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Social readaptation of adolescents addicted to psychoactive drugs

Abstract: This paper discusses selected therapeutic and rehabilitation activities included in the scope of healthcare provided within the "Nadzieja" Catholic Youth Education and Therapy Centre in Bielsko-Biala. Therapeutic and rehabilitation activities are focused also on social readaptation. Support in social re-adaptation of persons temporarily isolated from their natural environment should be one of significant social issues. In general, persons addicted from various psychoactive substances or those who got in trouble with the law originate from dysfunctional environment, marked with social awkwardness or dysfunctionality of family functions. Thus taking specific actions aimed at re-adaptation of such persons to life in community may prevent them from getting in trouble with the law again or from developing the sense of social exclusion. Nowadays the significant role of work, as well as general and professional education are emphasised as the basic factors for social re-adaptation. Other important aspects include preventing addictions, promotion of healthy lifestyle, ergotherapy, art therapy, sports activity, and cultural activity. In many addiction treatment centres and corrective centres there are also special programmes of social re-adaptation by means of charity work or support for social initiatives.

Key words: social re-adaptation, social re-adaptation programmes, addiction, psychoactive substances, social exclusion.

Introduction

While addressing the issue of readaptation of adolescents addicted to psychoactive substances it seems justified to stress the issues related both to the cause and motivation of using drugs by young people.

Referring to the thoughts of Czesław Cekiera it can be concluded that the phenomenon of drug addiction *de facto* comes down to analysing behaviours of an individual who uses drugs in a particular environment and in a particular life situation (Cekiera 1993, p. 14). As each person, even a teenager, is motivated by something.

Based on the report “Qualitative analysis of the lifestyle of 17–18-year-old users of psychoactive substances, patterns and motives of substance use and other problem behaviours” (Ostaszewski and others [2019]) psychoactive substances use may be a response for boredom and no better idea for interesting leisure activities.

According to the respondents, psychoactive substances let young people party better and longer, experience something special, see something more intensely, get out of the box, and develop cognitively. They serve also as an escape from the outside world to another reality, far away from problems they experience and from difficult life situations¹. Also, the conclusions of the European School Survey Project on Alcohol and Drugs (ESPAD) indicate that young people use addictive substances to party wilder, to blend in a group, to forget about their problems or to lift their spirits². Drugs are used then to lighten one’s mood, to mask unpleasant experiences, and to gain energy for performing particular activities. A desire to make new friends can also be a motive. Young people under the influence of psychoactive drugs become more outgoing and open to others.

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¹ The main objective of the project implemented in 2018 by Krzysztof Ostaszewski, Katarzyna Dąbrowska, Jakub Greń and Łukasz Wieczorek concerned an in-depth analysis of attitudes, knowledge, beliefs, and behavioural patterns related to use of psychoactive substances by adolescents aged 17–18 years. The research sample included adolescents from Łódź, Katowice, Cracow and Warsaw using psychoactive substances (N=72) and professionals having daily contact with such youth– teachers, educational psychologists, streetworkers/ party workers (N=12). Selection of the survey respondents was purposeful, and thus meant, as emphasised by the authors of the project, to provide comprehensive information in terms of the expected outcome of the survey. The survey of adolescents and adults was conducted by means of the individual in-depth interview technique, with a list of information searched organized into an optimal “interview scenario” (semi-structured interview). The survey was qualitative; see: Ostaszewski et al. 2019.

² ESPAD – the “European School Survey Project on Alcohol and Drugs” has been carried out since 1995 every four years in a changing number of European countries. The ESPAD research was initiated by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) operating at the European Council. Poland participated in all the seven editions of ESPAD (the latest edition took place in 2019). The ESPAD is aimed at monitoring psychoactive substances use by school students, and currently also including risky behaviours in the area of new technologies and gambling games. The survey should provide data for development and evaluation of the policy concerning psychoactive substances and youth prevention programmes in general. In 2019 the research within the ESPAD was carried in our country out by the State Agency for the Prevention of Alcohol Related Problems and the National Bureau for Drug Prevention in cooperation with the Institute of Psychiatry and Neurology. The survey was conducted on representative random samples of students of the 3rd grade of lower secondary schools (age: 15–16 years) and of the 2nd grade of upper secondary schools (age: 17–18 years). The Polish nationwide weighted sample included 2814 students of the 3rd grade of lower secondary schools and 3089 students of the 2nd grade of upper secondary schools; see: *Ogłoszenie wyników badania ESPAD 2019*, www.cinn.gov.pl>portal (accessed on: November 19, 2020).

