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## **(Non-)Self-Reliance and (Non-)Resourcefulness in Co-Dependency. Expanding Counsellogy's Reflection**

Regardless of what problems people face, their search for professional help is bound up with two experiences. The first is the experience of helplessness as they cannot deal with what has happened to them, and the other is the experience of dependence as they are unable to manage alone (or their actions are ineffective). The author examines (non-)resourcefulness and (-non)self-reliance – key problems of counselling – in the context of biographical research on co-dependency she is currently involved in. Analysing interviews with the mothers of drug-addicts, she suggests that the assessment of the coping strategies used by the counsellors' clients is ambiguous. It depends on the social context wherein it takes place and on the personal, subjective conditions determined by individual biographies. Assessed as non-resourceful and/or non-self-reliant, people in need of help may in fact be highly active and resourceful. And their stances and behaviour may diverge from the mainstream social expectations. Outlining this ambiguity, the author discusses the notions of (non-)resourcefulness and (non-)self-reliance and proposes a more in-depth reflection on this subject.

**Key words:** trajectory of codependency, self-reliance, non-self-reliance, resourcefulness, non-resourcefulness, reconstruction of identity

Regardless of what problems people cope with, in their search for professional help they face two kinds of experience. One of them is the experience of helplessness as they cannot deal with what has happened to them. The other is the experience of dependence as they discover they are unable to manage alone (or their actions are ineffective).

*The Dictionary of the Polish Language* defines self-reliance in reference to these two categories: self-reliant is the one **managing by oneself**, not needing any help, or created **without anybody's help**, anybody's influence, made **independently** of anybody<sup>1</sup>. This definition implies that non-self-reliance is tantamount to

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<sup>1</sup> [www.sjp.pwn.pl](http://www.sjp.pwn.pl) (Access date: 15<sup>th</sup> March 2012).

non-resourcefulness and dependency on others in a situation the person considers problematic. Such interpretation may suggest that non-self-reliance is a broader notion and is always defined by non-resourcefulness.

Non-resourcefulness (i.e. helplessness) occurs when a person cannot overcome certain difficulties in his/her usual ways, which results in discomfort, distress or even suffering. This condition may cause health deterioration, emotional disintegration, lowering of self-esteem, etc. (compare with the antonym: *resourcefulness, managing by oneself*: Teusz 2002; Kosińska-Dec 1992; Kwiecińska-Zdrenka 2005; Trębińska-Szumigraj 2008, 2010). Non-resourcefulness usually pertains to short-term, sporadic difficulties which the afflicted person can overcome without (substantial) support of other people.

Both non-self-reliance and non-resourcefulness must be defined through their social context. Referring to Howard S. Becker's (1963) concept of *outsiders*, one may state that social rules define both social situations and social behaviour, classifying certain actions as proper (resulting from resourcefulness and self-reliance) whereas other ones as improper (connected with non-resourcefulness and non-self-reliance). In consequence, those who do not comply with the social standards (or violate them) are perceived as deviants and outsiders. *Deviance is not a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an 'offender'*, as Becker contends (ibid., 1963, p. 9). Therefore, recognising certain behaviour as an indication of non-resourcefulness and non-self-reliance is a matter of a community's convention. As such, the assessment is relative and arbitrary. It entails labelling and, further, exclusion or marginalisation of the people it is attributed to.

Taking into consideration the complexity of these two conditions, their correlation and the social context in which they must be examined, we can delineate several fields to outline ramifications for further analysis of the subject:

