my daughter, for whom I did not pay alimony – all together about 16,000 PLN accrued right now*) and institutions (*I have a debt in a rural grocery store in the amount of 500 PLN – I received a card with a stamp and signature of the owner*). Detailed statements of the interviewees on their professional, material and housing situation are presented in Table 1.

When analyzing the statements of the interviewees about their family situation, one can notice chaos, disorganization and dysfunction in the functioning of the family. Family members living under the same roof with an alcoholic abuser feel fear, anxiety and insecurity. Some of them decide to break up their family or isolate themselves (they leave the *alcoholic abuser*). One of the interviewees stated that *[...] I can be aggressive under the influence of alcohol and use violence against my relatives. My family set up a Blue Card for me [...]*. Such situations certainly do not affect the proper functioning of the family. The research done by U. Osza (2003) shows that the effects of domestic violence are enormous, although it is sometimes difficult to see them with the naked eye. Some of them, such as PTSD (Post-Traumatic Stress Disorder) may persist for many years. The responses of the interviewees are presented in Table 1.

Table 2 presents the expectations of the respondents towards possible help and/or support they may receive. The statements of the interviewees were analyzed in terms of three groups of help and support: /1/ these which refer to the recovery process; /2/ the ones related to work, financial and/or housing support; and /3/ these related to the family.

The interviewees report that in the recovery process people addicted to alcohol need both the help given by specialists (a therapist, psychiatrist, psychologist or other specialist – one of the respondents pointed to a social worker) and the one of their relatives (mainly family). As it seems, what all the respondents expect first of all is help and support in the process of recovery and maintaining abstinence, as they are not prepared to independently *bear the burden* such as alcoholism. Some of the respondents did not have any relatives (their family “broke up” due to their alcoholism) whom they could count on. Many interviewees indicated that without appropriately given help and support they would not be able to cope with this problem on their own, but each of them would like to live as before, with their family, and be able to count on their support and help. One of the respondents recalled the following words: *I would like to get out of addiction, find a job and support myself, but I do not know how to do it, I cannot do it myself [...]*. Detailed statements of the interviewees are presented in Table 2.

Table 2

Expectations of people addicted to alcohol as regards help and (non-) institutional support – selected statements of the interviewees³

Types of expectations of interviewees for help and support	Statements of the interviewees
In the process of recovery	<p>“I can only count on the help of the employees of the foundation where I am staying, that in time I will learn to live a normal life, I will start believing in myself and that I will manage”;</p> <p>“In the process of recovery, I can count on my wife, who motivates me to quit the addiction, takes me to the clinic, supports me, explains what is good for me”;</p> <p>“I need the support of my therapist and my partner – I cannot cope without them”;</p> <p>“I need a psychiatrist to help me stop drinking and rebuild my relationship with my parents”;</p> <p>“Although I would like to stop drinking, I know I need a specialist to help me with this”;</p> <p>“I am seriously considering specialist treatment, but I am sure I cannot go through it alone; I need the help of a social worker and a doctor “;</p> <p>“I need help and support in maintaining abstinence, because I know I am mentally weak and lonely. The alcohol took my family and everything I cared about. I am ready to make another treatment attempt”;</p> <p>„In my treatment I expect help and support, especially psychiatric support – I am not able to cope with this problem myself”.</p>
Related to work, financial and housing support	<p>“That the employees working for the foundation would help me obtain a social flat from the Mayor and support me in achieving my goal”;</p> <p>“I would like to participate in professional activation to gain new experience and have a chance to find a job”;</p> <p>“I need financial support, so as to cover my expenses to pay for food and heating. I would somehow like to be able to go through the recovery period until I take up a permanent job.“[...] I have to rebuild the trust of the people in the village so that they would give me a job. I lost a lot by drinking alcohol”;</p> <p>“I need financial support from the institution to meet my current needs (food, hygiene products, shoes, clothes, etc.) because I cannot find a job” [7 interviewees indicated urgent financial support];</p> <p>„I expect help from the city SDRC; I would like to be offered a well-paid job [...].</p>
Family	<p>“I expect constant help and support from my family – mainly my wife, because I am afraid that despite starting my treatment it will not work – I have some colleagues who have not managed to recover despite treatment”;</p> <p>“I have been able to count on help and support from my parents so far, but they are slowly moving away from me; I started the treatment, but I’m afraid I won’t be able to take it and start drinking again”;</p>

³ In the reports presented below, the original language of the interlocutors was invoked.

Family	<p>“I have the greatest support in my sisters and their husbands. When I have problems and feel bad, I often make mistakes; then I can always count on them. Without their help and support, I would not have been able to cope alone”;</p> <p>“The only person who supports me is my wife who believes in me, she is my support and I would not let her down”;</p> <p>“I have no close family, my parents are dead and I have not started a family of my own – I was left alone. I don’t stay in touch with extended family. I would like to get out of addiction; I would like to find a job and make a living, but I don’t know how to do it, I can’t do it myself”.</p>
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Source: own study based on the conducted interviews.

