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Crisis – faithful companion of women addicted to alcohol

Abstract: Crisis, defined partly similar, partly differently in social sciences, is an inherent part of everyone's life. Having many faces, it causes many consequences (on an ad hoc basis and in the future). The analysis of the results of studies by other researchers and mine shows that crises are strongly correlated with women's alcohol problems. They can be diagnosed on the continuum of their life: from alcohol initiation, through progressive addiction and to the process of gradual recovery. Crises in the biographies of women addicted to alcohol can be associated in two ways: with regression or progress, with a sense of lower or higher quality of life, which are confirmed by their narratives.
Key words: crisis, alcohol addiction, women.

Crisis – conceptualization of the concept

The word "crisis" is sometimes used in relation to various fields and spheres of human life, being analyzed, both in the area of causes and effects, from an individual and social perspective. This multiplicity, diversity and multisignificance create a heterogeneous mosaic of diverse meanings, situations and states, and thus a wide spectrum of consequences.

Colloquially, the word "crisis" is used "most often to denote the breakdown of the established order of things, the ineffectiveness of the existing rules of action, i.e. the emergence of difficult situations that cause tension, a sense

of discomfort, confusion in people" (John-Borys 1995, p. 12). This implies a pejorative connotation – a crisis is therefore an intuitively, individually felt breach of some kind, a breakdown, tension, disruption, confusion, destabilization.

In the social sciences, on the other hand, one can distinguish various conceptualizations of the crisis, which understand the crisis somewhat differently, at least in five ways:

— as an imbalance or loss of emotional or mental balance,
— as a blockage or lack in an individual's resources of habitual previously available remedial and defense strategies adequate to the threat situation,
— as a turning point, a critical, breakthrough moment, forcing the need for a life change,
— as a threat to the "self", or loss of previous identity
— as a threat to the existing sense of life and value system (Kubacka-Jasiecka 2010, pp. 50–54).

This attempt to distinguish ways of conceptualizing the crisis, as Dorota Kubacka-Jasiecka notes, "is of an organizing and theoretical nature, since most often one can find approaches that, despite emphasizing particular aspects, describe the crisis in complex categories, containing elements of more than one of the distinguished conceptualizations" (Kubacka-Jasiecka 2010, p. 54).

The origin of modern crisis psychology (as it is mainly its achievements that I will use here) is complex (Kubacka-Jasiecka 2004 pp. 153–161; Kubacka-Jasiecka 2010, pp. 77–82; Pawlas-Czyż 2008, pp. 110–111) – "it goes back to separate currents of theoretical thought, slogans, various aid interventions and social movements. It is precisely its complexity that has undeniably weighed on both the inconsistency of the theoretical assumptions and solutions adopted and the diversity of interventions proposed and implemented in practice" (Kubacka-Jasiecka 2004, pp. 153–154).

Therefore, it is worth looking at a selection of elaborated approaches to understanding the crisis in order to catch similarities and differences in accentuating its characteristic features.

Undoubtedly, a figure worth citing in this review is Erich Lindemann, whose observations and findings on the course of the grief crisis, analyzing his experiences working with the relatives of victims of a tragic fire at a Boston club in the 1940s. initiated the formal birth of crisis psychology (Kubacka-Jasiecka 2004, p. 155). A special one was a text of his entitled "Symptomatology and Management of Acute Grief" (1944, no. 101, pp. 141–148) published in 1944 in the pages of the American Journal of Psychiatry (and later his subsequent works also), in which he pointed out the symptoms of a normal and pathological (blocked) course of the grief process after the loss of loved ones.

Lindemann's statements had sparked a deeper reflection on grief and, more broadly, the crisis. Among the continuators of this classic of crisis theory, we should point out

to the American psychiatrist Gerald Caplan, who in his publications pointed out such features of a crisis as: unsuccessful efforts to overcome difficulties, failure to remove obstacles to important life goals by means of one's previous choices and behaviors or broader coping methods, loss of balance, disorganization, and temporary breakdown (Caplan 1963, 1964).

Experienced practitioner in the field of helping – Lawrence M. Brammer (1985) considered a crisis to be a state of disorganization in which a person experiences the nullification of important life goals or a profoundly reaching disruption of his/her life cycle and methods of coping with stress factors, along with an accompanying sense of anxiety, shock and difficulty.

