

*Ewa Włodarczyk*

## **The process of recovery from alcohol addiction – from the limitations and fetters to a better quality of life**

### **Introduction**

We already have considerable (and still broadened) knowledge, native and foreign, forming a multi-faceted discussion of alcoholism, whereas it seems that the process of recovering from alcoholism, also known as sobering or healing, has not been studied in detail and thoroughly described. Therefore, it is worth taking a closer look at this process, especially since it is long-term and full of pitfalls.

This paper is a presentation of only one approach, linking alcohol problems with a disease with which one can live, but on certain conditions. In this context it is a primary disease (i.e. it is the cause, foundation of the formation of other somatic and mental diseases, and in itself it is not the result of other diseases), chronic (it cannot be completely cured), progressive (if left untreated it will certainly progress, causing deterioration of functioning of the person in other spheres of his life) and fatal (which can be stopped, but which cannot be cured, for there is no way an alcoholic can return to controlled drinking)<sup>1</sup>. This approach is built on a strategic and structural concept of psychotherapy of addictions formulated by Jerzy Mellibruda, taking its source from the so-called Minnesota model (from the turn of the 40s and 50s of the 20th century, developed in the state hospital Wilmar, Minnesota in the United States), the elements of which were applied in Poland in the 1980s<sup>2</sup>, and in the following years, fine-tuned, developed and disseminated through training and certification programmes in the scope of addiction treatment. As a result, the trend turned out to be dominant in Polish treatment of addiction.

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<sup>1</sup> W. Sztander, *Poza kontrolą*, Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Warsaw 1997, p. 11.

<sup>2</sup> More: L. Cierpialkowska, M. Ziarko, *Psychologia uzależnień – alkoholizm*, Wydawnictwa Akademickie i Profesjonalne, Warsaw 2010, p. 293–299; B.T. Woronowicz, *Uzależnienia. Geneza, terapia, powrót do zdrowia*, Media Rodzina i Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2009, p. 179–182.

The views of selected authors referenced below outline the essence of this approach. In avoiding the compilation of arguments for the recognition or nonsense of defining alcoholism as a disease and not assessing this position against the background of other various views, let this article be an inspiration for considerations around the issues of recovery and own assessment embedded in this distinctive view.

### Processual nature of recovery

At the beginning one needs to realize that dealing with alcohol addiction has a processual nature, it occurs in stages, gradually and certainly (if it is to be thorough, complete and permanent) does not just mean not drinking alcohol.

Overcoming addiction usually opens some event (or accumulation of events) that makes the addict notice the seriousness and hopelessness of his situation. Often this impulse is the loss of someone important or something valuable. Alcoholics themselves, in analyzing their drinking and sobering use the term “bottom”: every alcoholic must reach their bottom, allowing him to bounce back in the direction of sobriety; usually this is an experience of confronting the situation that involves the experience of incurring costs, the capacity of which begins to significantly exceed the sizes of pleasure derived from drinking alcohol<sup>3</sup>. Most often, this turning point is the result of a complex impact of a wide variety of external events and inner experiences and emotions, of which one may be, but does not have to be, decisive<sup>4</sup>. It is always accompanied by anxiety and desperation due to a breakdown of carefully constructed logic<sup>5</sup>.

The sooner an alcoholic starts to experience the consequences of his drinking, the sooner there will be gaps in his hypocrisy system<sup>6</sup>. An addict, due to the nature of his disease, has a blunted sensitivity to strengthening or weakening stimuli, he seeks thrill, because he is able to feel only such experiences; therefore, only they can, in the form of painful and costly consequences of drinking, shock him and arouse motivation to change<sup>7</sup>.

Therefore “a significant change must occur in the way of the addict perceiving his own life, so that he becomes ready for confrontation with his own addiction. These are often moments of a dramatic experience of complete failure, loss, a sense of failure of past attempts to cope with one’s own life, a terrifying feeling of helplessness, fear of what will be – of annihilation, but also an explosion of anger. A reaction to this experience is either

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<sup>3</sup> W. Sztander, op. cit., p. 61.

<sup>4</sup> S. Brown, *Leczenie alkoholików. Rozwojowy model powrotu do zdrowia*, Państwowy Zakład Wydawnictw Lekarskich, Warsaw 1992, p. 126.

<sup>5</sup> Ibidem, p. 143.

<sup>6</sup> E. Woydyło, *Wybieram wolność czyli rzecz o wyzwalaniu się z uzależnień*, Iskry, Warsaw 1991, p. 19.

<sup>7</sup> Ibidem, p. 89–90.

panicky escape into addiction behaviour [...] or submission. Submission of an addict makes him temporarily vulnerable to accepting help. [...] This is not a permanent state; in order for it to be taken advantage of positively, an offer must appear during it – a programme to reverse the current direction of activity – towards recovery”<sup>8</sup>.