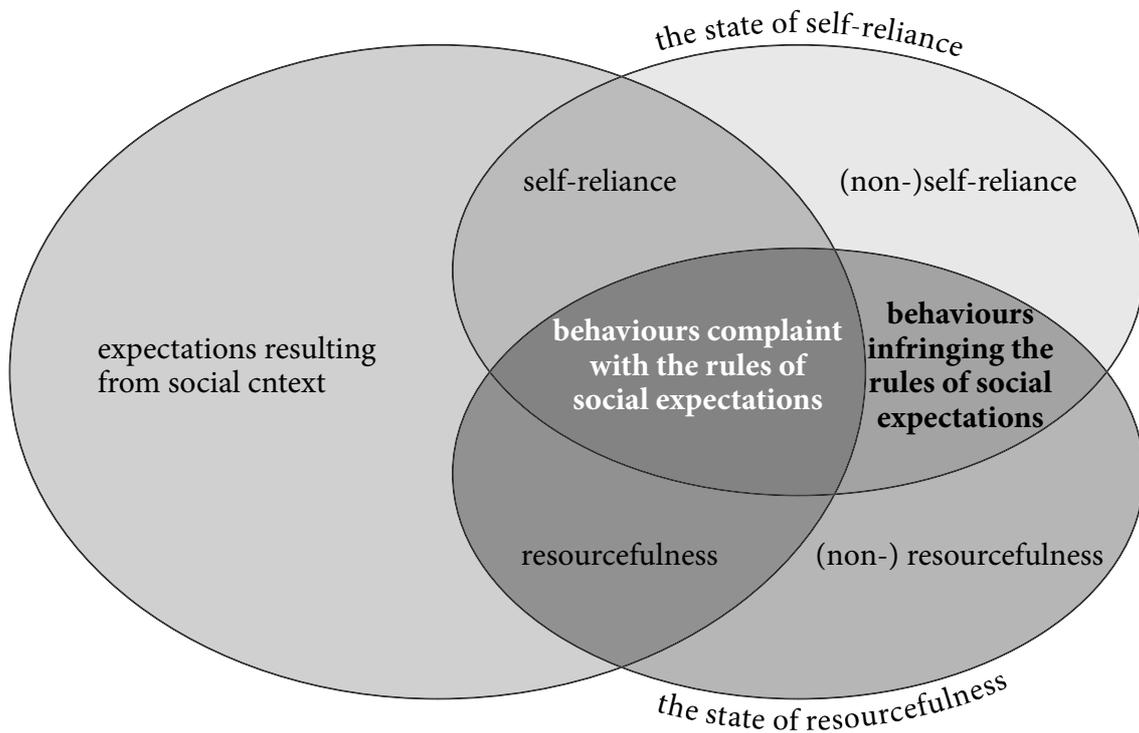


Figure 1. (Non-)resourcefulness and (non-)self-reliance *in social context* (own study)

Figure 1 visualises several semantic fields of (non-)resourcefulness and (non-)self-reliance. The social context determines the rules of acknowledged resourceful or self-reliant behaviour (or both resourceful *and* self-reliant behaviour where the three fields overlap). The fields of non-self-reliance and non-resourcefulness outside the field of social acceptance correspond to:

- ◆ The socially unacceptable behaviour seen as resulting from non-resourcefulness or non-self-reliance (or from their combination).
- ◆ The socially rejected (underestimated, unnoticed, or dismissed) behaviour indicative of self-reliance or resourcefulness, but divergent from social expectations.

The starting point for my argument is acknowledgement of the complexity of the designata of non-resourcefulness or non-self-reliance, their ambiguity as well as their dependence on the social context. With this in mind, I have decided to partially bracket them, arriving at *(non)-resourcefulness and (non)-self-reliance*. In my opinion, this is a terminologically safe solution which opens up various possibilities of approaching these issues.

Polyvalent as such, both non-resourcefulness and non-self-reliance are so rich in associations in counsellogy that the very range of their meanings calls for an extensive separate study. For the purposes of this paper, they have been deliberately simplified and I analyse them in the specific context of co-dependency.

Nowadays, co-dependency is treated as a chronic complex disorder connoting multiple existential problems and bound up with severe suffering. Both the co-dependent person as well as the supporting person perceive it as a complex and difficult 'life problem' to be solved. The trajectory of co-dependency is significant in terms of the co-dependent person's biographical life-course. Namely, it forces the person to redefine his/her identity, modify attitudes and change the consolidated coping patterns.