In another view – a proposal by Lee Ann Hoff (1995), an author of a psychosociocultural concept of crisis called the Crisis Paradigm – the sources, symptoms and effects of the crisis and the appropriate actions to manage the crisis should be seen as being in close interconnection and forming a functional whole, while the crisis itself is an acute emotional disruption, affecting the ability to use the threefold means of problem solving used so far: emotional, cognitive and behavioral.

A review of selected definitions of the term "crisis" completes the position of Richard K. James and Burt E. Gilliland, according to whom a crisis is "feeling or experiencing an event or situation as an unbearable difficulty, exhausting endurance resources and compromising coping mechanisms" (James, Gilliland 2010, p. 33). These authors pointed to the following characteristics of the crisis: complex symptomatology, complexity of etiology (at its root there are many interacting and intertwining factors), universality (expressed in the fact that under certain circumstances no one is completely immune to it and can be sure never to experience it), uniqueness (related to the fact that identical crisis circumstances and conditions may present insurmountable difficulties for some, while others are able to cope with them on their own), and lack of panaceas and quick fixes (lasting improvement occurs gradually) (James, Gilliland 2010, pp. 33–34). Individuals who do not receive adequate support in the situation of the crisis they are experiencing can develop serious impairments in three areas of functioning: affective, cognitive and behavioral (James, Gilliland 2010, p. 33).

Helping to identify the crisis is a set of traits – symptoms, collected by Glenys Parry (1990). They are: the presence of an acute critical event or chronic stress, feeling it as unexpected, perceiving the situation as a loss, threat or challenge, the person's experience of negative emotions and experiences, a sense of uncertainty about the future, a sense of loss of control, a sudden violation of routine ways of behavior, daily rhythm, habits, a state of emotional tension usually lasting from 2 to 6 weeks (sometimes even several months) and the need to change the current way of functioning.

The aforementioned Caplan put the dynamics of the crisis into four phases (description quoted from: Badura-Madej 1999, pp. 18–19; John-Borys 1995, p. 13).

The first is the phase of confronting the triggering event of this crisis, violating needs or values important for the individual. It is characterized by tension, fear and anxiety, a sense of ineffectiveness and helplessness, taking its source from the individual's conclusion that his/her own skills and abilities and hitherto tried sources of help, as well as too little efficiency of external assistance, are proving insufficient in this situation.

This leads to phase two, in which the person comes to the conclusion that despite making attempts to cope with the situation, he/she feels them to be ineffective, so he/she also has a sense of loss of control over his/her own life, is unable to overcome difficulties on his/her own and perceives himself/herself as defeated, which lowers his/her self-esteem and at the same time causes an increase in tension, anxiety, helplessness and fear.

The third phase is mobilization: the individual tries to activate all his/her mental resources to seek new solutions and overcome the crisis.

If he/she succeeds, he/she gradually regains a sense of balance.

If, on the other hand, these efforts prove unsuccessful or the person denies the existing difficulties, a fourth phase occurs – the decompensation phase, in which, as a result of tension exceeding the individual's endurance, the processes of perceiving reality become deformed, the individual withdraws from interpersonal contacts, experiences disorganization and internal chaos, and often reveals attempts at acts of aggression and self-aggression or addiction.

Two faces of a crisis. Crisis as a trigger and catalyst for women's alcohol problems and as a stimulus and motivation to enter addiction treatment

For years there have been attempts to scientifically explain why people fall into the trap of addiction. Their sources should be sought in a general three groups of conditions: biological, psychological, and socio-cultural (a separate work could be devoted to the etiology of addictions, especially if it set itself the ambitious goal of citing the results of the wealth of research conducted by geneticists, psychologists, sociologists or researchers located within or on the border of other sciences). Among researchers tracking the causes of women becoming addicted or being addicted to alcohol, there is also a consensus on the importance of these groups of conditions, mutually reinforcing and interpenetrating, sometimes specific only to women (for a discussion of the specificity of women's alcohol problems in biological, psychological and socio-cultural aspects, see, for example, Włodarczyk 2017, pp. 70–91). In the results of our own research and that of other researchers, the importance of the power of crises, of varying nature, scope and severity, which promote women's enmeshment in alcohol problems and also stimulate them to undertake addiction treatment, resonates clearly. Importantly, these crises have

their basis and sustenance in factors of the threefold nature mentioned above, particularly psychological, reinforced by the socio-cultural context and partly by biological equipment.