One of the conditions to starting the recovery process is undertaking abstinence. In the first phase, it is most usually forced (through the circumstances or consequences of alcoholism), but thanks to help obtained (in clinics, centres, AA groups, family) it can gradually stabilize. “However, as long as there is no change of beliefs concerning oneself as an addict or a person who is sick, and thus a change in behaviour, then the use of an external source of support in maintaining abstinence only causes that its early stage lengthens significantly. The change in behaviour, thus the process of recovery, is only seeming”<sup>9</sup>.

A desire for this change arising within the addicted person is essential for the effectiveness of escaping the addiction. In this long and complex process, the conscious participation and involvement of the alcoholic himself, who must want to change in his life, is necessary. Without his activeness, the work of other people focused on supporting him to stop the addiction is not very effective. The alcoholic himself should have the will to change and this should be the starting point. He must “submit in order to win”<sup>10</sup>; paradoxically, he must at some point stop fighting in order to win with his addiction. Therefore, the beginning of recovery is breaking the structure of denials, breaking down the tight armour of hypocrisy (which falsified the perception of reality and fenced off oneself from others), recognizing oneself as an alcoholic, and alcoholism as a disease<sup>11</sup>. Therefore, the first step towards recovery is a kind of act of surrender, recognizing one’s alcohol addiction and admitting (sometimes only to oneself, sometimes in front of others) to one’s own powerlessness towards alcoholism, which turned out to be stronger than man and his will. The truth must reach the alcoholic that he cannot stop once started drinking<sup>12</sup>. Acceptance of the loss of control and failure to fight can bring a kind of relief, calmness, emotional muteness, while its absence often begets anger, self-pity, shame, inferiority complex, which in turn impedes sobering and normal functioning<sup>13</sup>.

“Only breaking the denial and passing the bastion of hypocrisy to prudent thinking and realistic, rather than addictive, assessment of facts, can initiate recovery from addiction. Only initiate, because the road to mental, physical, spiritual, emotional and social health is long and fraught,” warns Ewa Woydyłło<sup>14</sup>.

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<sup>8</sup> R. Pomianowski, *Uzależnienia – współczesną wersję „ucieczki od wolności”*, [in:] *Psychologia rozwiązywania problemów społecznych. Wybrane zagadnienia*, J. Miluska, Bonami, eds., Poznań 1998, p. 281–282.

<sup>9</sup> I. Kaczmarczyk, *Wspólnota Anonimowych Alkoholików w Polsce. Alkoholowe dno i co to znaczy trzeźwieć*, „Eneteia” – Wydawnictwo Psychologii i Kultury, Warsaw 2008, p. 194.

<sup>10</sup> E. Woydyłło, *Wyzdrowieć z uzależnienia*, Instytut Psychiatrii i Neurologii, Warsaw 2004.

<sup>11</sup> W. Osiatyński, *Alkoholizm: grzech czy choroba?*, Iskry, Warsaw 2005, p. 21, 108.

<sup>12</sup> Ibidem, p. 113.

<sup>13</sup> E. Woydyłło, *Rak duszy. O alkoholizmie*, Wydawnictwo Literackie, Kraków 2009, p. 196.

<sup>14</sup> Ibidem, p. 91.

Stopping drinking and exposing the hypocrisy is just the beginning of the road<sup>15</sup>. And as Wiktor Osiatyński<sup>16</sup> adds, the problem of an alcoholic is not to stop drinking (because many of them have done so already and do it repeatedly), but how to maintain sobriety. Abstinence is only refraining from drinking, while sobering is a particular way of life, releasing from addictive patterns of thinking, feeling and acting, regaining an unfalsified contact with reality, oneself and other people, as well as a chance for a valuable and full life<sup>17</sup>. Stopping drinking alcohol, preceded by an informed and voluntary decision, must be constantly renewed and maintained by systematic, permanent work on oneself<sup>18</sup>.

Making the decision to stop or limit drinking, however, is a complicated process, which is not a simple and rational calculation of advantages and disadvantages of this decision, because the arguments have a varying emotional “load” and weighing them is not easy<sup>19</sup>.

