

STATE OF KNOWLEDGE (CONCERNING THE ALCOHOL DEPENDENCE) OF THE PATIENTS UNDERGOING A THERAPY IN THE DEPARTMENT OF TWENTY-FOUR-HOUR ADDICTION TREATMENT IN ŁUKÓW

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Summary: The aim of research was to determine the effects of therapy and its influence on the way people addicted to alcohol perceive alcoholism. This work contains the basic knowledge concerning the core of alcoholism, its stages and symptoms of addiction. There are also characteristic features of addicted person which resulted from the analysis of defense mechanisms supporting alcoholism. The research was carried out from November 2012 to January 2013 in the Department of Twenty-four-hour Addiction Treatment in Independent Public Health Care Institution in Łuków. The study comprised of 50 patients who were in the final stage of therapy (seventh week of therapy). The research tool was the interview questionnaire, prepared by the researchers, which consisted of questions concerning demographic-social data of patients, their knowledge, concerning dependence syndrome, and the level of preparedness for living with disease after the end of therapy.

The research showed that men participated in the therapy four times more often than women. Half of the investigated patients completed only the primary education and had a status of an unemployed person. Basing on the conversations with patients, it was proved that the main reason for participation in the therapy was the desire to overcome their addiction. It has been stated that after 7 weeks of therapy more than ½ of patients gained knowledge concerning alcoholism and evaluated their own knowledge as sufficient. Thanks to the therapy, patients gained knowledge concerning the destructive influence of alcohol on the functioning of family. More than ½ of patients claimed that they are able to use assertive behaviours and prevent the recurrence of disease. According to patients, the instructor of therapy plays an important role in shaping some necessary skills at "building" a sober life.

Keywords: alcohol dependence, patients' knowledge, treatment

Introduction

Alcoholism is a process characterized by dysfunctions of the body, the addicts drink pathologically, bringing themselves to the state of intoxication, although it harms them in physical, mental, and emotional way, it destroys their abilities to work, earn money, and it disturbs the relations with family and society. According to the literature, it is "any use of alcoholic beverages which causes damage to the imbibitor and society" (Woronowicz 2009). According to WHO, alcohol dependence syndrome is: "mental and sometimes physical state, caused by the interaction of a life form with a chemical substance, characterized by specific reactions which include a compulsion to take this substance in continuous or periodic way in order to experience the mental effects or to avoid some inconveniences resulting from the lack of this substance." (Mellibruda, Sobolewska 2006). On the basis of the available epidemiological data, it has been stated that there are 20 million of alcohol addicts in Poland, and more than 2-4 million of them suffer from alcoholism in various stages of this disease (Cierpiątkowska, Ziarko 2012).

According to Sztander, drinking alcohol and alcohol abuse lead to problems with work (absence, decline of productivity, accident rate, unemployment), lawbreaking (crime, violence, drunk drivers), problems with health, increased costs of health care and family/social problems (Sztander 2006).

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Tables: 0 **Figures:** 6 **References:** 21 **Full-text PDF** www.hpc.edu.pl **Copyright** © Pope John Paul II State School of Higher Education in Biała Podlaska, Sidorska 95/97, 21-500 Biała Podlaska **Indexation:** Index Copernicus, Database AGRO, ProQuest, Polish Ministry of Science and Higher Education. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-commercial license (<http://creativecommons.org/licenses/by-nc/3.0>), which permits use, distribution and reproduction in any medium, provided the original work is properly cited, the use is non-commercial and is otherwise in compliance with the license.

Jellinek distinguishes 4 stages of alcoholism (Woronowicz 2009). The first one, "pre-alcoholic", a symptomatic one, consists in drinking alcohol in order to feel relief, it is manifested by the increased tolerance towards alcohol. The second one - the prodromal stage - is characterized by lapses of memory (palimpsests), secret drinking, greediness, looking for and creating an occasion to drink. The third one, the crucial stage, is the loss of control over drinking, alcohol craving, guilty conscience, drinking alcohol in the morning, and problems with health and family. The last one is the chronic stage. It consists in drinking for many days, problems with all spheres of life, or even alcoholic psychosis. (Woronowicz 2009; Mellibruda, Sobolewska 2006).