When people experience a crisis, they can react to it in a variety of ways (James, Gilliland 2010, pp. 33–34). Some deal with crises on their own, drawing strength and motivation from the experience to continue their development. Others cope with the crisis only in appearance, pushing out the accompanying feelings and experiences, which, however, will come back to them in the future. Some others easily give up, withdraw, experience a breakdown, which can result in an inability to continue living a normal life if they do not receive adequate help for their needs. Some others look for easy solutions, and such include reaching for alcohol in search of "anesthesia" and gaining a positive emotional balance, and the first or first few experiences with alcohol (or any other psychoactive substance) precisely cause a shift in emotions toward the positive, providing an opportunity to divert attention from problems, boredom or malaise, and without yet incurring significant costs (Pomianowski 1998, p. 269). In general, it is not the substance that makes a person addicted, but the effects produced in a person's mood under the influence of the chemical effect of the substance (Pomianowski 1998, p. 262). This is because over time, as a person wades into addiction, he/she is "pulled by a recurring wave that throws him/her outside the realm of safe, controlled use – there is an internal compulsion, a pressure" (Pomianowski 1998, p. 270). Addiction grows out of an individual's habitual response to something he or she finds gratifying, providing the ability to quickly and effectively regulate well-being heightening feelings of self-sufficiency, power, control, which, however, are artificial and over time cause other coping options to shrink until they disappear and addiction dominates as the only way of dealing with the world and oneself (Pomianowski 1998, p. 262), and thus coping with crises.

The multiplicity of crisis situations and events can present difficulties in sorting out and typologizing them. Such an attempt was made (successfully, as may be evidenced by the eager use of this division present in the literature) by Swedish psychiatrist Johan Cullberg, who distinguished between transition crises, situational crises and chronic crises (Badura-Madej 1999, p. 17), while Lawrence M. Brammer (1985) added an existential crisis. Richard K. James and Burl E. Gilliland (2010, p. 35) identified another type: environmental crises, resulting from natural phenomena, events of biological origin, politically motivated events or economic collapse, but they are only mentioned here, as they were not referenced in the results of my research. Reference to these types will provide a structural framework for an orderly presentation of the results of our own research[1].

[1] The results of the research presented here were collected in the Poznań community, in 2013––2015, using a survey technique (ensuring the anonymity expected by respondents, containing closed, semi-open and open-ended questions) completed by 55 women diagnosed as addicted to alcohol and

The first type distinguished by Cullberg, i.e., transition crisis, also known as developmental or normative crisis, is an integral part of human life and is associated with basic life events (such as getting married, having a child, starting school, leaving home, retiring), hence it is expected (and even desired), but since it is always accompanied by a sense of losing something, some kind of change, some kind of novelty, and taking on new roles and tasks, hence emotional tension and uncertainty are woven into it (Badura-Madej 1999, p. 18). Because of this emotional enclosure, it can become an impetus to reach for alcohol, both in the situation of alcohol initiation and later. The possible existence of such a causal sequence is confirmed by Edith S. Lisansky Gomberg (1997) and Małgorzata Dragan (2016), among others. Such situations were hinted at in the statements of my female respondents, recalling the "celebration" of various important occasions for them, such as: "graduation from elementary school" (Małgorzata), "class camp at the end of elementary school" (VVV), "end of the school year" (Justyna), "New Year's Eve" (AAA), "prom" (Hanna 2) or "sister's wedding" (Mariola). However, none of the statements explicitly emphasized that they were rebuilt by a transition crisis; these were rather occasions that triggered or fostered alcohol initiation. Also among the motivations for taking up therapy by the women surveyed, the presence of transition crises did not explicitly appear in the respondents' statements: here, two of them pointed to becoming pregnant as the event underlying their taking up therapy, but did not emphasize that this was specifically linked to a crisis of transition, but rather to a desire to change their lives for their child.