Motivation to change is important, and the one involving seeking help and undertaking treatment is affected by at least 3 groups of factors: knowledge (about drinking, addiction, treatment), the experience of helplessness towards the desire to return to controlled drinking and hope for change (on its possibility, rules, ways of life without alcohol)<sup>20</sup>. It is important to diagnose the knowledge of the person (on the subject of his own problem, behaviours, risk), the strength of his suffering and its pressure, self-esteem of the person, his sense of competence (the ability to take action in the direction of change), the sense of self-efficacy and a sense of freedom of choice of the person, understood as the freedom to decide for oneself<sup>21</sup>. This increases the chances of success through the conviction of being able to change oneself, and secondly determines the level of readiness for changes. Motivation is seen as the key to change, and at the same time as a multidimensional, dynamic (and not static predisposition, that the person simply has or does not have), subject to fluctuation, possible to modify (both under the influence of internal factors and

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<sup>15</sup> W. Osiatyński, *Alkoholizm: grzech czy choroba?...*, p. 109.

<sup>16</sup> Ibidem, p. 91.

<sup>17</sup> A. Dodziuk, *Trudna nadzieja*, Państwowa Agencja Rozwiązywania Problemów Alkoholowych, Warsaw 1993, p. 39.

<sup>18</sup> R. Marek, OFM, *Motywacje Anonimowych Alkoholików do abstynencji i życia w trzeźwości. Studium socjologiczne na podstawie województwa podkarpackiego*, Poligrafia Wyższego Seminarium Duchownego, Rzeszów 2007., p. 13.

<sup>19</sup> J.I. Klingemann, *Horyzonty zmiany zachowania nałogowego w Polsce*, Prace Katedry Socjologii Norm, Dewiacji i Kontroli Społecznej, vol. XI, Wydawnictwo Uniwersytetu Warszawskiego, Warsaw 2010, p. 134–135.

<sup>20</sup> L. Kapler, *Poradnik lidera działań trzeźwościowych*, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2008, p. 28–29.

<sup>21</sup> J. Goedhuys, G. Thijs, *Trening motywacyjny w ochronie zdrowia i pomocy społecznej – materiały szkoleniowe*, [in:] *Jak motywować do zmiany zachowania? Trening motywacyjny dla studentów i profesjonalistów*, E. Wilczek-Rużyczka, K. Czabanowska, eds., Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2010, p. 224.

environmental factors, associated particularly with social interactions) and shaping up as the effect of interaction of the person requiring help and the person providing this help<sup>22</sup>.

The presence of the 3 mechanisms of addiction, distinguished by Jerzy Mellibruda, explains why it is so hard for addicts to come to realize the decision on undertaking treatment<sup>23</sup>. The mechanism of illusion and denial removes from the consciousness information about threats and maintains illusions about the possibility of avoiding loss which would be the abandonment of alcohol. Even if in the misty and falsified consciousness of the person there appears a resolution to quit alcohol, carrying out this intention requires one to maintain attention span and energy in this resolution for a certain period of time; maintaining internal continuity of decisions is not possible due to the mechanism of the dispersed "I". The prevailing fear of loss of the ability to quickly relieve stress and suffering distances undertaking therapy.

Therefore, motivation initiates the process of change. Several phases can be distinguished in it, the knowledge and analysis of which may be useful in the context of the considerations of the process of recovery from alcoholism. The authors of one of these proposals – the dynamic model of change – are James Prochaska and Carlo C. DiClemente<sup>24</sup>. They distinguished (on the basis of case-by-case studies of people, who effectively changed and studies of therapeutic approaches obtaining effective change) 6 phases that make up the model of stages of change in the therapy process, known as the TransTheoretical Model of Change<sup>25</sup>. Each of these stages is characterized by a specific set of attitudes, intentions and behaviours and the implementation of specific tasks, which indicates the complexity of the process of change and the arising difficulties when implementing it. It is stressed here that the process of change is cyclical, and that change is not an event but a process, distributed over time. People move through these stages at different rates. Progress in the achievement of the following stages is circular or spiral (not linear), and in fact, in each of these phases a recurrence may occur – back to behaviours that were subject to change.

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<sup>22</sup> W.R. Miller, *Wzmacnianie motywacji do zmiany w terapii nadużywania substancji: zalecenia do Optymalizacji Terapii*, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2009, 29–30.

<sup>23</sup> J.K. Gierowski, Z. Lew-Starowicz, J. Mellibruda, *Psychopatologia zjawisk społecznych*, [in:] *Psychologia. Podręcznik akademicki*, vol. 3, J. Strelau, eds., GWP, Gdańsk 2007, p. 706.

<sup>24</sup> J.O. Prochaska, C.C. DiClemente, *Transtheoretical therapy: Toward a more integrative model of change*, „*Psychotherapy: Theory, Research and Practice*” 1982, 19(3), p. 276–288.