Alcohol dependence syndrome consists of at least 3 out of 8 symptoms, i.e. strong and obsessive need for drinking alcohol, compromised ability to control drinking, drinking alcohol in order to mitigate the effects of alcohol withdrawal syndrome, alcohol withdrawal symptoms (muscle trembling, hypertension, tachycardia, sickness, vomit, diarrhea, insomnia, mydriasis, drying of mucosa, excessive sweating, sleep disorder, sensitive or depressed mood, anxiety), different tolerance towards alcohol, narrowing the range of behaviors concerning alcohol drinking to 1-2 modules, progressing neglect of alcohol drinking alternatives, drinking alcohol despite the awareness of its harmfulness (Sztander 2006; Woronowicz 2009; Cierpiąłkowska, Ziarko 2012).

According to the researchers, alcohol dependence syndrome may also manifest itself in: alcoholic palimpsests (repeating episodes of moments before someone passed out, breaks in their lives), attempts to control drinking (limiting drinking time and types of alcoholic beverages, freewill decision on periodic alcohol withdrawal in order to drink without any concern in the future), series of drinking (keeping a daylong intoxication over the period of two days or more), alcohol relapse after the periods of abstinence, denying the addiction, intensified fear, panic attacks for no reason, alcoholic psychoses, suicide attempts, self-mutilation (Cierpiąłkowska, Ziarko 2012; Romaniuk 2009).

The National Institute on Alcohol Abuse and Alcoholism defines alcoholism as a chronic, progressive and potentially fatal disease which may lead to death caused by indirect or direct alcoholic intoxication, but in the process of addiction, even after the treatment, there may appear the recurrences which are increasing problems in sobering up and lead to the chronic use (Woronowicz 2008, Woydyło 2003; Wojnar, Ślufarska, Lipiński 2007).

It is assumed in the addiction treatment that an alcoholic is a person who has shown symptoms of alcohol dependence because alcoholism disturbs functioning of the four spheres: physical (alcohol withdrawal syndrome, seizure, delirium, alcoholic psychoses, different tolerance, post alcoholic hepatitis, pancreatitis, alcoholic polyneuropathy, brain degeneration), mental (emotional difficulties, anger, upsetting emotional states, depression, suicide attempts), social (using violence, absence at work, conflicts with the law, conflicts with the family, failures in social contacts), spiritual (values deprivation, undermining of the faith, low self-esteem, feeling of alienation and isolation from the outside world) (Sztander 2006; Cichoż-Lach, Grzyb, Celiński 2008).

In the case of majority of healthy people, specific mechanisms and abilities, which make the human "ego" defend itself against the loss of strength, respect and values, play an important role in the process of dependence (Sztander 2006; Kostowski 2006). In the case of addicts, these are the mechanisms of alcoholism, e.g. the mechanism of compulsive regulation of emotions, mechanism of illusions and negations, mechanism of confused "ego". Those mechanisms make the alcoholic helpless towards the process of self-destruction; they disorganize his/her life, make it impossible to stop drinking and fight alcoholism (Sztander 2006; Kostowski 2006).

The mechanism of compulsive regulation of emotions, described in the literature, consists in alcohol abuse because alcohol regulates emotions, gives pleasure and relief, mitigates pain, and permanent alcohol abuse causes upsetting emotional states that provoke another desire to drink (Mellibruda, Sobolewska 2006). This state causes vicious circle of the mechanism of compulsive regulation of emotions because as the dependence is developing, man loses contact with the real world, perceives the environment as upsetting and glowering, isolates himself and spends all his time within the circle of his drinking friends. It is very painful for the alcoholic to realize his/her own isolation, but it is not enough to make some change. It rather encourages to have another drinking episode.

The mechanism of illusion and negation is connected to the cognitive processing and includes the perceptive and thinking processes. An addict denies the problems with drinking, According to Sztander and other authors: "system of illusion and negation makes it impossible for the addict to recognize the alcoholism", but the alcoholic sees nothing worrying about his drinking and believes he drinks just like everyone, justifies and mediates each drinking, blames others for his problems with alcohol, has some unrealistic plans and dreams concerning his own life. The mechanism of confused "ego" is also the mechanism of alcoholism development. It consists in breaking the coherence and integration of human "ego", and drinking for a long period of time makes the alcoholic's thinking about himself and his own self-esteem dependent on the fact if he is under the influence of alcohol or not (Sztander 2006; Mellibruda, Sobolewska 2006).