Situational crises, also called random or incidental, are triggered by unexpected, unanticipated events that threaten health, life, sense of security, integrity, identity (Kubacka-Jasiecka 2010, p. 72). The key that distinguishes situational crises from crises of other types are such characteristics of the triggering event as unpredictability, suddenness, shocking nature, intensity, catastrophic nature and sense of danger (James, Gilliland 2010, p. 35). These can include the death of a loved one, the loss of a job, the diagnosis of a serious illness, the sudden loss of physical fitness, the discovery of a partner's infidelity. This type of crisis was the one most often indicated by my respondents, associated by them with initiating difficult situations, which, in the classic sense of Tadeusz Tomaszewski, should be understood as situations in which the internal equilibrium of a normal situation is disturbed, resulting in a disruption of the course of activity and a decrease in the probability of completing a task at a normal level (Tomaszewski 1975, p. 32). Respondents here cited various situations that surprised and burdened them and in which they sought relief in alcohol, such as the news of their child's illness.

using (in the past and during the survey period) some form of addiction therapy. A report on this survey is included in: E. Włodarczyk, Społeczny wymiar problemu alkoholowego kobiet. Obraz i instytucjonalne reakcje środowiska wielkomiejskiego, Wydawnictwo Naukowe UAM, Poznań.

For almost half of them, reaching for alcohol was a way to forget their problems and difficult experiences.

This type of crisis resonated more strongly in the context of the reasons sought together with the respondents for their decision to enter therapy – the events they recalled, to which they gave the rank of breakthrough, and which resonated with their impact so powerfully that they led to such a decision. In particular, family-related situations often appeared among them: placement of children in foster care or foster families or warnings that the court will decide to take the children away, abandonment by a husband/partner or threatened abandonment by a husband/partner, death of the father, and severance of the relationship with the parents. Usually, therefore, the respondents' decisions were forced by some "external" causal factor, such as also: an accident, incarceration, or the simultaneous loss of a job and housing. Respondents' comments on these events revealed that they were sudden, unexpected for them, hence the striking force of the impact.

Usually situational crises, unresolved and unworked, with time gaining intensity take the shape of chronic crises. This third type distinguished by Cullberg are crises also referred to as chronic crises or transcrisis states. People experiencing them are characterized by: withdrawal, passivity, helplessness, lack of motivation to change, failure to take responsibility, an attitude of avoidance, fear of social contact, lowered mood, numerous somatic complaints, and a tendency to feel sorry for themselves and accuse others (Badura-Madej 1999, p. 23). In their distinction from the somewhat similar acute crises, the criterion of duration is decisive. "The so-called chronic crises are repeatedly activated states of tension as a result of the tendency to recur, the accumulation of problems that have not been positively resolved" (Kubacka-Jasiecka 2010, p. 67), are "recurring crises unresolved or (from the subjective point of view of the individual) unsatisfactorily resolved, leaving a sense of thwarted aspirations and tension, which can become a seedbed for future crisis states. What remains chronic are unresolved problems, painful experiences, still smoldering anxiety" (Kubacka-Jasiecka 2010, p. 69). Struggling with such crises was also hinted at in the statements of female respondents, in which one can find confirmation that chronic crises were the experience of a great many of them during the period of alcohol abuse.

This type of crisis is referenced to by the aforementioned fact that nearly half of the female respondents said they reached for alcohol hoping to forget problems and difficult experiences, while a third indicated that it gave them the opportunity to quickly relax and unwind. Thus, the most frequently indicated motives for reaching for alcohol were called by Mariusz Jędrzejko, Małgorzata Janusz and Marek Walancik (2013, p. 86) escape motives: caused by the desire to escape from everyday life, problems, emptiness, boredom, monotony, loneliness, anxiety and the desire to relax, detach from reality, suppress emotions.

In the advanced stage of alcohol addiction, spiritual emptiness is accompanied by disturbances in the emotional sphere, in particular: increased anxiety, lack

of affective control, reduced resistance to difficult situations and increased depressive symptoms (Cibor 1994, pp. 21–22), as well as: impaired assessment and judgmental abilities, impaired self-esteem, lack of self-esteem, poor ability to synthesize, and impaired ability (or lack thereof) to set goals and plan, as well as feelings of loneliness, isolation and rejection by others (Madeja 2008, p. 798) – symptoms that are confusingly similar to the state of people in chronic crises. The realization of this permanence and hopelessness of one's situation, intensified by the co-occurrence of several motives for changing one's life, became the impetus for some of the respondents to realize this intention. This is confirmed by the following statements, among others: "losing my job and being treated badly by my employer and the company's employees, on top of that my health was very bad, my body was exhausted" (Hanna 1), "I was fed up with such a lifestyle, I was ashamed that I was abusing alcohol, I started neglecting my duties at work and at home, I started putting on more and more weight and had health problems" (AAA), "realization of the need to drink more alcohol to achieve the state previously obtained with smaller doses; tired of getting up with a hangover and having to sleep a long time" (Paulina), "I could no longer watch my degeneration as a woman" (YYY).

