

# SOCIAL WORKER AND THE SOCIAL HELPLESSNESS OF PATIENTS AT THE PROVINCIAL CENTER FOR PREVENTION AND ADDICTION THERAPY IN ŁOMŻA

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**Abstract:** Social helplessness is a phenomenon, which is increasingly encompassing not only the unemployed, but also people addicted to alcohol, drugs, gambling, shopping, the Internet etc. Overcoming addiction is permanent only when the closest family, neighbourhood and professional surrounding can work out mechanisms for the addicted to depart from the situation of social, family, professional helplessness. The presented article was written on the basis of the subject literature analysis as well as own empirical research among the patients of the Provincial Center for Prevention and Addiction Therapy in Łomża (WOPiTU) in 2018. The aim of the empirical research was to present, according to the respondents' opinions, the social worker's role in assisting addicts in overcoming helplessness which inflicts them. The empirical and theoretical analysis helped draw the general conclusion that presented the relationships between activities that enabled functioning of patients of the Provincial Center for Prevention and Addiction Therapy in Łomża in their families, neighbourhood, local community with the therapy taken in the Center. The therapy will be efficient if the patients, after overcoming addiction, are able to establish relationships with their surrounding i.e. families, neighbourhood. Social workers provide support for the WOPiTU's patients in acquiring skills of establishing social contacts. In WOPiTU, one social worker has the task to support over several dozens of patients. The respondents suggest that it is a way too few, as they demand more time for themselves as patients.

**Key words:** social helplessness, learned helplessness, social worker

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## Introduction

By conducting the research of the subject literature, either the concept of individual helplessness (psychological approach) as well as the concept of social helplessness (sociological approach) can be noticed. Their subject matter are the behaviors of an individual as well as the social context of this individual's functioning. In most cases, the division into psychological and sociological concept has a rather conventional character. The character of both approaches is similar in main points, or draws from both concepts simultaneously. Therefore, social helplessness is often associated with learned helplessness, which is acquired due to environmental impact. It is an outcome of inability to adopt to a new situation and a lack of skills related to coping with obstacles and chronic problems. It often happens that the strong impact of the closest surrounding, including family, demotivates to undertake any activities allowing to solve the problem. It is especially difficult when addictions to various stimuli appear, such as alcohol, gambling, drugs etc., which restrict or eliminate the current relationships with other people. The addicted become not only helpless when it comes to their addictions, but they also have problems in the process of social communication. Social helplessness marginalizes and excludes addicted people from

various fields of social life, which demands the ability to establish social relationships.

A social worker plays an essential role in overcoming social helplessness. He or she does not only provide ready solutions, but indicates a path for independent coping with problems. Proper identification of the social worker's role in overcoming social helplessness demands not only an updated knowledge on the client-patient situation, their family and professional environment, but foremostly the ability to indicate to the interested people how to sustain permanent effects of therapy. Therefore, acquiring new attitudes and skills after the therapy can support the addicted in overcoming various situations of everyday life.

## The notion of social helplessness

Social helplessness is a state in which what we do, does not have impact on what happens to us in our social life [1]. Then, the inability to adopt to different external conditions, especially the difficult ones, emerges [2]. As a result, the adverse external conditions and internal predispositions foster the conviction to submit to obstacles and problems as well as discontinue activities that could change something. The person believes that whatever is being done will not make sense [3]. It is a typically psychological attitude that highlights learned helplessness as a state leading to maladjustment [4].

G. Sędek and M. Kofta have a similar attitude towards helplessness by stating that 'learned helplessness is a syndrome of cognitive, motivational as well as emotional impairments' [5]. These impairments were triggered by a former contact of a person with various situations. These were mostly the uncontrolled situations with a series of previously emerging problems. Those problems were not solved earlier [5].

On the other hand, according to M. Barabas 'learned helplessness is a withdrawal from and acceptance of one's fate, which leads to a belief that whatever I do will not change my situation, as the trials undertaken until now have not brought expected results' [6]. Learned helplessness in this sense is connected with the feeling of alienation, lack of creative reference groups, which would enable the departure from the crisis situation. Alienation towards oneself can turn into the state of social marginalization.

Learned helplessness constitutes the enhancement of a conviction that there is no causation between one's own behaviour and its consequences. This notion indicates a lack of ability to forecast the effects of one's own decisions and activities. It leads to a discouragement from planning and implementing plans. It is also the loss of all hope for success and it leads to losing all sense of life [7].