The factors related to the risk of use of psychoactive drugs include, a.o.: single-parent family, dysfunctional family, broken family relations due to mutual hostility, family history of alcoholism, no religious practices, no aspirations related to lifetime goals, no social activity, and school failures.

Drug addicts are mostly marked by emotional immaturity, low level of moral development, timidity deteriorating into aggression, and egocentric behaviours.

Practitioners whom I have met in scientific congresses or during study visits organized for my students in rehabilitation and therapy centres, claimed that children/ adolescents prone to addiction or already addicted mostly experienced intense emotions and had inadequate self-esteem level.

The group of persons using psychoactive drugs includes also neurotic or traumatized individuals due to their incapacity of achieving their lifetime goals.

These are manifold factors– mental and environmental ones, concerning young people who rejected compliance with legal, moral, and customary standards at some point, thus deforming their personality.

Social readaptation facilitates adaptation to active and independent life in society in compliance with the moral, social and legal standards applicable, in a freedom-oriented environment. As a rule, social readaptation stands for readaptation of an individual to active and independent life, as expressed by fulfilling particular social roles related to specific realms and planes of human existence (Ambrozik 2008, p. 184). Social readaptation should also teach persons who entered into conflict with the law how to be responsible for oneself and for other family members, provide skills of managing one's leisure activity, which is of importance in preventing social pathologies. As well-managed free time should contribute both to rest and leisure, and to development of one's interests and prevention of the sense of isolation. The extent of readaptation of drug addicts to life in society is determined by a variety of factors. One should consider both the factors providing positive reinforcement to an individual and these hindering the social readaptation process. There is no doubt that the social readaptation process depends to a large extent on the addicts themselves, their motivation for recovering from an addiction, the decision to be taken about future plans, and their perseverance in striving to achieve the goals set. Also, personality factors should be considered, such as: intelligence quotient, temperament, character, resistance to difficult and problematic situations, capacity for objective self-assessment, self-criticism, and predisposition to be (or not) influenced by others. Other significant factors include also general health condition, good relations with family and reliable family support both during the recovery process and upon leaving a therapeutic institution, permanent place of residence, prospects for graduating from a school or taking up a job. Social support from the local community within a strategy of social problem solving as well as from designated institutions play a significant role in staying clean and striving changing one's life.

Social readaptation is a process difficult in implementation and the end result cannot be precisely predicted, nevertheless the assumption of social readaptation remains always unchanged – a change of the one's previous attitude (compare Deka 2017).

Good practice example – activity of the “Nadzieja” Catholic Youth Education and Therapy Centre in Bielsko-Biała

Contemporary views emphasize the significant role of work, as well as general and professional education as priority factors of social readaptation. The social readaptation programme includes also sports and cultural activity, promotion of healthy lifestyle, cooking workshops, occupational therapy in general (art creation, bibliotherapy, music therapy, cinema therapy, theatre therapy, dance movement therapy, and chromotherapy). An example of an institution providing a wide range of the above-mentioned activity can be found in the “Nadzieja” Catholic Youth Education and Therapy Centre operating in Bielsko-Biała, at 167c Barkowska street. The Centre is a non-public healthcare institution established in May 1991 by the “Nadzieja” Foundation for Addiction Prevention and Social Rehabilitation in order to fulfil its statutory targets. At the start-up phase this was the first Polish Catholic therapy institution for children and adolescents addicted from drugs. Establishing the Foundation was initiated by Rev. Józef Walusiak, MA – a priest of the Roman Catholic Diocese of Bielsko-Żywiec; and Rev. Czesław Cekiera, PhD from the Salvatorians, with whom Rev. Walusiak cooperated, contributed significantly to starting up the Foundation.