Mechanisms of alcoholism, described in the literature, create an internal, destructive "programming" that manipulates the way the addict functions. Therefore, in order to stop the internal process of dependence, it is necessary to treat the addict and it is necessary for the addict to participate in an intense addiction psychotherapy (Mellibruda, Sobolewska 2006).

According to the researchers, most of the alcoholics have some inner sources of stress that direct the way the addicts function, e.g. destructive forms of contact with oneself, low self-esteem, negative vision of oneself and one's own life, putting oneself down, suicidal thoughts and tendencies, consolidated sense of shame, guilt, and harm, destructive scheme of human relations (aggressiveness and conflictuality), readiness for withdrawal and isolation, suspiciousness and lack of trust, antisocial attitude, breakdown of value system, no constructive vision of life, doubts, nihilism, "spiritual emptiness", negative attitude towards norms and values, lack of faith in positive values and possibility to realize them, manipulating the destructive visions of one's own life (Rachowska 2007).

The modern attitude towards alcoholism treatment started in the 1950s and is connected to American experiments. In Poland, the alcohol issue started to be dealt with in the 1980s when some help for people suffering from alcoholism started to be organized. However, there was no consistent and effective treatment concept (Fudała 2008, 2007; Sobolewska 2001; Sagadyn 2007). The present model of alcoholism therapy was created by Jerzy Mellibruda, who claimed that families of alcoholics also need help. He initiated the program for the codependent people and Adult Children of Alcoholics (ACA). Professional models of therapy and modern centres of alcoholism treatment have been created in Poland since 1986 (Mellibruda, Sobolewska 2006).

According to the researchers, the aim of help given to the addicted patients is to increase the abilities of keeping abstinence, increase the abilities to solve personal problems, increase the abilities to have a health and constructive lifestyle, remove physical and mental disorders, remove disturbances in the family life caused by the alcohol abuse (Mellibruda, Sobolewska 2006; Bobas 2008).

According to the researchers, organization of the treatment process depends on the therapy in a particular treatment centre and individual needs of a patient. The aim of therapy is to give patients some skills and knowledge needed to maintain well-being and lead satisfactory life without alcohol. The attention is also drawn to the fact that effectiveness of treatment is evaluated through the duration of abstinence, physical and mental health state, family and vocational functioning, material stability, and spiritual development. The patient, in the course of this therapy, should participate in psychoeducational groups and tasks groups, activities developing the spiritual aspects of life, AA meetings, sport and integration activities, self-supporting groups. The patient should also work individually, under the supervision of therapist - the instructor of therapy (Wnuk 2007; Sobolewska 2001; Szpak 2006). Due to the fact that addiction causes social isolation and problems with environment, group work is an important element of the therapy. It helps the alcoholic shape the sense of togetherness with others (Sagadyn 2007).

According to the literature, in the period of treatment, therapist - the instructor of the therapy, becomes the most important person for the alcoholic. The therapist provides the patient with information, supports and encourages to persevere in the therapy and sobriety (Fudała 2007; Woronowicz 2009; Lock, Kaner, Lamont et al. 2002).

According to the researchers, the family members are also involved in the alcoholic problems, they are codependent. In the literature, the codependency is defined as the way of reacting towards a very stressful situation of living with alcoholic who causes the progressing involvement in this situation (Woronowicz 2008, 2009). In researchers' view, work with the family bases on therapist's meetings with the family members, who usually know nothing about alcoholism and recovery process. Therefore, it is crucial to give information about the core of the disease, methods of treatment and patient's role in recovery (Szpak 2006; Mellibruda, Sobolewska 2006; Sieczkowska 2001).

Helping the family cope with the disease of one of the family members is an essential element of the modern addiction treatment, equally important as treatment of the alcoholic (Sztander 2006; Woronowicz 2008, 2009).

When educating the alcoholic, it is important to make him refer the information to himself and his own life. The aim of this education is to develop skills important for leading the sober life, e.g. interpersonal skills, skills of preventing the recurrence of disease. According to various authors, micro-learning is a method particularly advised during the first stage of treatment. It bases on providing patients with information concerning their problems (Mellibruda, Sobolewska 2006; Sobolewska 2001).