Apart from help and support in the process of recovery and maintaining abstinence, almost all respondents expect financial support from the institution (they mainly mentioned SDRCs), which will allow them to buy basic items/products of everyday life (food, clothes, housing), including opal. The respondents also expect help in finding a job in order to be able to obtain financial resources on their own. One of them indicated that *[...] he would like to participate in professional activation, which will allow him to find a job.*

The expectations of the interlocutors in terms of help and support are varied; they most often relate to be given help in the process of recovery and maintenance of abstinence; another commonly indicated form of help is financial support, which, to a greater or lesser extent, will allow them to function normally. Although almost all of them expect support from their immediate family, not everyone can count on such a form of support. Some interviewees indicate they no longer have a family of their own, because of their alcohol abuse which led to its breakdown. And even those who have it, cannot always count on its help. One of the interviewees indicated:

“[...] I cannot count on any help from my family. My wife points out that my aggressive behavior destroys our family, and she would like me to move out. She has been running a separate household with her children for some time. I have no support from my relatives in any way”.

In the statements of some respondents, sadness, regret and sometimes even despair can be noticed; despair that – as a result of the alcohol addiction they experienced – they lost everything that was most important to them. The family that used to be a support for them has suddenly disappeared, gone, vanished. One of the interviewees raised the topic of rebuilding his contact with the family and children:

“[...] I would like to establish contact with my son. I often wonder how he is doing? How is he doing? After all, he is already 19, it is such a difficult age in life! Sometimes I look at his photos on Facebook and cry a lot when I think why all this happened to me. I feel so much regret and shame...”

Summary, conclusions and recommendations for the practice – as a conclusion

The life situation of the respondents, health, work, material, housing and family situations included, is bad. Each of the interviewees experiences various disorders and diseases of a somatic and/or mental nature. Due to the lack of work, they complain of having financial problems and/or poor housing conditions; some of them have been found to be completely deprived of their housing. Most of the respondents lost their families due to being alcohol addicted. In many situations alcohol was the cause of aggression and violence towards their relatives. Each of the interviewees needs help and support in the process of recovering and maintaining abstinence, financial support and help in finding a job what may ensure their independent support. Some of the interviewees expect help in finding a flat and rebuilding relationships and trust with their loved ones. On the basis of the respondents' statements, it is possible to draw some conclusions and recommendations for the practice of social work, regarding the help and support of people addicted to alcohol, their families included.

In the process of recovery and maintenance of abstinence, people addicted to alcohol need:

- specialist (psychiatric, psychotherapeutic, psychological and other specialist, e.g. the one given by family doctors) help and support, which will shape the direction of undertaken actions in the field of recovery. It will be individual, systemic and, above all, systematic help, because – as E. Włodarczyk (2016, pp. 135–153) sees it – “alcohol addiction is a disease of losing control and will”. The process of recovery of a person addicted to alcohol requires a change in the way of thinking and perceiving one's own life, so that they could be ready to confront their own addiction (Pomianowski R., 1998, pp. 281–282). As the mere attitude and willingness of the addicted individuals is not enough, it seems obvious that they will not be able to cope with it themselves; therefore, in this situation, it is recommended to cooperate with the family of an alcohol addict, to accompany such people in the recovery process, to be a support and a mentor for them.. In order for the healing process to work properly, it must be a process leading to personal development. However, such a goal can be achieved only by people with great determination and readiness to work on themselves for many years (Sikora E., 2001);
- in order to maintain abstinence, it is recommended that addicts (including their families) participate in activities organized by self-help groups, e.g. Alcoholics Anonymous (AA), Al-Anon and Al-ateen Family Groups and Abstinent Clubs that adhere to the principle of *total absti-*

nence. As observed by D. Zaworska-Nikoniuk (2001), cooperation with self-help groups involves the exchange of knowledge, experience and providing all necessary support to strengthen individuals addicted to alcohol (as well as their families) and change the relationship between society and all experiencing problem members (see Włodarczyk E., 2010, pp. 535–565);

- people addicted to alcohol and their families need psychotherapeutic help and support in rebuilding family relationships, communication, and functioning in social roles that have been disturbed as a result of alcoholism. K. Zalas (2011, pp. 285 – 303) remarks that the effectiveness of the therapeutic activities undertaken proves that family members require a specific approach and psychotherapy programs properly adjusted to their needs and expectations. Some other researchers (Dobińska G., Cieślikowska-Ryczko A., 2020, pp. 97–116) indicate that one of the main elements of the effectiveness of the implemented therapeutic programs is the involvement and presence of all family members.

In terms of the problems related to their families, work, financial and/or housing areas, people addicted to alcohol (together with their families) ought to be offered help and support from a social worker. Such a person should

- carry out a thorough diagnosis and analysis of the family's problems and, on its basis, provide appropriate help. In addition to financial support, it is also important to help in cooperation with various entities (e.g. the Employment Office) and non-governmental organizations, the activities of which may be necessary to help them in the professional activation of people addicted to alcohol, as such people often experience long-term unemployment. It is also important to assess the housing situation of both the people addicted to alcohol and their families, and to take appropriate support measures in this respect;
- aim at systematic cooperation with the Police, which is often the first institution to have received a report on the occurrence of domestic violence. In this situation, the social worker should be able to read the documents regarding the establishment of the Blue Card to the abuser (often a person addicted to alcohol) and, on its basis, to begin monitoring the family;
- help and support is associated with the 'proper' guidance of an addicted person, aimed at obtaining specialist support (such as some kind of legal advice, for example), for which the social worker has no competence;
- finally, the activities of a social worker (who often performs the activities of a family assistant) should also aim at supporting parents in carrying out necessary care and educational tasks.

The presented suggestions concerning help and support the activities addressed to people addicted to alcohol (and partially to their families) should be approached as a kind of outline only; such an outline may be helpful in designing systemic interactions covering the entire family with an alcohol problem. It is important, however, to diagnose family problems before providing help and to provide such support, the effectiveness of which will be of a long-term nature.

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