At present within the “Nadzieja” Catholic Youth Education and Therapy Centre there are the “Nadzieja” Addiction Treatment Centre and a Post-rehabilitation Hostel for drug addicts.

The “Nadzieja” Addiction Treatment Centre constitutes a therapy community referring to the philosophy of Christian personalism. So, the highest value is a human being who should be able to act creatively and freely, as well as to be one's own man. As these skills were lost due to addition therapeutic activity is aimed, a.o., at restoring the sense of dignity, ability of living in a society, and making free choices. The Centre is foreseen for young people aged 14–18 years; there have also been attempts at helping pregnant addicts and young mothers with children. It is a co-ed hostel for young people from all over Poland, however it should be noted that at the initial stage of its operation it provided treatment also to adolescents of Polish origin living in various European countries and the USA. The current therapeutic group consists mainly of patients from the area of the Śląskie province. Patients are admitted to the Centre disregarding their denomination, while the religious and moral formation is carried out with respect

towards the patient's denomination. A stay in the "Nadzieja" Centre takes from 9 to 12 months and it is free-of-charge – therapy is financed within a contract with the National Health Fund. The ultimate capacity of the Centre is 25 patients.

Healthcare provided in the Centre include four basic stages of the therapy, plus a preliminary stage "Why am I here?", which is meant at provoking thought in adolescents about their foregoing life, moreover a patient gets acquainted with the rules and regulations applicable in the Centre, a preliminary nosological and problem diagnosis is prepared, and patient's motivation is encouraged. The Preliminary Stage takes from 3 weeks up to maximum 2 months.

Stage I "Yet perhaps ... ?" includes a period from 2 to 4 months and it is focused on diagnosing the patient in detail, both environmentally and psychologically, and on agreeing with the patient an individual therapy plan. The priority objective of this stage relates to changing extrinsic motivation into intrinsic motivation, i.e., patient's inner conviction that a therapy is necessary; during this stage patients are not entitled to any exeat.

Stage II – "Go to therapy or not?" takes, similar to Stage I, from 2 to 4 months, but patients get more privileges; they have short-term exeats and are assigned responsible functions in the Centre. This stage includes in particular implementation and modification of an Individual Therapy Plan, psychiatric consultation depending on the needs emerging in the course of the treatment, individual therapeutic sessions, and group therapy.

Stage III – "To be or not to be sober?" takes from 2 to 6 months. The assumptions of this stage constitute a continuation of the second stage of the therapy. The major difference refers to exeats, they include both short-term and long-term leaves. At this stage going home is a standard, moreover patients can visit institutions of their choice as volunteers. These are mostly animal shelters, nursing homes for senior citizens, and community centres.

Stage IV – "Why should I stay clean?" is the last stage of the therapy programme taking from 2 to 4 months. It includes, a.o., determining future goals, developing a half-year recovery plan, individual and group therapy. The programme is implemented, to a large extent, by means of therapeutic community approach, which means that the patients and the workers have their rights and obligations.

School education takes place in the premises of the Centre according to an individual curriculum plan or in the case of patients at an advanced stage of the therapy, outside of the Centre – in schools.

It should be pointed out that the programme of the Centre gets modified and its flexibility is determined by the needs and possibilities of a particular group of patients.

The activity of the Foundation is based on the wholistic approach: from prevention and therapy, to readaptation activities and local community-oriented activities aimed at prevention of stigmatisation and social marginalisation of

drug addicts. Preventive activities are aimed at protecting young people against getting readdicted and preventing social pathology impacts. It is carried out in the premises of the Centre and by the “Nadzieja” Addiction Consultation Point operating within the Foundation.

Addiction prevention and problem-solving education programmes provided by the Consultation Point are addressed not only at children and adolescents prone to addiction or already addicted to psychoactive drugs, but also at individuals entangled in various type of behavioural addictions (activity related), as well as at parents of addicted individuals. Moreover, support groups are organized for parents/ caretakers of addicted children and adolescents, as well as preventive workshops for students, parents, and teachers.