The role and tasks of a nurse working in the addictions department result from her therapeutic function, daily schedule, and individual therapy program. The nurse takes care of patients, helps them in emergency situations and she is the instructor of the addiction therapy (Szpak 2006). Her main tasks are: making contact with patient, gaining information about patient's health, admitting patients, diagnosing patient's problems, planning the therapy, providing mental help and monitoring the process of therapy and healing. The nurse is obliged to make intervention in case of emotional, social or physical crisis of the patient. According to the researchers, the roles of nurse are also education, keeping records, assessment of the course and effects of therapy, consultations, referring patients to other specialists and institutions, adopting and developing the therapeutic procedures, and cooperating with the self-help groups (Szpak 2006).

Aim of research

The aim of research was to determine the effects of therapy and its influence on the way the addicts perceive alcoholism.

Material and methods

The study comprised 50 patients who were in the final stage of therapy (seventh week of therapy). Before the interview, there was a conversation in which the aim of research and technique of filling the questionnaire were explained. Patients were informed about the anonymity of research. The interviews were carried out with each patient individually in the patient's free time. The research was done from November 2012 to January 2013 in the Department of Twenty-four-hour Addiction Treatment in Independent Public Health Care Institution in Łuków.

Model of therapy used in Łuków is called the strategic-structural addiction psychotherapy which assumes that any disorder connected to the addiction concerns the person and his/her environment, and the main problems of alcoholic are: body injuries, somatic and mental diseases, destructive life orientation, deficit of skills, situational-environmental conditions of stress, personal problems. The department admits persons addicted to alcohol and/or other chemical substances, gambling, on the basis of referral or decision of court. The persons are admitted on condition that they keep abstinence. The patient's stay in the department lasts 7 weeks. During those 7 weeks the patient follows the Basic Program of Addiction Psychotherapy, and when the patient completes the program, he may participate in the follow-up program, i.e. various forms of therapeutic activities which aim is to deepen the knowledge, learn how to keep the effects of therapy and effectively prevent the recurrence of disease.

Methods of therapy are: Personal Plan of Therapy, group therapy, individual therapeutic meetings, education of patient/family, advice on the spiritual life, sport activities, behavioral techniques, relaxation, AA meetings.

The research uses the questionnaire prepared by the researchers. The questionnaire consisted of 29 questions and included questions which determined demographic-social data of patients, their knowledge, concerning alcoholism, and their ability to function without alcohol after the end of therapy.

Overview of research results

50 patients took part in the research, 80% of men and 20% of women. Each patient belonged to 1 of the 5 age groups, i.e. 18-25 years old, 26-35 years old, 36-45 years old, 46-55 years old, and 56-65 years old. The biggest ones were the 26-35 and 46-55 age groups. 20% of all the patients were in the 56-65 age group, and the lowest interest of patients were in the first and third age group (10% for each group).

40% of patients completed the vocational education. 30% of patients completed the secondary education. Only 20% of all the patients completed the higher education, and five persons completed only the primary education (figure 1).

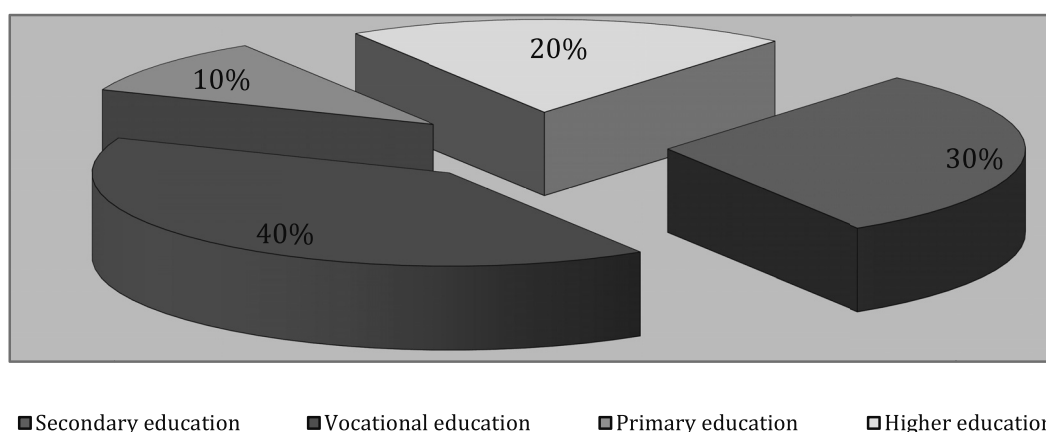


Figure 1. Level of education

A half of the patients (50%) was registered as unemployed, only 30% of patients had a full-time job, and 10% got pension or made a living by working in agriculture. Casual work was the main source of income for another 10% of patients (figure 2).