Symptoms of co-dependency		
Submissiveness to the addicted person	Non-resourcefulness	Non-self-reliance
Role crisis	Prolonged anxiety	Chronic stress
Identity crisis	Loss of control over one's life	Personality disorders

Figure 2. Selected problems in the co-dependency disorder (own study)

Figure 2 contains several components, markers and indicators of co-dependency frequently used to diagnose and describe it. Each of the metaphorical 'bricks' is made up of what may be its symptom, although to diagnose co-dependency (similarly to diagnosing any other disorder) several symptoms must concur and recur. Each individual story of a co-dependent person comprises a different set of elements constituting co-dependency. Though co-dependency is a social phenomenon, it is usually located in the individual context of a co-dependent person's experiences and traits.

The argument below reflects on two selected elements constructing co-dependency: non-resourcefulness and non-self-reliance. However, as already mentioned, these are also characteristic of other social problems afflicting both individuals and groups (e.g. families). The two 'components' of co-dependency are the most common problems clients report when they visit the counsellor. On the one hand, they 'must' occur for the client to seek professional help. On the other hand, when chronic, non-resourcefulness or non-self-reliance cease to be tasks for counselling and require a therapeutic intervention. They doom the clients to prolonged reliance on help and produce the counsellors' frustration. The frustration is caused by the sense of failure that results from the lack of (or poor) progress in the helping process. Clearly, thus, **the clients' levels of self-reliance and resourcefulness are often indicators of the effectiveness of counselling, even though it is often believed that counselling is effective if it solves the clients' problem.**

In my analysis of non-self-reliance and non-resourcefulness, I resort to results of biographical research I conducted among drug addicts' mothers in 2007. All the

mothers in my research sample were diagnosed for co-dependency by addiction specialists.

### **(Non-)self-reliance and (non-)resourcefulness in co-dependency**

Due to its dynamics, addiction deprives a person of self-reliance in life. Having yielded to his/her disease first, the addicted person in treatment must then submit to the influence of people and institutions that take control over his/her life. This to a large extent reduces the person's self-reliance, particularly in the first months of abstinence. Such person indisputably experiences non-self-reliance. Non-self-reliance becomes also one of the most important dimensions defining co-dependency,<sup>2</sup> at least in the first stages of its trajectory.

The mother loses then control over her life, submitting to the mechanisms of the trajectory of co-dependency and the dynamics of her child's addiction. This gives rise to a peculiar paradox, as the co-dependent person surrenders her own self-reliance, making her actions dependent on the non-self-reliant person – the addict.

Following the trajectory, the mothers diagnosed for co-dependency had gone through experiences which compelled them to seek help of specialised counselling centres. They were perceived by many counsellors as chronically co-dependent people (the condition of the shortest duration lasted 6 years and the longest almost 30 years) This entailed a nearly permanent involvement in various types of counselling and therapies (for them and their families).

Non-self-reliance in co-dependency may clearly be a permanent state (chronic and lasting many years) or a temporary one (induced by a shock commonly accompanying an unexpected crisis). The period of non-self-reliance lasts until the problem of co-dependency has been managed, which usually culminates in reconstruction of the former identity, i.e. construction of a new identity (of a mother, woman, person) different from the old one (cf. Trębińska-Szumigraj 2007, 2010).

In the mothers' biographies, the relation between (non-)resourcefulness and (non)self-reliance at this stage could be illustrated as follows:

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<sup>2</sup> Conducting the research on co-dependency, I defined it on the basis of Fritz Schütze's trajectory of suffering by (1997) as a condition connected with the loss of control and ability to direct one's own life as well as with submission to the influence of events and emotions generated by a closely related, addicted person. Hence, throughout this paper I speak about the trajectory of co-dependency.