The theme of existential crises, sometimes linked to chronic crises, also appeared in the statements of female respondents, involving, according to Lawrence M. Brammer (1985), internal conflicts, questions about the purpose and meaning of life, and fears about the challenges posed by life. Long-term remaining in alcohol addiction generates mental states, which can most generally be called, as Portnow and Piatnickaja (1977, pp. 94–98) have done, a syndrome of mental depletion that affects the spheres of intellect, emotion, will, life activity and personality content. As a result of the disappearance of higher feelings, the stoppage of emotional development, shallow and deep mental changes, a decline in self-esteem, inner emptiness, meaninglessness of life and depression are experienced. Several of the respondents shared a recollection of a period in their lives when they almost constantly functioned this way under the influence of alcohol, noting in retrospect: "untruthfulness of emotions" (Paulina), "mood swings (from euphoria to self-pity); getting irritated for unimportant reasons; increased anxiety, fears, feeling that life is gray, being lost in myself and in the reality" (Anna 2), "fears, pain, shame" (VVV), "the feeling of loneliness, lack of motivation to act, helplessness" (Anna 3), "the general feeling of being drained; distaste, low self-esteem" (Dora). There were even voices testifying to such an extreme condition that it provoked in the women surveyed thoughts of taking their own lives, no longer seeing the point of life: "I was fed up with myself, the world, lost my strength" (VVV), "constant thinking to just drink to forget suicidal thoughts" (Angelika), "I made a suicide attempt" (Krystyna). Thus, among the motivations behind the decisions for therapy made by the women surveyed, there were some that stemmed from a peculiar weariness with themselves and their

own lives, a failure to see the meaning of life, general exhaustion and appearing suicidal thoughts.

The types of crises cited here, along with the research reports illustrating them, mainly concerning the drinking period, complete the picture of the peculiar crises faced by women who have taken up addiction therapy. From the statements of the female respondents, it appears that there was a lot of tension, anxiety, changes, trips and difficulties (an overview and discussion of these is included, for example, in: Włodarczyk 2018, pp. 267–280). I mention them here because they were often called crises by themselves. They concerned the beginning or course of therapy, when the usual patient reactions occur, which Johannes Lindenmeyer (2010, pp. 16–17) calls the "triple shock". This multiplication of problems that most people have to face concerns the unfamiliar: the unfamiliarity of the role of a patient and the incomprehensibility of the "world" of therapy, along with new responsibilities and truncated rights; the unimaginable to accept and implement prospect of lifelong abstinence; the lack of confidence in oneself and the lack of hope for a successful course of therapy. In addition, it can be frightening and discouraging to realize the magnitude of the effort that the therapy process will require of a person, and with it a change in his or her previous life. The statements of the female respondents confirmed this not only "triplicity", but "multiplicity" of this shock, indicating the difficulties that arose at the start and during the alcohol addiction treatment, which were directly felt and referred to by them as a crisis, rather understood as a sense of resignation, a decrease in motivation, perseverance and energy levels for action.

The types of a crisis discussed here, which form the canvas for considerations for women who consider themselves addicted to alcohol, together with their confirmed presence in the biographies of the respondents, document, on the one hand, the often-raised power of the destructive impact of crises on human life, and, on the other hand, the opportunity for their potential for constructiveness to occur and be realized (under certain conditions) in the lives of those experiencing them.

Developmental opportunities "in spite of"/"because of" the crisis experience[2] – the perspective of women with alcohol addiction in the treatment process

In the deliberations around human crises, the saturation of their negative meaning definitely resounds. Meanwhile, the crisis is also worth looking at from another perspective. An understanding of the term, based on knowledge of its etymology, can be an inspiration, providing a great hint to consider the crisis in two ways:

[2] The term used by D. Kubacka-Jasiecka (2016, p. 73).

on the one hand as a threat or risk, and on the other hand as an opportunity, in particular a developmental opportunity or a chance to enrich one's life.