Young people who completed the basic cycle of therapy as addiction therapy centre inpatients, but due to various life circumstances cannot go home, may use a hostel stay option. The hostel is a co-ed, Catholic post-resocialisation institution offering a programme addressed at young people aged from 14 to 21 years. A hostel stay enables young people to pursue personal development, school graduation, achievement of professional qualifications, and facilitates starting an independent and responsible life. Young people are offered all-year-round care and support of the counsellors. The programme implemented in the hostel includes a support group, individual therapy, and social therapy activities. A stay at the hostel, as needed, may take from half a year to one and a half year; while it should be noted that young people from all over Poland can stay at the hostel.

Findings of an analysis of the programme and activity of the “Nadzieja” Catholic Youth Education and Therapy Centre point out to its particular focus on reinforcing patient’s personal value, development skills of responsible choice making and development of community needs, which determines the success of the resocialisation process. Indefeasible community needs include, a.o., social skills and social activity, capacity of coping with difficult and traumatizing situations, sensibilisation to feelings and emotions, as well as negotiation, cooperation, and compromise skills (Bałandynowicz 2019, p. 29).

The role of spirituality and religious values in social readaptation

Beside abstinence, a prerequisite for effective readaptation process boils down to acknowledging by adolescence the truth about themselves, their situation and adopting responsible and mature criteria of conduct thus authentic development and change of lifestyle.

Achievement of measurable effects of social readaptation should be facilitated by diverse methods of work, which is emphasized in the “Nadzieja” Catholic Youth Education and Therapy Centre.

Special attention should be paid to integrating spirituality and spiritual development into the process of recovery from drug addiction. This issue is significant, as spirituality, despite its significance for the therapy process, due to various reasons had been ignored and paved over for years (Prajnsner [2020]). Quite a few experts used to believe that faith and therapy were not complementary to each other but mutually exclusive. While it is indisputable that therapy and spirituality have a lot in common. Both therapy and spirituality focus on issues concerning the meaning of life, fear of the unknown and of one's disability. Moreover, vast majority of researchers believe that spirituality, unlike religion, assumes not only fulfilment of religious objectives but also non-religious objectives, such as: identity, sense of belonging, health, and wellbeing.

Thus, therapy and spirituality are connected by all the human related aspects, human life, and substance. As each human being constitutes certain mental, physical, and spiritual unity. In the opinion of Ewa Woydyłło "spirituality is connected to quality of our relations with objects, issues and people that are most important in our lives" (Woydyłło, 1991, p. 49), while Vincenzo Sorce from Casa Familia Rossetta (Italy) claims that "in healing deep wounds of addicted persons there is a visible search the meaning of pain and efforts. This search opens a distinctive perspective of spiritual development [...]. There is no rehabilitation or restoration of a person without rebirth of one's moral conscience, and without determining the basis for building oneself and one's future" (according to: Prajnsner 2018).

If we adopt the assumption of Rev. Marek Dziewiecki that using drugs by young people is determined by life crisis, then integral addiction prevention should also include the area of human spirituality (Dziewiecki 2001, p. 160). Thus, a thesis can be put forward that spirituality and spiritual development are as important as medical and therapeutic support in the treatment and therapy process of drug addicts.

It cannot be neglected that work related to spiritual development should be carried out in parallel with therapy or education sessions. Considering that a person in the course of a therapy usually needs a moral rebirth, faith in restoration of the meaning of life, and, as confirmed by American research, spirituality is positively correlated with life satisfaction (Bębas 2015, p. 33). According to the above cited Rev. Marek Dziewiecki, only in the spiritual area a human can ask about one's own mystery not from physical or mental perspective, but from the perspective of a whole human being. As spirituality can be discussed in the context of one's capacity of self-understanding. Thus, it is the spiritual context in which we ask ourselves who we are, where we go, what is the meaning of our life, and what is the ultimate meaning of our thoughts and emotions. As a human being cannot manage oneself and one's life in a responsible way without self-understanding and understanding one's positive and destructive impacts (Dziewiecki 2001, p. 161, 162).