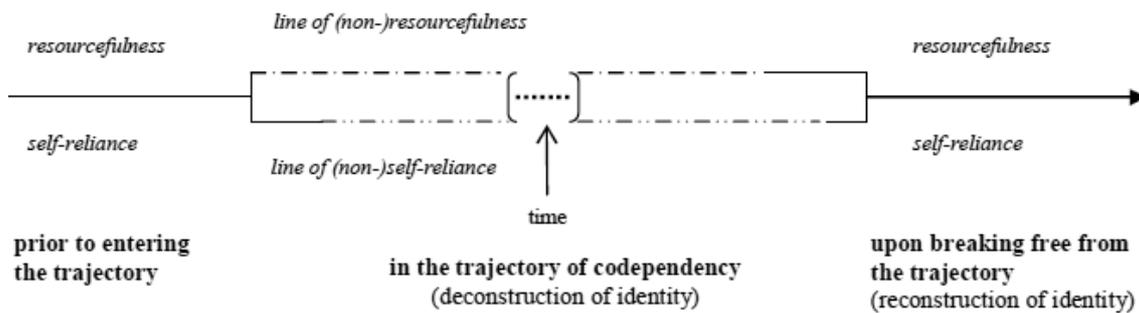


Figure 3. (Non-)resourcefulness and (non-)self-reliance in the trajectory of co-dependency (own study)

Prior to entering the trajectory of co-dependency, the lines of resourcefulness and self-reliance could be perceived as identical.<sup>3</sup> On entering the trajectory, mothers quite soon identify the experience of non-resourcefulness. The previous patterns of acting in crisis turn out to be ineffective, as they fail to solve the basic problem – to make the child quit drugs. Over time, this ineffectiveness causes increasing frustration and abandonment of any further action.

The line of self-reliance terminates slightly later than the line of resourcefulness. Initially, the outset of the trajectory of co-dependency and the multitude of problems that triggered the trajectory motivate mothers to act on their own. And their subjective conviction that the problem is merely temporary makes them conceal it from other people. The mothers strive to preserve their self-reliance by means of subsequent attempts to manage the situation, while concurrently trying to preserve their families' and their own previous *status quo*. As Małgorzata Jacyno maintains, agency, authenticity, dignity and freedom are embodied in the sheer possibility of making choices or in the possibility of interpreting the biographical experience as an outcome of one's own choices. The experience of impossibility to choose is dominant at a certain moment in the co-dependent person's life. When self-reflectively pondered, such experience produces the sense of 'being doomed', the experience of curtailed subjectivity or, to cite Bourdieu (2005, pp. 425, 432), the experience of decreased existence (Jacyno 2007, p. 23). When the loss of control over one's life becomes a fact, co-dependency does not leave any room for the freedom of choice. The label of 'the drug-addict's mother' (as H.S. Becker 1963 puts it) stigmatises the woman (in her own as well as in others' view) as worse, less valuable, evil, and hence accessory to her child's problems. Furthermore, the actions they undertake

<sup>3</sup> The author is aware that in individual life stories, both categories are not defined identically. They may be perceived subjectively or be contingent upon other traits or events resulting from singular biographies of the sample group. Moreover, the trajectory of co-dependency is never dissociated from other trajectories or transitions significant for the progress of the biography. The figure is a generalisation of the experiences of (non-)resourcefulness and (non-)self-reliance of the sample-group mothers, reported in the biographical interviews.

are ineffective, which is additionally conducive to their withdrawal from life, increased passiveness and submission to the dynamics of their fate. This increasingly experienced non-self-reliance generates loneliness. Entanglement in the trajectory of co-dependency tends to be well concealed from the world for a very long time. It produces and blends shame and guilt for the 'passive personality' and 'lack of elasticity' (Jacyno 2007, p. 17).