Learned social helplessness can lead to social passivity. This kind of attitude results from the lack of perceiving alternative paths of departing from a difficult situation. Social passivity, on the other hand, can lead to new phenomena that consolidate the state of learned social helplessness. The reasons for shaping the passivity attitudes can be sought for either on the part of an individual as well as the society. Special attention should be placed on the role of social environment, which can foster the institutionalization of negative social attitudes in the given society. The result of this kind of state of affairs can be the schematic and stereotypical perception of the social security by social workers. They create the simplified picture of their patients, who are not able to suggest a support group, which would allow them to permanently deal with difficult issues, as they are not objective. Thus, isolation of the addicted from the current living environment can foster the efficiency of the therapy in the specialist center of social and psychological care.

When it comes to social work, various groups of phenomena consolidating social exclusion may emerge, which can foster the consolidation of addictions. One of them can be more or less realized personal characteristics of the excluded, e.g. low level of self-acceptance, tendency for dysfunctional behavioral patterns, minor responsibility for the immediate family members. The ways of responding to the reactions of the people who are excluded, marginalized, vulnerable to remain in the state of social isolation are significant. There emerge stigmatizing social attitudes, such as

indifference, stereotyping, isolation, marginalization. Thus, helplessness can be understood as a personal characteristic (psychological concept of M. Seligman [3]). On the other hand, helplessness as a consequence of personal and social attitudes can lead to a systemic helplessness, in which an individual is convinced of the lack of impact on one's own situation. It so happens because the reasons for departing from a difficult situation lie in external factors, which mostly result from the functioning of the state structures [8].

### Causes and effects of social helplessness

Establishing the causes and observing the effects of social helplessness can help social workers find the supportive mechanisms for people looking for help in overcoming social helplessness. According to M. Seligman, the causes of helplessness are most often apparent situations with no way out as well as the event one cannot escape from [3]. The complementation of M. Seligman's thought is the stance of K. Przewłocka who claims that the notion of learned helplessness does not necessarily result only from a lack of material means, which is the consequence of the common understanding of the helplessness causes. It can be accompanied by a lack of remedial competencies, marginal level of acquiring them, or the occurrence of phenomena that impede their commencement [9]. M. Chodkowska and Z. Szymanek claim that the causes of learned helplessness result mainly from environmental conditions as well as individual features that shape the influence of these conditions [10].

The reason for learned helplessness can also be a person's belief that his or her activities are inefficient. One feels that one does not have impact on the course of events and gives up efforts to solve the problem [11].

We can also observe the creation of the helplessness syndrome, which according to Sędka and Kofty, emerges in difficult situations when the goal of an activity or motivation to implement it is known, but it is not clear. The causes of helplessness emergence are linked with the environment as well as events that took place and that pertain to individuals, groups as well as organizations. It also depends on an individual personality type [2].

Sociological causes of helplessness lie in the environment, political and social schemes as well as the models of organizations and socio-political institutions functioning [2].

The consequences of learned helplessness are [12]:

- cognitive impairments that consist of a general belief that there are no situations when the change can appear;
- motivational deficits with no encouragement to act and inability to engage oneself as well as extended time to achieve balance after failure;

- emotional deficits that are displayed by a state of helplessness, depression, fear, tiredness, incompetency as well as reluctance;
- Social deficits characterized by a withdrawal from social contacts.

Both, learned helplessness as well as social helplessness can lead to social marginalization of an individual or a group in which the given individual functions. Each of the group is characterized by a specific marginality. This kind of group can have different awareness of its status, which can cause various attitudes, such as rebellious behavior, or acceptance. As a consequence, it can lead to various behaviors, which are dependent of specific conditions in cultural surrounding. Such varieties create the attributes of marginal groups. They are composed of: deprivation of power and access to decision taking – fewer rights and more duties; fewer possibilities of choice and more restrictions; fewer economic possibilities and lower economic position; fewer educational, professional and leisure possibilities etc.; greater vulnerability to the results of social pressure and crises; legal discrimination, social stigmatization and discrimination practices [13].