The term comes from Greek; the verb κρίνειν means "to sieve out, separate, choose, decide, judge", while the derived noun κρίση is "a choice, settling" (Kopaliński 2000, p. 282). The term in its etymology also means a "decisive moment, turning point, breakthrough, crisis" (Kopaliński 1968, p. 417). This is because the crisis "reveals something, makes it possible to cognitively grasp something that would be unrecognizable without it, cognitively presents something important, significant, reveals the teleology of a certain process" (Stachewicz 2010, p. 8). This understanding raises the connotation that a crisis can become a developmental impulse, opening new horizons, bringing with it certain opportunities, excuses, possibilities.

This duality of the crisis was pointed out by Richard K. James and Burt E. Gilliland (2010, pp. 33, 34). In their view, a crisis can be both a threat (because of its many consequences in many spheres of functioning) and an opportunity (because the suffering caused by the crisis forces a person to seek help, and if a person takes advantage of this opportunity, the intervention can help him or her in self-development and self-realization); however, this depends on how a person responds to the crisis. A crisis can hide the seeds of development and change when the accompanying anxiety and associated discomfort reaches such a high level that it becomes a stimulus for change, a strong motivating factor for action. Thus, it involves the necessity of choosing some action, which creates an opportunity for a person to move on from a deadlock in his/her life.

Every event in a person's life, even if it carries the hallmarks of a difficult, critical, breakthrough event, is initially inert, neutral in itself, because what determines its emotional coloring and its value is the meaning that the individual experiencing it gives to it. Thus, the changes potentially provoked by the crisis may involve progress or regress.

Assuming that emotional crises are bivalent in nature, once the acute state of the crisis has passed, there may be the following possibilities for ending it:

— stagnant pattern: it is referred to when there is a return to a level of functioning similar to the pre-crisis one, but the achieved state of equilibrium is apparent and shaky, because unresolved conflicts, dilemmas, contradictions and problems remain, becoming a source of further future tensions and crises, leaving the person with a reduced sense of agency, control and self-confidence, and a diminished sense of hope that a constructive solution to the problem is possible;
— regressive pattern: in the feeling of inadequacy of the possibility of a constructive solution to the crisis problem, the individual may try to reduce tension and suffering through dysfunctional behavior and destructive tendencies;
— progressive pattern: this occurs when (thanks to internal resources and strength as well as the support of others) the resolution of a crisis problem

opens up opportunities for the individual to grow; growth processes here may include: psychological strengthening, raising self-esteem and self-respect, constructive changes in the value system, increasing mental toughness, improving relationships with loved ones, gaining greater social competence (Kubacka-Jasiecka 2010, pp. 61–62; Kubacka-Jasiecka 2016, pp. 54–55).

The fate of women (as well as men) with alcohol problems is similarly diverse. One can try to look for some analogies between experiencing a crisis and (not)coping with it and struggling (ineffectively or successfully) with one's own alcohol problem.

The decision to take therapy and change one's life may not always be permanent, guaranteeing persistence and consistency in pursuing it. Doubt and lack of determination at various stages of therapy undermine the stability of the decision made and the changes implemented. There are always a number of barriers and impediments inherent in the therapy process, slowing down, reducing or even preventing authentic work. Sometimes people undertake therapy, but either discontinue it or it does not give them the expected lasting effect. Then a return to the "old" life, caused by many possible factors, would be a regressive pattern, which is also characterized by a further decline in the possibility of constructive action. A person in such a condition is not ready to make further attempts to change his/her life, including by participating in alcohol addiction therapy. The regressive pattern was shared by those respondents who had unsuccessfully attempted therapy several times. A detailed analysis of their indicated reasons for not taking therapy earlier (thoroughly discussed in: Włodarczyk 2017, pp. 244–245), suggests a general conclusion: underlying these reasons was the strength of the system of illusion and denial characteristic of alcohol addiction, involving perceptual and thinking processes – a mechanism that prevents recognition of the fact of one's own addiction, about which Jerzy Mellibruda has repeatedly written, pointing to the most common cognitive distortions, which are: simple denial, minimizing, blaming, rationalizing, intellectualizing, distracting, fantasizing, coloring memories and dreaming (Mellibruda 1997, pp. 290–291), whose manifestations in their lives were also exposed by the women surveyed.