<sup>25</sup> Description based on: M. Kucińska, *Motywowanie ku zmianie*, [in:] *Leczenie alkoholików i członków ich rodzin. Perspektywa badawcza i praktyczna*, K. Gąsior, J. Chodkiewicz, eds., Wydawnictwo Jedność, Kielce 2010, p. 160–166; Cz. Czabała, *Czynniki leczące w psychoterapii*, PWN, Warsaw 1997; p. 299–305; E. Woydyło, *Wyzdrowieć z uzależnienia...*, p. 31–32; J. Goedhuys, G. Thijs, op. cit., p. 60–67, 97–101, 220 and subsequent; L. Kapler, *Model rozwoju uzależnienia i powrotu do zdrowia...*, (1994), p. 93–98; W.R. Miller, *Wzmacnianie motywacji do zmiany w terapii nadużywania substancji: zalecenia do Optymalizacji Terapii*, Wydawnictwo Edukacyjne PARPAMEDIA, Warsaw 2009, p. 41–43.

This phase model of change covers the following stages, of which the first three can take place undetected for bystanders (the most important is the personal experience of the problem), and in the next three phases, change are already visible<sup>26</sup>:

Phase 1 – precontemplation stage – is a state of prereflection (confusion, chaos), which is characterized by: lack of knowledge, unawareness of the problem, not recognizing the symptoms, not noticing difficulty or destructiveness of one's behaviour and the need to change, lack of thought about change, denying failures or assigning their causes to factors independent of the person, placing the sources of symptoms outside oneself. People undertaking therapy in this phase are usually forced by others or do this due to feeling an already nagging discomfort in connection with the symptoms experienced.

Phase 2 – contemplation stage – is accompanied by: second thoughts, considering possible changes, initial pairing of problems with one's addictions, detecting the lack of control over processes taking place in the person, considering changing one's behaviour over the next 6 months, and at the same time, ambivalence as to undertaking changes, initial intention to change behaviour while not being fully ready to take action. A trap of chronic reflexion is possible at this stage – not taking any action. This phase may end either with reversing to the precontemplation phase or recognition of one's problem, which is the starting point for transition to the next phase.

In phase 3 – preparing for change – the person, weighing the difficulties, but also seeing more benefits from changes than continuing past behaviours, strengthens the belief that he must change something in his life and begins to plan these changes during the next month, setting specific objectives and priorities, and looking for specific ways to implement the changes.

Phase 4 is the phase of actual action (action stage), which covers usually 6 months from the moment of stopping the problematic behaviours, and in which the implementation occurs of the selected strategy of change indicating serious lifestyle modifications and trying new behaviours, making changes in how roles are performed and coping with emotions. Here, monitoring changes is important and the ability to modify them depending on the emerging difficulties, as well as diagnosis and intervention in the difficulties that may arise, when a person after stopping destructive behaviours is confronted with problems that were thus far avoided.

In phase 5 – the maintenance stage – it is characteristic to maintain efforts to perpetuate the change, repeating new, constructive behaviours and ways of functioning, as well as their transformation into permanent habits (though at this stage there may also be signs of relapse of destructive behaviours).

Continuation of the road towards change can go 2 ways: either the relapse stage occurs, which means returning to a previous stage or the 6th phase, which is characterized by a persistent, stable change.

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<sup>26</sup> J. Goedhuys, G. Thijs, op. cit., p. 98.

The process of change is not so linear here, but rather spiral, where the next floor of spirals means deeper exploration (confrontation with one's own difficulties) of the given phase of change<sup>27</sup>. In order to achieve the objective, which is permanent change, people pass through a so-called wheel of change usually from 3 to 7 times, which in the case of alcoholic patients takes an average of about 2 years<sup>28</sup>.

A slightly different model – developmental model of recovery – was built at the beginning of the 1990s by Stephanie Brown, on the basis of her own research. Basing on them she concluded that recovery consists of continuous experiences overlapping each other, which mutually reinforce each other and one results from another<sup>29</sup>. Drinking is considered here as the first phase of a long continuum, which includes recovery, and abstinence is not a goal in itself, but the starting point on the road to sobriety<sup>30</sup>. According to Brown, the concept of recovery as the inverse process of addiction is fallacious, because it includes experiences of another nature, through which recovery becomes more than just a mirror image of the disease's process and is a completely new quality based on the change of identity and different way of thinking resulting from it<sup>31</sup>. This is certainly no work for days or weeks, because the complex nature of the recovery process and accompanying changes require the adoption of a long-term perspective<sup>32</sup>.

According to Stephanie Brown, in the recovery process, there are at least three main components occurring simultaneously: alcohol together with the axis of concentration on it (behavioural and cognitive, reflecting the degree in which alcohol dominated the life of this person and the manner in which he interprets this dominance)<sup>33</sup>, relations with the environment<sup>34</sup> and perception of oneself and others<sup>35</sup>. Moving along the continuum is characterized by continuous interaction between the axis of alcohol and two other components.