The objective traits are accompanied by certain kinds of attitudes of the marginalized groups members, such as: the feeling of deprivation, the sense of threat, frustration, alienation, the feeling of unsuccessful life and blaming oneself for it, inability to manage one's own life, fatality (submission to faith and other people's decisions), pessimism and fear of the future [13].

The outcomes of learned helplessness demand supportive activities, which restrict or reduce learned helplessness. The support in the struggle against learned helplessness are: habits modelling as well as the development of skills and behaviour characteristics, such as [7]:

- compliance of emotions and thoughts;
- proper feeling of self-esteem;
- ability to talk;
- predispositions to admire the surrounding;
- politeness;
- easiness to enjoy oneself;
- ability to treat dreams as a contemplation of pleasant things,
- imagining of fulfilled desires, expectations, needs.

People with learned helplessness need support in regaining faith in one's own possibilities, abilities as well as developing skills to cope with failures [14]. It can be facilitated with a specialist individual and group therapy.

### Characteristics of the Provincial Center for Prevention and Addiction Therapy in Łomża as a research field

The Provincial Center for Prevention and Addiction Therapy in Łomża (WOPiTU) was founded on 29 January 1992 by the Voivode of Łomża as an independent budget unit, which took the responsibilities of the formerly existing Addiction Therapy Center in the Voivodeship Hospital in Łomża [15]. In the 1990s, there was a huge need to help people addicted to alcohol and their immediate families. The year 1993 brought the possibility of opening the stationary Addiction Therapy Center. Since 1994, the Center belongs to the so-called network of the leading facilities for therapy within the programme conducted by the State Agency for Prevention of Alcohol Related Problems. In 1995, the Center began the implementation of the 'NOE' program as well as the programme of sociotherapy classes for the youth. Soon after that, the Center was transformed into an Independent Public Health Care Unit (ZOZ). Since 1999, the tasks of the Voivodeship Center were undertaken to coordinate and supervise the substantive work of the addiction detox treatment facilities in Podlaskie Voivodeship. By cooperating with the National Bureau for Drug Prevention, a Consultation Site was set up for the youth consuming psychoactive substances and their parents. In 2003, the Consultation Site was open in the Family Support Center in Zambrów. The Center's offer was extended in 2000 to the Center for People Addicted to Psychoactive Substances in Łomża and Addiction Treatment Center in Zambrów. The year 2012 was a breakthrough as the Łomża City Council passed WOPiTU to the Voivodeship Marshal, as the change of the owner rises hope for further development [15].

The Provincial Center for Prevention and Addiction Therapy in Łomża takes up to 30 patients on a full-time basis. 8-15 people use the therapy in a day care. 30-50 addicted people and their families use the services of the Consultation Site. These are the people addicted to alcohol, drugs, 'legal highs' or other psychoactive substances.

Patients are supported in overcoming difficult social problems by a social worker employed by the Provincial Center for Prevention and Addiction Therapy in Łomża. The social worker has defined tasks, which he or she must fulfil with due diligence and attention. They are written and regulated by the legislation [16]. The social worker employed by the Provincial Center for Prevention and Addiction Therapy in Łomża helps the patients with their issues connected with documentation and assists in writing letters with a proper content to proper national or local government bodies, as an addiction very often causes formal negligence, such as payment arrears (rent, energy and heating fees etc.). The social worker also helps in obtaining social benefits. He or she directs those who need legal advice to the Citizen Ad-

vice Bureau, or to the Crisis Intervention Center in cases of domestic violence. The social worker is mostly occupied with individual talks with patients, who demand not only formal advice, but an ordinary conversation on various topics. These kinds of expectations demand not only empathy, but also flexibility in fulfilling professional duties.

### Own research methodology

The research objective of own studies is the analysis of the activities of a social worker, who faces social helplessness of patients in the Provincial Center for Prevention and Addiction Therapy in Łomża, in the opinion of the respondents. In order to obtain the primary data, the case study on the patients of the Provincial Center for Prevention and Addiction Therapy in Łomża was conducted. An interview was adopted as a research method. An in-depth interview (IDI) was used as a research technique. For the purpose of conducting the in-depth interview, own research tool was created, i.e. an interview questionnaire composed of 29 open questions related to the adopted research theses. They are as follows:

- Social helplessness of the respondents depends on their living and housing conditions;
- Social helplessness of patients depends on their lifestyle;
- The respondents acquired learned helplessness from parents or other family members;
- The respondents cannot overcome social helplessness as they do not have positive experience of overcoming difficult situations;
- Social worker's activities in the direct cooperation with the respondent help in overcoming social helplessness;
- Formal legal acts are inefficient when it comes to supporting respondents with social helplessness.