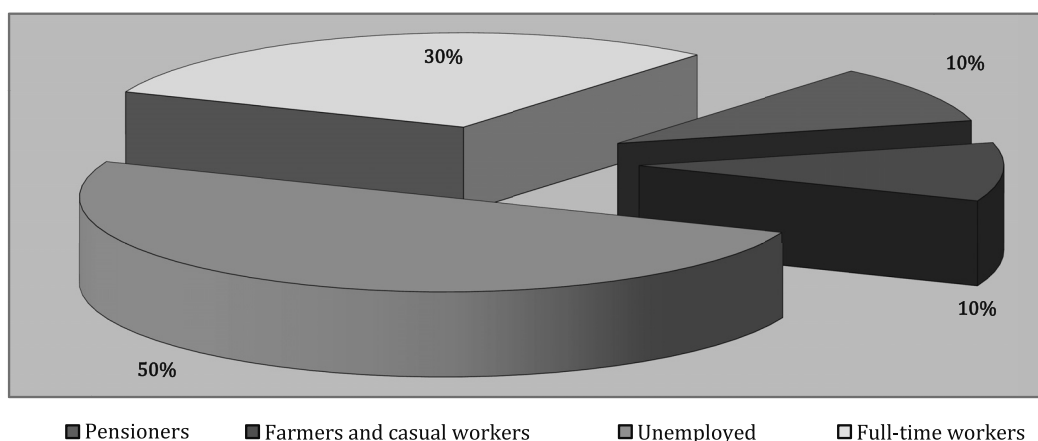


Figure 2. Source of upkeep

60% of patients were living in village - 30 persons in general. The remaining 40% of patients were living in city.

The results showed that 50% of patients were married. 30% of patients were maidens or bachelors. 16% of patients were divorced and 2 patients (4%) were widow or widower. 35 patients had children and 15 patients (30%) were childless.

A desire to overcome the addiction is the most motivating factor that makes the patients participate in the therapy. That was the answer given by half of the patients (50%). 10 patients (20%) participated in the therapy because they wanted to regain their families. Another 20% of patients participated in the therapy because of their health and 5 patients (10%) were in the department of addiction treatment on the basis of the decision of court (figure 3).

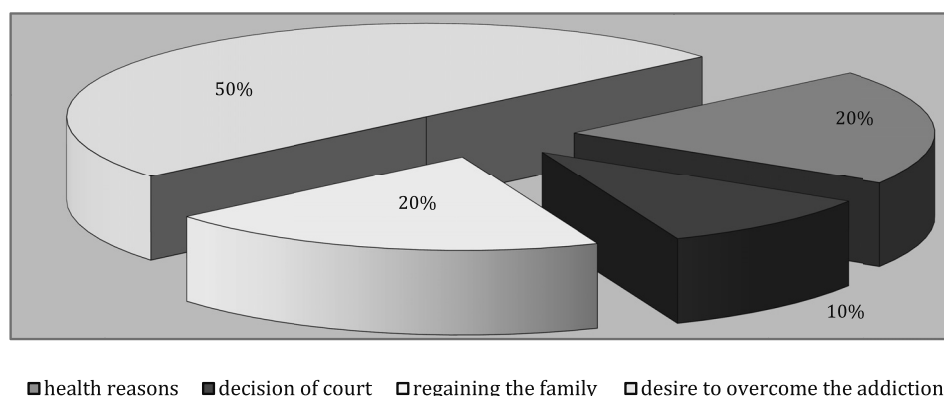


Figure 3. Reasons for the treatment in the addiction department

For the majority of patients (86%) it was the first stay in the addiction department. For 10 patients (20%) it was the second stay, and 6 patients (12%) participated in the therapy for the third time.

During the seven-week period of stay in the addiction department, 35 patients (70%) found out about the core and symptoms of alcoholism. Patients from this group evaluated their own knowledge as sufficient. Only 20% of patients answered that they still have some basic information about alcoholism, and 10% of patients answered that they already know a lot about it.