After a longer time, the mothers' identities fall apart. The mothers define themselves as 'dissimilar', 'different' from 'regular' mothers. They are aware that it is no longer possible to retain their previous identity and *status quo*, but they still do not know what their own and their families' new life is supposed to look like. Co-dependency is identified with social decline: collapsing into the group of the 'damned', condemned, hopeless (thus non-self-reliant, requiring help and specialised social rehabilitation programmes, etc.). The 'lost', incurable, hopeless, innately helpless, utterly passive people and habitual offenders are sentenced by the public to 'damnation'. M. Jacyno observes that the rationalised form of 'damnation' is reproduced in therapeutic programmes, medical diagnoses, rehabilitation and educational programmes designed to 'bring back to life' those sentenced to the 'social death' penalty beyond anybody's help (2007, pp. 16-17). Characteristically, a mother diagnosed as co-dependent almost instantly learns that she is unable to cope with the problem by herself. Moreover, she also finds out that she cannot help her child. Hence, she needs to accept help that is offered to her. Furthermore, on establishing a relationship with professionals, co-dependent people learn rapidly that they (and their relatives) hardly stand a chance of coping with the addiction (success rate of a few per cent). This again in some degree 'dooms' them to long-lasting (eternal?) non-self-reliance generated by the disease itself and its specific treatment/therapy. A peculiar paradox appears here: the counselling and therapeutic help supposed to foster the clients' self-reliance and resourcefulness reinforces, at least initially, their non-self-reliance.

However, the label of the 'damned' sometimes happens to enable one to 'evade' social pressure enhanced by the culture of individualism and the therapeutic discourse. 'The *defective* consumers are naturally less vulnerable to oppression' (Jacyno 2007, p. 63), although, as the damned and the hopeless, they are considered to stand a slim chance of social rehabilitation. In consequence, on the one hand, 'the world pardons them', lifting the oppression (her son is an addict, she cannot do anything about that, she is bound to fail). On the other hand, however, they themselves yield to the circumstances which produce this lack of self-reliance and perceive their lot as unchangeable. This conviction tends to consolidate, depending on how long they are involved in the problem, what support they receive, and how much of the strength necessary for action they have lost.

Figure 2 indicates that in the subjective experience of the trajectory of co-dependency, the mothers experience first (non-)resourcefulness and soon afterwards (non-)self-reliance. However, the bracketing used in these terms is by no means

accidental; despite their self-perception, namely, the mothers frequently undertake many actions which contradict these roles. They perform a series of informal, unnoticeable actions which are very important, though at the same time painful and embarrassing for them (cf. Rakowski 2009, p. 365). Therefore, identification of (non-)resourcefulness with (non-)self-reliance may often prove ungrounded.

### **Is non-self-reliance identical with non-resourcefulness in co-dependency?**

In the public discourse, the non-resourceful people are often simultaneously perceived as non-self-reliant. Some of the mothers in my study have coped with co-dependency for years. And they are unable to emancipate from it. They manifest lack of resourcefulness in several forms, namely:

- ▶ They constantly see themselves in need of help from others (counselling centres, therapists). Moreover, both the mothers themselves as well as the therapists regard this as an unchangeable condition, with the women assessed as a 'suspended' patients, 'addicted' to therapy.
- ▶ They perform many activities, which fill up their time and help them create an illusion of control of the situation. The actions are usually 'apparent' or consist in 'bustling about' (see Brach-Czaina 2006).  
Tomasz Rakowski describes such behaviours as 'a substitute of activity'. The usually pointless activities become a peculiar survival ritual, necessary to sustain the inner, mental balance in a situation in which little may actually be done (2009, p. 121). Thus, the co-dependent mothers with doubled intensity engage in cleaning and tidying up at home. Or they cultivate the sense 'mission': they begin to instruct other young people, in whom they see potential drug victims (one of the mothers made leaflets on drug-addiction and herself distributed them in her neighbourhood). Sometimes they spend many hours on the Internet, reading whatever they can find about drug-addiction and surfing various forums. Also they tend to drive aimlessly, take to gambling, or engage completely in religious practices.
- ▶ They make their own action and life conditional on the dynamics of their adult, addicted child's functioning. They negate their own identity, coalescing nearly completely – to use Levinas's term (2000) – with that of the child. Emotions and the sense of success, failure or freedom are dictated by the child's changing (sometimes better, sometimes worse) condition. The mothers suffer, but they deem it impossible to take care of themselves and their own needs.
- ▶ They repeatedly declare that despite acute suffering they have already given up acting and accepted their lot. In contacts with therapists, they most commonly complain about their situation and their child's behaviour, frequently recounting the same thing. Yet they do nothing to change the situation or at least to