The model of recovery developed by Stephanie Brown, embedded in the theory of human development and based on the assumption that returning to health is a multidimensional process, includes phases<sup>36</sup>, which are assigned specific developmental tasks<sup>37</sup>:

In the first phase – the drinking phase – alcohol is the main motivator of activities, it takes the top place in the person's efforts, it so strongly focuses a person's attention, that

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<sup>27</sup> M. Kucińska, op. cit., p. 164.

<sup>28</sup> Ibidem, p. 161.

<sup>29</sup> S. Brown, op. cit., p. 43.

<sup>30</sup> Ibidem.

<sup>31</sup> Ibidem, p. 43, 232.

<sup>32</sup> Ibidem, p. 44.

<sup>33</sup> Ibidem, p. 53–60, 101–102.

<sup>34</sup> Ibidem, p. 61–65, 99–101.

<sup>35</sup> Ibidem, p. 65–67, 102–103.

<sup>36</sup> Ibidem, p. 48–53, 95–257.

<sup>37</sup> Ibidem, p. 82–92.

all other matters and responsibilities go by the wayside. Under its influence, the emotional, cognitive and social potential grow poor and the level of these capabilities falls. Denial of being an alcoholic and the ability of controlled drinking is strongly upheld.

The breakthrough is some turning point in the person's life, some significant event. Hitting rock bottom, submission in the form of acceptance of defeat and loss of control marks the point at which the change begins.

Entry into the second phase – transition – is associated with the emergence of the first flaws in the previously unshaken system of drunken logic, rationalization and alcoholic behaviour. The change of two essential opinions depends on overcoming denials and challenging views and beliefs held in the drinking phase, that is revising the belief system which was thus far the main pillar of the drinking phase: instead of "I'm not an alcoholic" – "I am an alcoholic" and instead of "I can control my drinking" – "I can't control my drinking". Upon accepting the fact of losing control over one's drinking and the fact of being an alcoholic, the person begins to overcome social isolation and seek help, over time, experiencing in contacts with other alcoholics a sense of security and belonging, and learning to gradually replace drinking alcohol with other behaviours. In this phase (and the next one), continuous focus on alcohol is a kind of filter through which a person receives old and new information, and introduces them permanently to his new personal identity. Acquiring and consolidating behavioural and cognitive elements of change depends on the memory of alcohol.

The period of the 3rd phase – early phase of recovery – is a more stable form of continuation of the transitional phase, which consists in confirming (in behavioural and cognitive terms) the new identity as an alcoholic with the corresponding conviction about the loss of control. An alcoholic gradually begins to return to family, social and professional ties, changing his world view, expanding his horizons and awareness, starting to see himself and the outside world differently, and experiencing the support of others. A new interpretation of oneself and others is vital here – new attitudes and values dictate new directions and a different way to assess oneself and one's experiences, though this period is characterized rather by maximum involvement in specific actions, through which a void can be filled and losses compensated, more than an intense insight to oneself.

The last phase – continuing sobering – is characterized by the durability of identity of the alcoholic and abstinence behaviours, and an increased mental balance, as well as the severity of the process of learning about oneself, an increased interest in the spiritual aspect and its greater role in the experiences of an alcoholic. This involves the conviction of alcoholics in this phase of recovery that they have to change much more than just behaviours, and these deeper changes constitute the basic objective of self-development during continuing recovery. Necessary to maintain abstinence, cognitive and behavioural self-control measures now have an inner source – they form part of the new personal identity resulting from identification with other sobering alcoholics and reinterpretation of events and facts from one's own life. An alcoholic acquires and reinforces his skills of being among people and with people, he regains the trust of others and trust to himself.

Also in Poland, attempts have been made to construct models of getting out of alcohol addiction. At this point it is worth recalling the model of development of the addiction and recovery in terms of Leszek Kapler, who distinguished in it 8 stages, presenting addiction as a process of changes taking place in different areas of functioning of the human being as the disease develops<sup>38</sup>:

- coming to addiction: 1st stage – using (drinking), 2nd stage – overusing,
- addiction: 3rd stage – dominance of using (drinking), 4th stage – problematic using (drinking), 5th stage – crisis,
- recovery: 6th stage – forced abstinence, 7th stage – domination of abstinence, 8th stage – development.