As spirituality concerns the purpose and meaning of life, values and value hierarchy cannot be neglected in considering the subject area in question. Value

accompany each individual throughout the lifetime, they imply one's actions, and determine what one considers important and desired. While value hierarchies form certain basis of one's declared desires and pursuits concerning near and far future, that is actualistic and prospective aspirations (Zawada 2013, p. 81). Spirituality helps in restoring the right value structure that, as Andrzej Gołębiowski observes, is significantly dysfunctional during addiction (Gołębiowski 2012, p. 439).

The readaptation and therapy programme of the Centre also integrates religion which, just as spirituality, tries to give an answer to basic existential questions and respond to the issue of values to be followed by each person wants to live true to oneself and in compliance with social standards. Faith can be then helpful in redefining one's conduct, in self-improvement, and in self-development. Thanks to religion young people have a chance to fill their life with values that used to be unfamiliar to them or not respected by them.

Readaptation and therapeutic virtues of religion are indisputable. Religion may be also helpful in development and formation of such features as: sensibility, patience, humility, responsibility including for one's therapy, openness to others, selflessness, and ability to forgive. It plays a sensemaking and explanatory role (compare Bębas 2015, p. 228; Chlewiński 1987, p. 42–45; Mariański 1990, p. 55–56), it facilitates conversion, i.e., deep internal transformation (compare Bębas 2015, p. 91; Hałas 2007, p. 26–39), it gives the meaning of life. Moreover, religion strengthens an individual, gives hope for improvement of the situation, and helps in surviving difficult moments, thanks to which addicted persons are more willing and motivated to change their previous lifestyle. It also gives a sense of security and relieves fear, which is highly significant for one's good psychosomatic condition. It should be also noted that religion facilitates reconciliation with oneself and reaching out to others. Religiousness protects thus to a large extent against behaviours noncompliant with legal and moral standards. It reduces the risk of a regress to destructive behaviours. Institutional authority of religion may play a significant role in building a strong and integral personality, it is like a mirror in which one can see one's bad habits, and thus addicted persons can understand mistakes of their lives. Patients of the Centre have numerous opportunities for religious experiences. Interested persons can participate in church service, organized trips to important religious sites, or participate in walking pilgrimages, a.o., to Jasna Góra.

Some persons start to participate systematically in w religious practices only as inpatients of the Centre; previously the frequency of their religious activity used to be marginal or none. Such state of affairs results most of all from no religious attitude modelled by their parents.

Increased religiousness of the Centre patients is motivated by a variety of needs. Participation in religious practices is often perceived as a possibility of building a sense of security, putting one's spiritual life right, clearing one's mind, understanding the meaning of life, sorting out one's relations with family or friends. Moreover, young people emphasize that faith and prayer facilitate facing

the toils of the therapy, teach love, support inner transformation, teach how to be a better person, and give them strength and hope.

Impact of leisure and sports activities on the recovery process

If a therapy should be successful and young people shall rediscover their place in social life, they need to be convinced that a change of their former lifestyle is possible. Thus, they should be offered an alternative for management of one's free time and for one's life. Such alternative can be found in sport and leisure activity, and thus it also plays a significant role within social readaptation. Sport and leisure activities in the Centre are implemented based on its own infrastructure (sports ground, gym, fitness room), available human resources (a.o. cooperation with a dance teacher), as well as by use of the local attractions (numerous tourist trails, cycling routes, and swimming pools). Sports summer camps, therapeutic camping trips, excursions, winter camps, mountain hiking trips, and summer rock climbing camps are organized for patients of the Centre. Moreover, throughout the year numerous sports competitions and team games are organized in the premises of the Centre. Sports competition is one of the means of developing and reinforcing the right attitudes. As competition require observing the rules, which requires a lot of self-control, discipline, strong will, focus, capacity of refraining from aggressive behaviour, emotional control, and stress management. This in turn means development and reinforcement of features necessary for proper functioning in a social group. Moreover, team games teach the skill of struggling with effort and overcoming failures, as well as effective interpersonal communication, cooperation, and interface with others. While appreciation for one's results causes increased need for self-acceptance and self-esteem. This aspect is quite important, as in addicted persons these needs usually get deprived. Measurable outcome makes young people start to believe in themselves, become more self-confident and open-minded. Thus, sport and leisure activities bring benefits for one's mental and physical health, but also benefits in the dimension of social health. Sport and leisure activities effectively break a rigid daily routine resulting from obligatory, scheduled activities and functioning structure of institutional organizations. Amongst numerous sports events organized by the Centre the "Santa Claus Run", traditionally organized in December, is worthy of noticing; its 5th edition took place in 2019. Organized within a public project, it should not only support popularising running as the simplest and easily accessible for of spending free time, but also integrate with the local community, and in particular with the runners' movement. The run programme includes mostly a campfire for all the participants, numerous competitions, and meeting Santa Claus. Cooperation with local community is one of significant tasks of the Centre. Most of all, it enables