Nobody answered “I don’t know anything about the mechanism of compulsive regulation of emotions” to the question about the knowledge of psychological mechanisms that would keep the dependence. 10% of patients knew very little about it, 40% of patients had some basic knowledge about it, 30% of patients had a sufficient knowledge, and 10 patients (20%) knew a lot.

It has been proved that the mechanism of illusion and negation was known to all of the patients, but 10 patients (20%) knew very little about it. 40% of patients had some basic knowledge about it. The same number of patients (20 % for each answer) answered that they know enough and they know a lot.

4% of patients, asked about the mechanism of confused “ego”, answered that they do not know anything about it. Over ten times more patients (56%) had some basic knowledge about it. The numbers of patients who evaluated their knowledge about it as sufficient (16%), very little (12%) and extensive (12%) is similar.

To the question about the knowledge of the 12 steps of Alcoholics Anonymous and philosophy of the AA movement half of the patients (50%) answered that they have sufficient knowledge about it, and 20% gained some basic information thanks to the therapy. 22% of patients knew a lot and only 8% of patients still knew nothing despite the therapy and education.

The patients were also asked about their knowledge of their spirituality. 44% of patients evaluated their knowledge as basic and 40% as sufficient. Only 7 patients (14%) answered that they know a lot and 1 patients (2%) claimed that he/she still knows very little about it.

It has been stated that 30% of patients admitted their awareness of negative influence of drinking on their families at a basic level. More than a half of patients (56%) evaluated their awareness and knowledge as sufficient. Only 7 patients (14%) knew a lot about it, but none of the patients answered "I know very little about it" (figure 4).

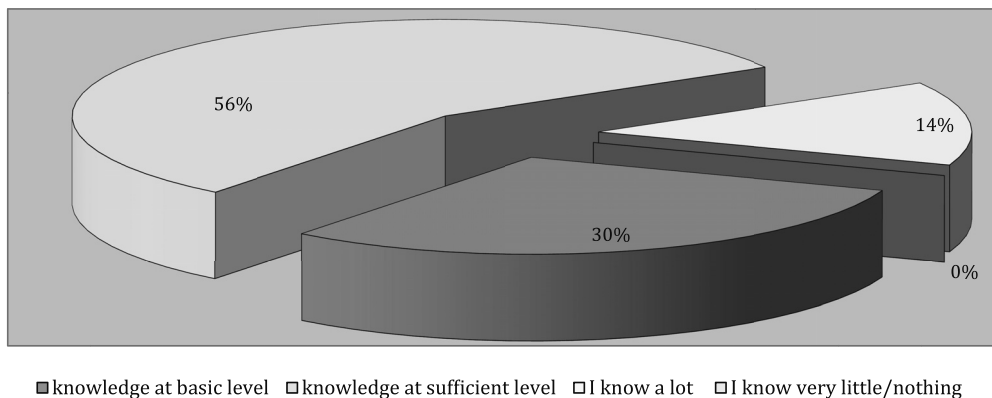


Figure 4. Self-evaluation of knowledge concerning the negative influence of alcohol on the family

More than a half of the patients (62%) evaluated their knowledge about the recurrence of disease as sufficient. There were 31 patients in general. More than ¼ of patients (32%) had some basic knowledge about it. Only 5 patients (10%) evaluated their knowledge as very good. None of the patients answered "I know very little".

All the patients answered that have some information about the alcohol craving. 3 patients (6%) evaluated their knowledge as very little and 15 patients (30%) had some basic knowledge about it. More than a half of patients (52%) evaluated their knowledge as sufficient and only 6 patients (12%) claimed that they know a lot about it.

All the patients were asked about the knowledge of rules of healthy eating. More than a half of patients (50%) claimed that they know these rules very well. 40% of patients evaluated their knowledge as sufficient, and 10% as basic. 74% of patients evaluated their knowledge of further treatment rules as sufficient, but 74% of patients claimed that they have only basic knowledge about it. Only 10% of patients found out a lot about it during the therapy, but 6% of patients knew very little about it despite the treatment and therapy.

80% of patients finishing the therapy claimed that they are able to control their emotions properly. Only 10% of patients claimed that they learned how to recognize the emotions and cope with them in a constructive way, but 6% of patients knew very little about it. Only 4% of patients evaluated their abilities as very good (figure 5).