distance themselves from the child's problems. Recurring moaning, grumbling, complaining and declarations of helplessness are registered by researchers as indicators of resignation. Nevertheless, the very occurrence and repeatability of such behaviours, as T. Rakowski (2009, p. 15) claims, imply that it is a certain manner of social communication and representation of experiences. The severe trauma theory suggests that the said grumbling is a trauma symptom, a sign of cultural retardation, passivity, resignation and learned helplessness. In an 'anthropological shift' of perspective, Rakowski proposes to interpret the complaints, moaning and wailing as a manifestation of cultural action, as evidence that many people in the state of high tension experience events in a manner appropriate to their culture (ibid., p. 17).

Therefore, to classify the mothers involved in the trajectory of co-dependency, as indisputably non-resourceful or passive seems hardly adequate to me. Though manifesting a range of resignation symptoms or assessed as ineffective in solving the co-dependency-related problems, they can be really active people, responsible for their family's life, because:

- ▶ They assume responsibility for the family members (especially the addicted ones) in many aspects: health (their initiative makes the drug-using children repeatedly undertake or stay in treatment), household economy (they almost completely take over the housekeeping and financial management), livelihood (they do shopping, cooking and cleaning), etc.
- ▶ They try out many coping strategies which without actually changing their situation significantly help them in their everyday life (e.g. in relieving their emotions or 'arranging' treatment and detoxification). Moreover, in the social assessment these strategies are desired in their situation (e.g., the regular use of counselling help becomes obvious). Their behaviour is mostly conformist and submissive. They ritualise their life, compulsively repeat fixed patterns of being-in-the-world, and sometimes withdraw or use escapist strategies. These types of behaviour have been described by Robert Merton (2002) as 'coping strategies', formed when facing a trauma or incomprehensible changes.
- ▶ They fulfil the caring and controlling function in the family (in relation to the already adult sons, daughters and even husbands as well as to the minors), additionally, they often raise their grandchildren.
- ▶ Certainly, more frequently than other people they reflect on and question their identity, role and place in the world, constantly re-interpreting the roles they fulfil. Undeniably thus, they repeatedly indulge in reflection on their own biography. In his studies, Tomasz Rakowski also notices this tendency. In his opinion:

*the degraded person constantly negotiates with everything that surrounds him/her, with 'how it really is'; s/he acts, communicates, retreats into his/her cultural*

*reflexes, constantly examining 'what reality is like'. In this sense s/he is an extraordinarily active agent (2009, p. 362).*

Meanwhile, as Rakowski claims further on, the problem with the discourse against the socially marginalised is that it operates within a very limited range of notions dominated by the terminology of social passivity (not only job-related), resignation, non-self-reliance and 'learned helplessness'. In rather extreme terms, the marginalised environments are often perceived as 'defective': incapable of living in society and somehow socially disabled. This gives rise to a popular, black-and-white image of the excluded social group that has insufficient social and cultural resources and manifests passivity in life and work (2009, pp. 363-364).

### Summing up and conclusions for counselling

To find a category located 'between' non-self-reliance and helplessness and to avoid defining excluded people in terms, I have sketched the following figure:

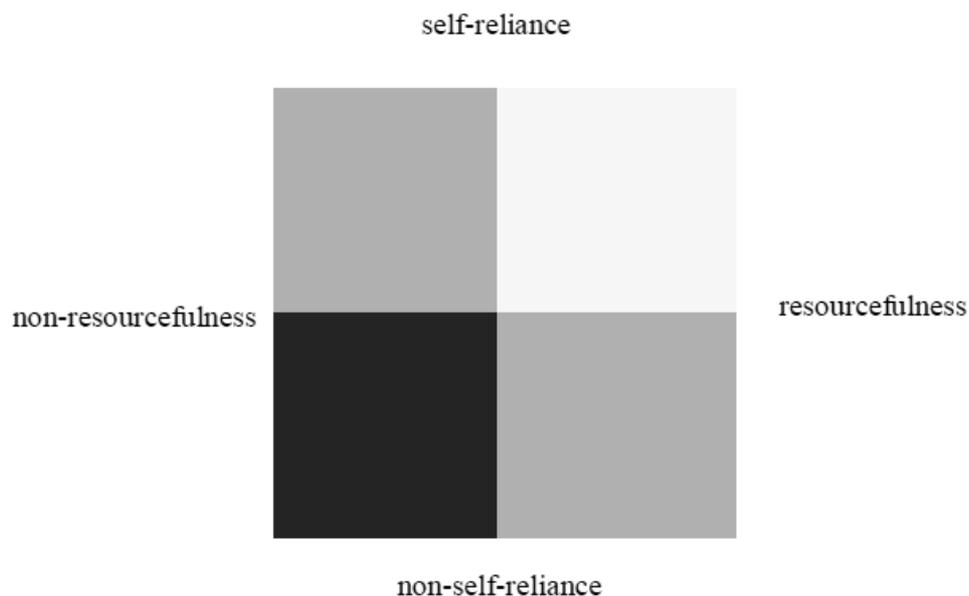


Figure 4. At the junction of non-self-reliance, non-resourcefulness, self-reliance and resourcefulness (own study)

The square delineated by resourcefulness/non-resourcefulness and self-reliance/non-self-reliance covers four areas: 1. the area of non-self-reliance and non-resourcefulness, 2. the area of non-self-reliance and resourcefulness, 3. the area of self-reliance and non-resourcefulness, and 4. the area of self-reliance and resourcefulness.

The white colour in the figure indicates the 4<sup>th</sup> sphere of behaviour and attitudes, combining self-reliance and from resourcefulness. These are behaviours that society desires and evaluates highly. This field constitutes the exemplary model of people's social functioning. Naturally, each person may sometimes be non-self-reliant for this or that reason, or not very resourceful in a particular context, but this description presents a generalised attitude towards life and the world. A co-dependent mother can be located in this field if she works on her own trajectory of co-dependency, again constructs her identity and, regardless of successes or failures in her child's therapy, breaks free (emancipates) from the problem she is experiencing.

The grey colour determines two fields that cover behaviours and attitudes less explored in terms of resourcefulness and self-reliance. At the same time, I find them the most interesting in cognitive terms. It is here that we come across apparently puzzling cases: people who are resourceful despite their non-self-reliance (resulting, for instance, from age, disability or co-dependency), and people who are self-reliant but not resourceful (for social, psychological, political or economic reasons). These fields indicate a discrepancy between social expectations produced by the culture of individualism and the social reality wherein these expectations for various reasons remain unfulfilled. If research focuses on these two grey fields (making up, after all, half of the figure!) and explores the life situations of people inhabiting this 'grey zone', we might see that these are not 'empty' worlds. If, as Rakowski puts it, we *inspect the world of the degraded*, we will notice that it abounds in actions that usually go unnoticed and possesses another dimension (not always legal, socially desired or even discerned). Moreover, analysing them, we may earnestly (and attentively) acknowledge that this different, strange manner of functioning in the world exists *par excellence*, full of tension, anxiety, social fears, as existing *par excellence* (Rakowski 2009, p. 22). Tense, restless, fraught with social anxieties, this is a world of people who, perhaps most desperately, need to help others and themselves seek advice, tips and therapy.

The black colour in the figure indicates the area of entirely passive attitudes and behaviours. In certain cases, the situation is dictated by the circumstances beyond the person's control caused, for instance, by disease. But in all other cases, it covers the situations of people capable of being active, but failing to undertake any action whatsoever. These people are exposed to the greatest ostracism and social pressure as well as exclusion. If nobody reacts and they do not obtain help, left to fend for themselves they may even die. However, there are not many people who are capable of acting but fail/refuse to do so.