patients to come into existence in the life of a local community and to overcome, at least to certain extent, negative stereotypes still existing in popular awareness concerning persons addicted from psychoactive substances. The stereotype of an addict is mostly dominated by such parameters as: mentally weak person, doomed to failure rather than successful, originating from a pathogenic environment, with negative personality traits and behaviours resulting, a.o., in low-life connections and coming into conflict with the law. Quite often local residents, especially those of a spatially attractive neighbourhood, protest against situating addiction therapy centres in the vicinity of their domicile. There is a tendency for isolating this social group; a lot of people emphasize that they want to protect their children against contact with addicts.

Integrative activity of patients is represented also in the “Hope Family Picnic” organized for residents of the city. The picnic, just as the “Santa Claus Run” has become a fixed item of the programme of cultural events organized annually by the Foundation, in June. In 2019 its 8th edition took place. Young people have an opportunity to show their creative talents, they can present their sports, artistic, musical, or culinary skills. And what is most important, they have a chance to restore their image in the community and function again in various areas of social life. Undoubtedly participation in integration events contributes to improving one’s self-evaluation and self-esteem. Rebuilding a positive image of oneself is a strong accent of social readaptation.

Picnics are very popular with local residents thanks to their diverse programme, including, a.o., performances of invited guests. So far, such performances have included dancing groups, balloon shows, entertainment shows: bicycle acrobatics, sports acrobatics, paragliding, martial arts, laser, and molecular cuisine shows. Moreover, they can participate in prize draws, numerous family contests and games combined with an opportunity of winning attractive prizes founded by numerous sponsors of the Foundation.

The 9th edition of the “Hope Family Picnic” was exceptional due to the Covid-19 pandemic. The Picnic was organized online on December 6, and its participants could see a family performance “Oh my dear, where is my reindeer?”, Santa Clause fire show, laser show, concert the children and youth Protalent Music Theatre, and compete in the family picnic trivia quiz. During the 9th edition of the “Hope Family Picnic” the outcome of the Christmas card art competition – “Christmas Card Gift”, was also announced. Participants of the competition had more than a month to prepare their work. The competition was divided five age groups including kindergarten participants aged 4 plus, and primary and secondary school students. Upon the end of the competition all the works were donated to residents of nursing homes in Bielsko-Biała and its vicinity³.

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³ <http://www.nadzieja.bielsko.pl/aktualności/zapraszamy-na-ix-piknik-rodzinny-z-nadzieją> (accessed on: August 12, 2020).

Volunteering as a means of readaptation influence

Volunteering is another form of activity integrated into readaptation and therapy programme. At stage III of therapy each interested person can work as a volunteer for the local community taking up a job in an animal shelter, community centre or nursing home for senior citizens. Pedagogues stress clearly that volunteering plays an educating function while providing opportunities for comprehensive development of an individual. By working for the good of others, patients have an opportunity to gain experience, learn new skills and develop such features as: responsibility, communication in a group, and dutifulness. Moreover, while performing the tasks assigned young people can have better insight into their personality and can learn their strengths and weaknesses. Having contact with people from outside a therapy centre often forces to reconsider one's former life, allows to take important decisions and set the direction of one's future actions.