As it can be seen, the last three stages include the sobering phase. Forced abstinence opens it – the last phase of the crisis, which means that the current way of dealing with drinking is no longer effective. Fear of drinking causes to make sure that abstinence lasts as long as possible. In the next stage – the dominance of abstinence – difficulties with maintaining abstinence can be overcome only completely by focusing on it and dedicating to it. Experiences of the first benefits of not drinking (certain matters getting on track, satisfaction, a sense of one's own strength) show that the total rejection of drinking and all that is associated with it, is precisely the way of life, which one was looking for. One must put abstinence first in one's life and submit everything else to it, avoiding what it is not conducive to it, what threatens it and what weakens it. This is how transition to the last phase occurs, distinguished by Leszek Kapler – the phase of development, which is the essence of reconciling to the fact that life is full of tasks and difficulties, which must be overcome, and the task of a sobering person is setting objectives, seeking ways and means for their implementation, continuously learning the skills that are necessary for this and motivating oneself, in this way enriching the repertoire of capabilities and increasing the chances of achieving different life goals.

Based on the recovery phases distinguished by Leszek Kapler, Anna Dodziuk described this process in terms of changes of the image of oneself and the sense of identity<sup>39</sup>. In the phase of forced abstinence, the sobering person must ask himself: "Am I an alcoholic?"; a "yes" response is the starting point for further changes. After some initial hesitations and strengthening the decision about abstinence and establishing its central category in one's life (dominance phase of abstinence), questions arise concerning individual spheres of life, the essence of which can be included in the question about the consequences of stepping onto the path of sobriety: "What does it mean to me that I'm an alcoholic?". In advanced stages of sobriety (in the development phase) this question gives way to the following: "In

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<sup>38</sup> L. Kapler, *Model rozwoju uzależnienia i powrotu do zdrowia...*, (1994), p. 8–9; L. Kapler, *Model rozwoju uzależnienia i powrotu do zdrowia...*, (1999), p. 19–34.

<sup>39</sup> A. Dodziuk, *Trzeźwienie jako droga życiowa*, Instytut Psychologii Zdrowia. Polskie Towarzystwo Psychologiczne, Warsaw 2006, p. 16–17.

addition to being an alcoholic, what kind of person am I?"; the answer to this becomes for the asking person the content of his life and is conducive to deepening the awareness of one's own needs, goals, life choices and interpersonal contacts.

Bohdan T. Woronowicz defined the subsequent stages on the way to sobriety a little differently: I want to drink → I can't drink → I don't want to drink → I want to not drink<sup>40</sup>. At the beginning, changes are made only in behaviours, and only later, gradually, in consciousness, giving the foundation for personal change and development.

### **Challenges, aims and tasks for sobering alcoholics**

Undertaking the daily difficulty of coming out of an alcohol problem shows that there is no shortcut and that there are a number of tasks standing before an alcoholic stepping onto the path of sobriety. Because alcohol systematically submitted various sphere of human life to itself, the road to recovery also requires organizing and reorganizing them all over time. These tasks are as follows:

- 1) believe in the possibility of recovery, recover hope (an example is often effective in such a situation – a meeting with a person who was in a similar condition, but got out of it and functions well, is satisfied with the present life);
- 2) recognize oneself as an alcoholic, admit to oneself of having the disease, to losing control over drinking and consequently to the need to be treated (this recognition of one's powerlessness is an essential breakthrough in the characteristic for alcoholism system of illusion and denial);
- 3) learn about the nature of addiction, gain knowledge about the disease (like in a game of war, so on the way to sobriety the rule checks out that the chances for victory are bigger, the better one knows the enemy and his tactics; therefore, an important part of the recovery programmes is education, complementing poor knowledge and debunking myths about alcohol addiction);
- 4) accounting for the drinking period (this reckoning should take place on two levels: with oneself, to deal with shame and guilt, and with others, to apologize and make amends to the people harmed);
- 5) to regain contact with one's own feelings (learn to recognize and name one's positive and negative feelings, "drunk" until now, and later learn to show emotions), get to know oneself and accept oneself as one is (meeting with other alcoholics and listening to their experiences gives one the opportunity to look at oneself like in a mirror, in which one can see oneself; in addition, thanks to accepting others, regardless of their flaws and weaknesses and experiencing acceptance on their part, it becomes easier to come to terms with one's own various characteristics and feelings);

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<sup>40</sup> B.T. Woronowicz, op. cit., p. 384.