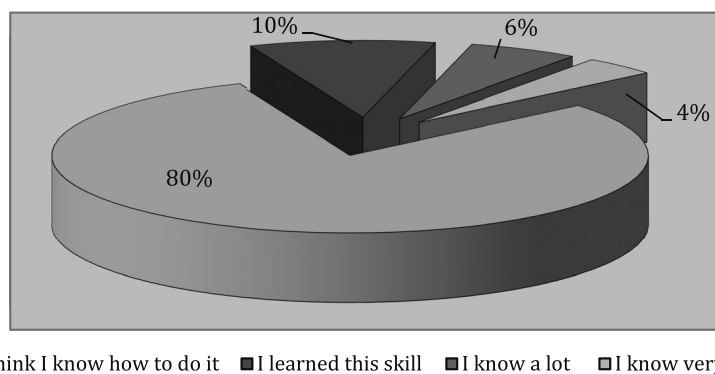


Figure 5. Abilities to cope with negative emotions in stressful situations

With regards to the question concerning the ability to use relaxation techniques 8% of patients answered that they cannot do it, and 20% had some abilities at very low level. 11 patients (22%) claimed that the relaxation was easy to do. 38% of patients mastered the relaxation techniques and 12% of patients claimed that they can do it very well.

All the patients were asked about the problem solving skill. 24% of patients knew very little, 19 patients (38%) knew how to solve the problems and mastered this skill. 34% of patients thought they know how to solve the problems and only 2 patients (4%) claimed that they always know how to solve them.

Only 3 patients (6%) did not know how to take care of their own health and lead a healthy life. 10 % of patients thought they know how to do it. 36 patients (72%) knew how to take care of their own health, and 12% claimed that they take care of their own health and lead a healthy life.

On the question concerning the assertive behavior and refusing alcohol most of the patients (62%) answered that they learned that skill, and 30% of patients claimed that they can refuse alcohol, and only 4 patients (8%) claimed that can move very well within the area of such behaviors.

10% of patients had low skills of building close relations with others. Almost half of the patients (40%) thought that they can be close to others, but the same number of patients (40%) had this skill. Only 4% of patients evaluated their skills very high, but 6% of patients admitted that they are not able to be in close relations with other people.

On the question concerning the recurrence of disease 2 patients (4%) answered that they cannot prevent the recurrence. A little bit more than a half of patients (58%) admitted that they thought they can recognize the triggers and warning signals of disease. Almost a half of patients (44%) learned those skills. Only 10% of patients had low skills and 6% of patients answered that they can prevent the recurrences very well (figure 6).

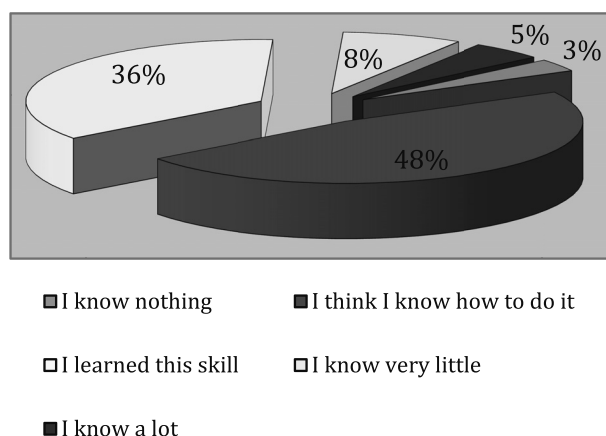


Figure 6. Self-evaluation of skills concerning the prevention of the disease recurrence

All the patients were asked to answer 2 open questions concerning the way they evaluate the influence of therapy on their readiness to cope with alcoholism. Patients also evaluated the work of the nurse. All of them answered that they gained the knowledge necessary to cope with alcoholism after the end of therapy, and educational activities helped them get ready for the sobering process. All the patients answered that the nurse-instructor of the therapy plays an important role in learning the necessary skills of "building" the sober life.