One should not forget that volunteering shapes important traditional values including, a.o.: prosocial and civic ones, that nowadays have lost some of its significance due to a variety of social and economic factors Volunteering work can contribute also to:

- sensibilisation to the needs of others;
- responsibility both for oneself and for others;
- capacity of fulfilling one's needs concerning values, willingness to help others, and altruistic attitude;
- proving oneself in different social roles;
- diligence and systematic approach;
- developing respect for work;
- forming one's identity;
- changes in self-image;
- pursuit of understanding one's issues and willingness to cope with them in the defensive function context;
- sense of mental hygiene (elimination of isolation and fear);
- skills of useful planning and spending one's free time;
- possibility of gaining professional experience, which is related to future professional career.

Volunteering – as preached to by Pope John Paul II „is a special factor facilitating progress on the road of humanisation: thanks to various forms of solidarity and service, promoted and concretised by volunteering, it makes society sensitive to human dignity and a variety of human needs. Volunteering experience leads to a conclusion that full self-realisation of a man is possible solely when one loves and gives oneself to others” (according to: Juklaniuk 2006, p. 52).

Appreciation for work of volunteering patients, emphasizing that the work done makes sense and is purposeful can contribute to increasing self-evaluation of one's

personal virtues, as well as to reevaluating one's life. As the needs for acceptance and appreciation are very strong in individuals with behaviour dysfunctionalities.

Art therapy – a creative method of readaptation influence

Art therapy is also one of significant elements of the social readaptation process in the “Nadzieja” Catholic Youth Education and Therapy Centre.

Art therapy, depending on the expected outcome of its implementation, can play different functions, including, a.o.:

- diagnostic function, recognizing manual capacity, needs, emotional and cognitive-developmental deficiencies, and helpful in describing mental and physical condition of a therapy participant;
- expressive function, providing a possibility of releasing suppressed emotions, inner tension, failures, and frustration;
- cognitive function, enabling recognition of one's emotional state, teaching how to express one's feeling and explore self-awareness;
- regulative function, helping to fulfil the need of self-realisation, enabling an individual to take brave and creative actions (Książek 2011, p. 13).
- educating function, providing patients in therapy with a range of knowledge necessary for reinterpretation of the meaning and purpose of life,
- corrective function, because of reevaluating of thought patterns from negative into positive ones (see: Kulczycki 1990).

Art therapy techniques most frequently used in the Centre include: artistic creation, cinema therapy, theatre therapy, and dance movement therapy. The Centre personnel pay special attention to providing original and interesting format of art activities. It is important that patients gain in this way new skills, as well as discover their hidden artistic talents. Difficult young people usually do not have friendly environment for development. Wrong family atmosphere can shake basic family functions, including educating function. Art therapy enables not only learning one's creative skills but can be also helpful in awaking one's interests. Moreover, thanks to art therapy workshops there is a possibility of expressing one's emotions in a socially desirable way. Such workshops help patients also to deal with one's past, and to close up all the issues that should not reoccur in the future.

Well-designed art workshops may also impact exploration of patient identity – a significant component of personality. Self-identity (individual), according to Anthony Giddens, refers to the way how people understand themselves and what they find valuable (Giddens 2004, p. 52). As a rule, a patient in therapy is not well aware of oneself, often without knowing one's own values or real intentions.

Art therapy may then help in discovering oneself – as somebody conscious of one's objectives and having real or unaware of oneself, one's here and now, with no aspirations. Moreover, art therapy:

- helps the addicts in surviving the difficult period of therapeutic process;
- helps in understanding reality;
- facilitates better self-understanding;
- activates the thinking process;
- impacts changes in the hierarchy of instrumental values;
- increases one's confidence;
- relieves emotional tension, if not long term then definitely during art workshops;
- improves one's psychosomatic condition;
- art work of inpatients prove that young people in conflict with the law can also achieve good results in many fields;
- teaches how to cooperate with other people;
- triggers spontaneity and unconventionality;
- feeds the need of personal fulfilment;
- teaches patience and determination to finish the work started;
- increases sensibility of adolescents thus making them better for themselves and for others.