- 6) effectively defend oneself against relapses (avoiding situations in which images, sounds, tastes, smells or emotional states in the drinking period may initiate strong associations, provoking to break from abstinence, training to refuse drinking, analyzing previous relapses to determine a list of warning signals and effective ways to respond to them much earlier);
- 7) learn new ways of dealing with situations which were formerly resolved by using alcohol (continuously looking for new models, ideas, ways to cope with different circumstances in life, which the alcoholic previously avoided or experienced under the influence of alcohol);
- 8) learn to use the system of support on a daily basis and in crisis situations (from the network of mutual assistance set up by persons from AA, from the abstinence club or clinic, ready to help the alcoholic in everyday perplexities or when drinking is a threat, during and after falling off the wagon);
- 9) learn to live among people (as opposed to the period of active drinking, when the alcoholic's relationships were volatile, affected or destroyed);
- 10) develop a new lifestyle (focus moves from tasks associated mainly with maintaining abstinence to improving the general quality of life that is, among others, efforts for better relations with others, changing jobs, time for one's own passions and interests, changing the way in which leisure time is spent);
- 11) rebuild the spiritual life (this is connected to the need for a sense of meaning in life and goal of one's own existence, the need to have a system of signs in life, which will show the human being his place in the world, outline what it is worth striving for);
- 12) deliberately and efficiently solve internal difficulties, which led to addiction (this happens usually during psychotherapy, the aim of which is a conscious and planned review of traumatic records in the past, setting free from its devastating impact, in order to be able to creatively use one's own capabilities of setting up a life without the prosthesis, which was alcohol)<sup>41</sup>.

Adequately to the 3 mechanisms of addiction<sup>42</sup> distinguished by Jerzy Mellibruda, recovery is a process in which escaping the effects of addictive mechanisms occurs and a return to life not affected by the mechanisms of alcoholism<sup>43</sup>. This concerns the realm of feelings, thinking and way of life. Getting rid of the compulsive regulation of feelings for their natural and full experience is equivalent to allowing access to feelings, both positive and the difficult, painful and unaccepted ones. Resignation from the mechanism of illusion and denial means the necessity to deal with reality as it is, without embellishments and whitewash, which entails – as a consequence of becoming aware of the immensity of the

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<sup>41</sup> A. Dodziuk, *Trudna nadzieja...*, p. 28–38.

<sup>42</sup> E.g. J. Mellibruda, Z. Sobolewska-Mellibruda, *Integracyjna psychoterapia uzależnień. Teoria i praktyka*, Instytut Psychologii Zdrowia – Polskie Towarzystwo Psychologiczne, Warsaw 2006, p. 115 and subsequent.

<sup>43</sup> A. Dodziuk, *Trzeźwienie jako...*, p. 17–18.

caused damages and harms – the need to accept how gradual and slow the process of reconstruction, compensation, gaining forgiveness and learning to trust again is. Breaking with the past, “drunken” way of life means its total change, which a sobering person can be the author and performer of, but the difficulty of which consists in taking responsibility for one’s own life and conscious directing it in accordance with the set goals and social rules.

Again, in reference to Jerzy Mellibruda’s proposal, “the human being would be healthier:

- the more his feelings evoke or change what is happening between him and the world and in himself – the lesser the extent to which artificial means or ways are the source of relief or intensification of pleasant sensations, as well as rapid changes in the emotional state;
- the more he seeks to obtain the true picture of reality – the less this image is falsified by him or lied about;
- the more he is the author or accomplice to what happens to him and is ready to answer to it – the less he escapes to the attitude of “it’s not me”.

Therefore, it is clear that stopping compulsive behaviour does not mean recovery. One can last in abstinence – like a “dry” alcoholic, but does not sober up – drowning out his own feelings, closing his eyes to real difficulties, manipulating so as not to take responsibility for his life<sup>44</sup>. This is why it has become common to define recovering persons not as former alcoholics, but as sober alcoholics or recovering alcoholics, which emphasizes the continuity and developmental nature of the process of physical, mental, social and spiritual regeneration<sup>45</sup>.

An addict, at the beginning of his way towards recovery is not aware of the size of his problem or the amount of work that awaits him in connection with the treatment. Interesting comparison was used by Bohdan T. Woronowicz: like sailor sailing towards Antarctica sees only a small fragment of a huge block of ice protruding from the sea, an addict sees only a small part of his alcohol problem, not sensing what else lies under the water or in the mist<sup>46</sup>. Wiktor Osiatyński put it slightly differently, comparing the recovery process to untangling a knot “which is composed of a variety of problems: the effects of drunkenness and feelings of guilt associated with it, hypocrisy and false picture of the world, immaturity and inability to cope with life, and sometimes also dramatic experiences from childhood and adolescence, which resulted in an unusual sensitivity, anxiety or a sense of rejection at a later alcoholic. After untangling the knot, one still needs to learn all of those life skills, which the alcoholic did not acquire in his youth or which he lost in the years of active alcoholism”<sup>47</sup>.

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<sup>44</sup> A. Dodziuk, *Nałogowy człowiek w nalogowym społeczeństwie*, [in:] *Nałogowy człowiek*, A. Dodziuk, L. Kapler, Toret, eds., Warsaw 1999, p. 15.