The first thesis aimed at obtaining information from the respondents on to what extent living and housing conditions foster social helplessness. In order to describe this dependence, the respondents were asked to determine their current employment status. Defining the state of respondent's employment status allowed to indicate the sources of satisfying their material needs. Determining the type of ownership and the character of the respondents' place of residence as well as the transport they use aimed at presenting the condition of their salary. A significant role to examine this thesis also had the questions pertaining to electrical devices in the place of residence as well as the way of spending leisure time.

The second thesis was to explain to what extent the respondents' lifestyle can foster their social helplessness. In order to study it, the respondents were asked to describe

their social contacts through open questions, such as: who they maintain contact with and who they turn to in difficult situations. It was crucial for this thesis to examine recreational activities of the respondents beginning with ways of spending leisure time after work, through diet and ending up with the way of spending holidays. The respondents were also asked to determine who they would like to have contact with in the future.

The third thesis related to the sources of acquiring learned helplessness by the respondents. In order to examine this thesis, the respondents were asked to determine the unemployment situation in their families and the ways they were trying to obtain money for a living. The significant element explaining the third thesis was a question on the knowledge of the ways, techniques of overcoming unemployment.

The fourth thesis pertained to the possibility of stating how the lack of positive experiences of overcoming other difficult situations influences the ability to overcome social helplessness. It was important for the thesis to discover the way the respondents deal with difficult situations, what constitutes the greatest problem for them and how they cope with it. The respondents were asked to describe and assess their current living situation and the medicaments they take during a difficult situation. Self-awareness of possessing authority by the respondents could greatly foster the motivation to overcome social helplessness.

The fifth thesis was about the respondents definition of the observable and direct activities of a social worker that could help overcome social helplessness. For the purpose of examining this thesis, the respondents were asked to describe the forms of social help they use. Answering the question if they met with a social worker and what his or her work is about was a key response providing information on to what extent a social worker is associated with his profession. The assessment of contacting the social worker allowed to define the effects of the social worker's job in the field of working with the addicted.

The sixth thesis aimed at defining the efficiency of activities relating only to legal acts that support coping with social helplessness. In order to examine this thesis, the respondents were asked to indicate legal acts that help them solve their problems.

The research was conducted in the Provincial Center for Prevention and Addiction Therapy in Łomża. During the studies that took place between 04.05.2018 – 11.05.2018, 30 people remained in the Center and 12 of them agreed to participate in the voluntary research.

The research group was composed solely of men. The age group of 31 – 40 included 6 respondents. The rest of the respondents belonged to the age groups with similar number of members. In the age group 20 – 30 and 41 – 50, there were 4 respondents. The age group 51 – 60 held 2 members.

Among all the respondents, 7 people completed secondary education, 3 held professional qualifications and only 2 completed only primary education. 7 people lived in a town or a city. Among 12 respondents, 5 were divorced and 3 remained single.

### Results analysis

When interpreting the respondents' statements in terms of the first thesis, it can be noticed that only some elements of the living and housing conditions can foster their social helplessness. The thing that deepens the social helplessness of the addicted is unemployment. Very often their unemployment is caused by addiction. The returns on therapy that take place in many cases make it difficult to perform a steady job. The circle of peculiar codependencies occurs, which deepens the state of social helplessness. However, they spend their income, which they obtain from various forms of social benefits, on very basic needs. In spite of that, some have to face additional expenditure, e.g. debts repayment. As addicts, they are able to use their places of residence. Almost all of the respondents use a car. The vast majority possesses the basic electronic appliances. It can be noted that the respondents, although not performing any job, use the already possessed material goods. Lack of employment is the most troublesome factor and it defines their shopping possibilities and the way of spending leisure time, which is restricted to passive forms of rest, such as watching TV, or spending time with immediate family.