A situation where a person participated in therapy, even completed it, but post-therapy daily life exposed that the problems were only seemingly worked through during therapy and showed the fragility and instability of the person's resolve to change his or her life, would imply a stagnant pattern. Both addiction and crisis are then concerned with the fact that it remains "unresolved, the dilemmas and contradictions created by it – unresolved, the life circumstances that led to it – unchanged and still relevant" (Kubacka-Jasiecka 2010, pp. 61–62). The person is then left with the feeling that he or she has not met the challenge, and as a consequence of his or her belief that he or she has lost, the sense of weakness and helplessness increases, while self-esteem decreases, remaining "still in a discomforting situation, impoverished by the deficiency of: faith and

hope that the solution to the problem will be simple or possible at all, beliefs about one's own power, strength and worth, as well as about one's ability to deal with a particular problem, the possibility of a constructive solution to a still deteriorating situation (use of inadequate and maladaptive means of defense)" (Kubacka-Jasiecka 2010, p. 62). This pattern usually applies to alcohol addicts who are unaware of, or do not recognize, the need for the constant effort they must make to remain sober. The women surveyed were overwhelmingly aware of this, and the questions I deliberately posed about what they were willing to do to stay sober, and more broadly: to continue the efforts in the process of multifaceted recovery, served to remind them of this and strengthen them in this reflection and intention (more in: Włodarczyk 2017, pp. 258–259).

A progressive pattern, on the other hand, would be a situation when a person actually makes a sustained effort toward multilateral development. With reference to this pattern, full recovery would include four aspects of it, distinguished by Piotr Szczukiewicz: somatic (related to the disappearance of abstinence symptoms and the effects of long-term alcohol abuse, and with time also the functions of individual systems and organs), psychological (involving the acquisition of skills to live free from the mechanisms typical of alcoholic disease: compulsive regulation of feelings, falsification of the image of reality, use of defense mechanisms, creation of an untrue image of oneself), social (including the improvement of the functioning of the sober alcoholic in the social roles he or she performs, improvement of the quality of relationships and social ties) and noetic (associated with overcoming existential frustration, seeing the meaning in one's actions, the meaning of existence itself, greater self-awareness in the hierarchy of one's own values and the ability to act selflessly for others) (Szczukiewicz 2007, pp. 121–122). From many of the stories of the women interviewed who consider themselves alcohol addicts, it seems that the crisis has become a driving force for them, a kind of springboard, a chance to regain their own subjectivity and dignity. What is more, they emphasized that their lives have gained a new quality (more in: Włodarczyk 2017, pp. 256–257).

Thus, the results of my research resonate with what Dorota Kubacka-Jasiecka argues, that an emotional crisis with accompanying behavioral disorganization "can be considered a catalyst for entry into the road to development, and growth processes can include: psychological strengthening, increased resilience, discovery and formation of more adequate resources of struggle, improvement of self-image, increase in self-esteem, strengthening of the existing identity (or sense of identity) or changes within it, discovery of new resources and strategies of struggle, acquisition of new competences, improvement of interpersonal relations, discovery of a new sense of life, one's own path, life mission" (Kubacka-Jasiecka 2016, pp. 73–74). Similar benefits are indicated as immediate and far-reaching effects of authentic work during addiction treatment. Therefore, constructive coping with both crises and addiction has similar benefits, as addiction therapy is sometimes

also seen by therapists and addicts as a leaven for real, beneficial change in a person's life, linked to development in various spheres.

Summary

Crisis situations can happen to anyone, at any time in life; they can either be isolated or follow one after another, and as a result, their consequences are cumulative and compounded (Badura-Madej 1999, p. 28). The intensification of difficulties brings a state in which a person is not only facing a crisis, but in addition, his/her own alcohol problem. Coping capabilities, weakened by the persistence of the crisis and the persistence of the strength of the addiction, may turn out to be insufficient in attempting to disentangle themselves from this double trap. Helping people in this situation requires attentiveness and competence to realistically help them sort out the next spheres of their lives.

A crisis is usually, on the one hand, some kind of loss, deficit, disruption and uncertainty, but on the other hand, which is less often emphasized, a chance to revise one's value hierarchy and choices, turn around, reorient and redesign one's life. Indeed, a crisis can have developmental value, provided, however, that the person has certain resources – individual and in his or her environment – that will be his or her allies in this process (Stanisławiak 2012, pp. 14–15), and, moreover, manages to discover, activate and utilize them.

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