<sup>45</sup> R. Marek, OFM, op. cit., p. 51.

<sup>46</sup> B.T. Woronowicz, op. cit., p. 158.

<sup>47</sup> W. Osiatyński, *Alkoholizm: i grzech, i choroba, i...*, Iskry, Warsaw 2007, p. 18–19.

For many addicts “alcohol served as a ‘glass god’, not only because it gave them the illusion of power and filled a spiritual void, but also because it submitted the consciousness, will, thinking, actions and interpersonal relations to itself. In many ways, for an active alcoholic, alcohol is a kind of ‘higher power’. However, this power has a destructive nature, it mostly just destroys the spiritual dimension of human life”<sup>48</sup>. Often, however, addicts at a certain stage of their own healing process, begin to experience a longing to give their lives this spiritual dimension, to feel the need for a different, more valuable life. This is reflected in the various spheres of their lives<sup>49</sup>:

- in the cognitive sphere (including the restoration of the ability to properly notice, understand, interpret, make decisions and plan, perceive values, own beliefs, more reflection in place of mechanisms of self-delusion, an appreciation of what one has);
- in the emotional sphere (including deepening awareness of one’s own emotions, feelings and experiences, abilities to feel and recognize their full range, try naming one’s emotions, controlling and muting negative emotions, nurturing positive emotions);
- in the sphere of behaviours (including restoring healthy habits and ability to shape them);
- in the social sphere (including rebuilding of relationships with others, the desire to establish deeper interpersonal relationships, greater openness and sensitivity to people, greater attention to marital, family, friendly relationships).

## Summary

As it can be seen from the above considerations, a huge magnitude of work awaits a person, who in unburdening from addiction is ready for a major change in his life, connected with re-evaluating and modifying or shaping a new system of values, with the reconstruction of the structure of attitudes, with seeking for the meaning of life, with rebuilding a sense of self-esteem and dignity, with taking a new responsibility for oneself and for others, as well as with striving for mature personality and the integration of all spheres in the structure of personality. The spiritual sphere, which in the process of addiction was subject to substantial neglect or even destruction, rebuilds itself as last – after restoring physical efficiency and change in the way of thinking<sup>50</sup>. It happens that the recovery process lasting for the later (sober) life, can lead to the improvement of its quality<sup>51</sup>, sometimes even higher than before being involved in addiction. The fact that it

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<sup>48</sup> Ibidem, p. 78.

<sup>49</sup> M. Tatała, *Udział symbolu w zdrowieniu z alkoholizmu*, [in:] *Drogi rozwoju. Od uzależnienia do wolności*, M. Tatała, J. Karczewski, OFMCap (eds.), Wydawnictwo Ośrodka Apostolstwa Trzeźwości, Zakroczymskie 2007, p. 114; L. Kapler, *Poradnik lidera...*, p. 26.

<sup>50</sup> W. Osiatyński, *Alkoholizm: i grzech, i choroba, i...*, p. 86.

<sup>51</sup> B.T. Woronowicz, op. cit., p. 185.

is possible through tedious effort of reconstruction and construction of one's life is shown by the results of studies realized among people who took the trouble of treatment<sup>52</sup>

Because, as Sławomir Kuligowski rightly stated: "A fruit matures and falls. A human being must sometimes fall to mature".

## Abstract

In analyzing the broadness of Polish literature on alcoholic addiction one can conclude that the process of getting out of alcoholic addiction is fragmentarily studied and described. This article presents one of the views shared by many therapists of addiction (in Poland and abroad), which recognizes the problems of alcoholism as a disease and contains considerations around the issue of coping with them, with reference to exactly this model of understanding them. Although this perception assumes that alcoholism is incurable and is life-long, the recovery process can lead to an improvement of the quality of life, sometimes even higher than before getting involved in the addiction.

**Key words:** treatment, phases of recovery, sobering, return to health, change.

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<sup>52</sup> J. Chodkiewicz, *Odbić się od dna? Rola jakości życia w przebiegu i efektach terapii osób uzależnionych od alkoholu*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2012; D. Zaworska, *Metody pomocy i samopomocy w uzależnieniach*, Wydawnictwo Edukacyjne „Akapit”, Toruń 2001; S. Brown, op. cit.; I. Kaczmarczyk, op. cit., W. Braniecki, *Cud przemiany. Z 30-lecia Anonimowych Alkoholików w Polsce*, Media Rodzina, Poznań 2004; J. Mellibruda, B. Włodawiec, *Zmiany funkcjonowania społecznego po terapii odwykowej pacjentów uczestniczących w programie badawczym APETA*, „Alkoholizm i Narkomania” 1997, no. 3(28).

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