On the other hand, their lifestyle greatly impacts social helplessness. It results from the respondents' willingness to stay at home with their family, but only when they realize their addiction. However, families do not always want to support the addicted. Long-term and sometimes even multiple therapies do not motivate other family members to support an addict. Their families are not always a frame of reference enabling the departure from the circle of social helplessness, as they alone do not have the possibility to undergo therapy for the addicted. The people that grand support are those who are related by blood and not those related by marriage. It is proved by the following statements: 'I most often turn to my mother, I currently live with, when my wife threw me out of our house', 'I also have support in my sister and I can turn to her for help', 'In difficult situations, I turn to my mother, I know she wants the best for me. Sometimes she reprimands me, but I appreciate it'.

The respondents found it really difficult to define who they would like to become in the future. After longer consideration, the vast majority answered that they would like to be sober and be with somebody they love. Those answers clearly show that these are loneliness and a lack of somebody close that lead the respondents to addiction.

From the 5 respondents statements, it can be concluded that in their families there were also other addicted people. The burden of family experiences of the addicted, to a great extent, prevents them from seeking such behavior models, which could become their frame of reference in search for new behavior models. They are not able to overcome helplessness, as they do not possess positive experiences of solving difficult situations and they do not have role models they can imitate.

Addiction is an illness, which in many cases restricts independent functioning. Even the knowledge of legal regulations, or the existence of supportive institutions do not guarantee overcoming the addiction, which makes the person helpless even more.

Positive opinions of a social worker's job are best exemplified by the following respondents' opinions: 'I met with a social worker. The social worker is mostly focused on conducting a community interview. I am satisfied with the social worker's work'. It indicates that a social worker conducts most of all his or her basic responsibilities. On the other hand, the following statement indicates other competencies of a social worker: 'I met with a social worker. His job is about conducting a community interview and rescuing from a downturn. I would like to receive a benefit. I am satisfied with some, but not all. Some are nice and helpful and some not'. This 'rescuing from a downturn' indicates the need for specific direct contacts with a social worker. Another respondent expressed his satisfaction in the following manner: 'My contacts with a social worker are good. I can always count on her help'. The results of work are highlighted quite often by the respondents: 'Yes, I can see the results of the social worker. If not for him and his work, I would not receive a benefit', 'Yes, thanks to the social worker's help, I have clothes and food', 'Yes, she encouraged me to start a therapy and helped buy heating fuel, dinners'; 'I can see results, as I possess income and can provide for myself'. The respondents, who decided to obtain social help, were granted support in the form of permanent, periodical and purpose benefits as well as support after leaving the prison due to the assistance of a social worker. The activities of a social worker in the direct proceeding with a respondent help the respondents overcome social helplessness.

By generalizing the specific research results, which are the effect of the detailed analysis of the respondents' statements, it can be noted that the examined patients of the Provincial Center for Prevention and Addiction Therapy in Łomża are generally not assertive and do not possess proper attitude towards therapy. It often so happens that the patients return on therapy several times. They do not cope with their illness, which causes that they release the tension at the surrounding. Due to this, their family feels disheartened towards the person. In spite of many-year

experience of the Provincial Center for Prevention and Addiction Therapy in Łomża, the patients do not always manage to overcome addiction and this in turn precludes them from combating social helplessness. However, what is important is the fact that they become aware of the help they can get from the social worker, who can assist them in overcoming various forms of helplessness. The role of a social worker is indispensable in the process of restricting burdens resulting from being a socially helpless person, as the overall departure from social helplessness depends foremostly on motivation and the state of being aware of one's own addiction.

### Recommendations

The Provincial Center for Prevention and Addiction Therapy should organize not only therapy, which will bring the patient out of his or her addiction, but to a greater extent, it should provide better working conditions for a social worker. A possibly permanent tackling with addiction demands working with families of the addicted, not only in the context of psychological activities. Application of pharmaceuticals also do not fully solve the issue. Overcoming addiction is connected with changing lifestyle and obtaining stable job. This is the task not only for one, but a few social workers. Due to this, WOPiTU should employ more social workers, which would enable them to work with all the patients according to the respondents' expectations indicated in the aforementioned article. A special role of a social worker in overcoming social helplessness should be based on showing the possibilities of functioning in the society and family. In light of the above considerations and quantitative data analysis, it can be concluded that a social worker is an essential link in the process of combating social helplessness by the patients of the Provincial Center for Prevention and Addiction Therapy in Łomża. Summing up the above recommendations, it is necessary for the Provincial Center for Prevention and Addiction Therapy in Łomża to employ greater number of social workers.

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