The focus of attention of art therapy relates thus to psychological features (variables) formed on the sociocultural background. They consist of attitudes, roles, cognitive judgements, the value system, the worldview, needs, and fears (Florczykiewicz 2013, p. 15–16).

Occupational therapy – an element of readaptation influence

Occupational therapy plays a significant role in social readaptation as it can restore patients' faith in the meaning of life. Occupational therapy, having at its disposal a wide range of methods and techniques, has a psychotherapeutic influence on individuals with dysfunctional personality, thus liberating them from despair, fear, tensions, lack of self-efficacy, inhibitions, or defensive aggression. Occupational therapy mostly uses activities involving manual work and performing daily duties. While, as observed by Jacek Nawrot (1973, p. 7), not every work has therapeutic value for an individual. In the author's opinion measurable effects of work can be claimed when a therapy participant achieves the highest degree of independence and self-reliance in daily life. Occupational therapy should then teach how to take independent and mature decisions, to foresee consequences of one's actions, to care for oneself, to work as a team, to be open to others, sensibility, and care for one's surroundings. Drug addicts as a rule miss healthy habits, care for common property, willingness to work, and responsibility for oneself, not to mention for others.

Different forms of work should thus aim also at potential professional activation. As work provides the sense of independence and mental comfort, so essential to each of us.

The conclusions of the research carried out under my supervision within a proseminar by a student, Marcela Cembala (2020, p. 58–76), show that patients of the Centre are able to notice themselves changes in their attitude to work which occurred during their stay in the Centre. Here are some of their responses:

I can do well the jobs that I used to find pointless, and I keep things tidy around myself [patient]

I do my job well even if nobody is looking [patient]

I've noticed here that I started to care for my family [patient]

My attitude towards work for the Centre has changed, I simply want to care for the place rather than to live in a mess like before [patient]

Because of my work in the kitchen I know that I want to be a chef and I can see how important it is to serve and present it in pretty way [patient]

Work makes me want to help others in doing various duties [patient]

It is remarkable that work commitment is reflected in other areas of life, including family relations and professional life. Moreover, many of the respondents concluded that while changing their attitude towards work they gained some features that they used to lack– responsibility, discipline, diligence, humility, punctuality, care for others, respect for others, the need of having interests.

Internal changes observed by the respondents can be divided into two areas. The first one refers to interpersonal relations. Patients learnt how to listen and how to discuss in a polite manner; they do not use bad language, or they have limited swearing. The second area refers to internal changes and reshaping their personality.

Thus, occupational therapy gives young people a chance to change their former value system and a chance to take the right decision – so that the skills learnt, and the knowledge and experience gained are used properly once they leave the Centre. Then it is only them who decides how to use this knowledge.

Summary

To conclude the considerations concerning application of different methods and techniques in social readaptation, it should be stressed that effectiveness of their influence has been confirmed by research outcomes of numerous experts. A reference should be made here to research by Janina Florczykiewicz, Ewa Grudziewska and Agnieszka Lewicka, Franciszek Makurat, Tomasz Rudowski or Teresa Sidor.

It should be emphasized that a stay in the Centre should only prepare young people, by means of including them into the process of social education, as well as to independent and responsible life where there is no more room for drugs. Development of a creative and transgressive individual has been recently broadly discussed, in particular in the context of dynamically developing concept of creative resocialisation, (see: Konopczyński 2015). As creative work constitutes such specific means of activity that significantly releases one's individual potential and facilitates reshaping one's personality. Creative activity facilitates a release intrinsic task motivation and constructive problem solving, in contrast to choices made by socially misadjusted individuals (Ward, Stewart 2003, p.125–143). Upon leaving a therapy centre young people need to confront the values learnt with the surrounding reality. Thus, it is crucial that social readaptation process does not end once a patient leaves a therapy centre. Readaptation in open environment determines the effectiveness of resocialisation and rehabilitation influence.

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