Discussion

Alcohol dependence causes a decline in quality of life in terms of economic and social aspects (Cierpiakowska, Ziarko 2012; Fudała 2008, 2007; Bobas 2008). The research showed that 50% of patients were unemployed and 10% of patients were casual workers. This situation was probably connected to their alcohol dependence. It has been proved that 6% of patients could not remain in close relations with other people, and 10% could not even establish such relations. It has been stated, basing on the literature, that abstinence of the patient is not enough to make a full recovery, and according to some researchers, it is possible that participants of the therapy do not always overcome the addiction after the end of therapy. According to the Association of Alcoholics Anonymous, abstinence should be understood as an essential factor; but it is not enough to improve the physical, mental, spiritual, and social functioning of patient after the end of therapy (Woronowicz 2008; Mellibruda, Sobolewska 2006). The research showed that 62% of patients claimed that they are able to refuse alcohol after the end of therapy, whereas 20% of patients claimed that their main reason for therapy was a desire to stay healthy.

The researchers state that sense of self-efficacy, optimism, acceptance of dependence as disease, and anxiety are crucial for keeping the abstinence. 70% of patients got sufficient knowledge about the symptoms of alcoholism and mechanisms of dependence, but 20% of patients still had some basic information about it.

According to Wnuk, involvement in the Association of Alcoholics Anonymous helps its members find the meaning of life (Wnuk 2007), and thanks to participation in the therapy, the patients learn how to find the meaning of life, learn how to overcome all problems, obstacles and difficulties resulting from the recovery process. 52% of patients had enough information about the alcohol craving, and 62% of patients defined their level of knowledge about the recurrences of disease as sufficient. 38% of patients were able to solve their problems thanks to the therapy, although 24% of patients could still do very little about it. Thanks to the therapy, 38% of patients learned the relaxation techniques which were to help them cope with problems. 12% of patients evaluated their knowledge of relaxation techniques as very good.

The literature mentions that participation in the therapy helps them satisfy their needs for safety, belonging, identification, self-respect, support, and treatment (Woronowicz 2008; Fudała 2007; Trzebiatowski 2010). The research showed that, for 50% of patients, the main reason for participation in the therapy was the desire to overcome the addiction, whereas 20% of patients participated in the therapy due to desire to regain family, which supports them and provides the feeling of safety in difficult and dangerous situations.

The development of religious and spiritual sphere is the key element of the Alcoholics Anonymous philosophy and the Twelve-step Program. Additionally, the philosophy of Alcoholics Anonymous puts emphasis on the spiritual development of patient, basing on the three main aspects: approach to oneself, "Force Majeure", and other people and the world. The research confirms that identifying with Alcoholics Anonymous helps in gaining the spiritual experience and feeling the presence of God, joy, strength, peace, and balance. (Wnuk 2007). Numbers of patients who had basic (44%) and sufficient (40%) knowledge about their own spirituality were similar. Furthermore, the religious and spiritual development is one of the most important reasons for participation in the therapy and the experience of religious repentance causes the change of behavior, increases the control over one's own life, changes the attitude towards other people (family and friends) in a positive way, increases the self-contentment and acceptance of one's own life after the end of therapy (Sztander 2006).

Mellibruda (Mellibruda, Sobolewska 2006) divides the sobering process on the dynamic stages. First of all, it is cleansing the body of alcohol thanks to the sobriety understood as learning to live a good life without alcohol. According to Mellibruda and others (Mellibruda, Sobolewska 2006; Trzebiatowski 2010) the sobering process finishes with establishing the proper and sober life attitude. The number of patients who participated in the therapy for the third time (12%) was smaller than the number of patients who did it for the first time (86%). This result may be connected to the positive effect of therapy and skills learned by the patients in terms of refusing alcohol and knowledge of mechanisms keeping the dependence (Wnuk 2007).

Conclusions

The following conclusions have been drawn from the conducted research:

1. The number of men participating in the therapy was 4 times bigger than the number of women.
2. Almost half of the patients completed the lowest, primary education and had a status of unemployed person.
3. The main reason for participation in the therapy was a desire to overcome the addiction.
4. More than ½ of the patients, during the seven weeks of therapy, gained information about alcoholism and evaluated their knowledge about it as sufficient.
5. The therapy helped the patients gain knowledge about the destructive influence of alcohol on the functioning of the family.
6. More than ½ of patients claimed that they are able to use the assertive behaviors in their lives and know how to prevent the recurrence of disease.
7. A nurse -instructor of the therapy plays very important role in learning necessary skills of "building" the sober life.

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