Figure 4 indicates, thus, that (non-)self-reliance and (non-)resourcefulness neither are always mutually exclusive attitudes nor result necessarily from each other. Rather, they overlap and interpenetrate, producing a range of complex behaviours. These behaviours and attitudes fill the 'in-between' space. A common mistake researchers and help-providers make is failing to realise that what is deemed to be a sign of resignation is often an important manifestation of social activity. It may be

an action of 'strangers' and 'different' people, locating their behaviour in the 'grey zone' of the social activeness figure. Tomasz Rakowski highlights even the courage of the excluded people. Degraded and/or deprived, they still try to function against all odds, to harness the world of illusions, anxieties and accusations, to cope with powerlessness and uselessness. Rakowski calls it an attempt at formulating their knowledge of the world anew. Furthermore, the informal, commonly unnoticed actions they undertake prove very important for them despite the pain and embarrassment they often cause. Typically, the excluded tend to put on an 'external manifestation' of shame, incompetence and maladjustment. In research we should see through this manifestation to recognise in it a legitimate expression of a different, incomprehensible culture. And explore a load of unique human experience inscribed in it (2009, pp. 369-366).

Following in Rakowski's footsteps, I would like to reflect on the legitimate manners of functioning in each of the fields in Figure 4. In my opinion, special attention must be paid to the 'grey zone', as it is 'undiscovered' and, therefore, evades definition. Analysing the particular zones in-depth, we could find out how our subjects (whom we study but also want to support practically) evaluate their most intimate experiences. This, however, would entail ceasing to act in the spirit of obvious values imposed by culture, politics or dominant social needs. We would have to admit then that this 'grey zone' is also a legitimate zone of conflict between social expectations and social practice, a conflict concerning the (un)desirable and (il)legitimate coping strategies.

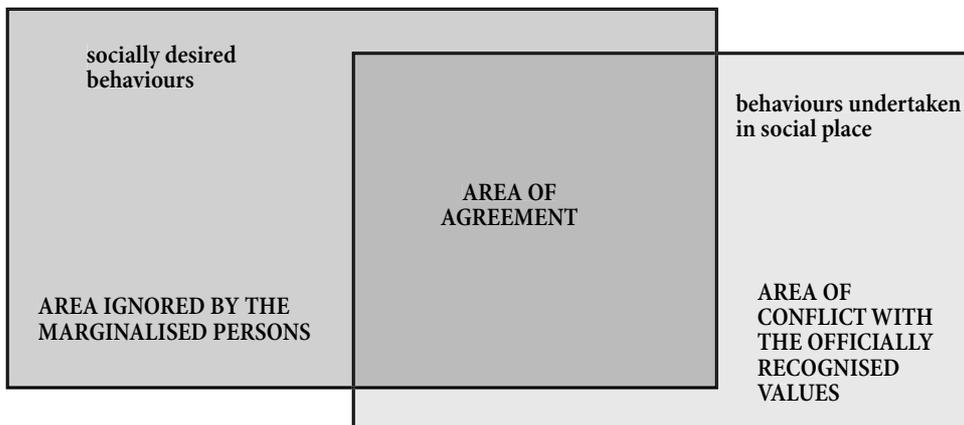


Figure 5. Social expectations vs. social behaviour (own study)

Figure 5 illustrates the scope of the socially expected and applied coping strategies, and presents three fields of social reactions to them. The first rectangle exemplifies socially accepted and expected behaviours in case of problems or difficulties. The second rectangle represents practical behaviours undertaken by people in a difficult situation. Both these fields 'meet' if the applied coping strategies conform to

social practices and behaviours deemed adequate in particular situations. However, refusal/failure to use a socially offered strategy is treated as ignorance (especially by those who set these rules). Yet, if the marginalised groups develop their own non-standard strategies divergent from social expectations, conflict may arise and resourcefulness demonstrated in practice may not be recognised by the mainstream.

Special attention should therefore be paid to informal forms of resourcefulness (frequently located in the not always expected 'grey zone' of social practice), as they are vulnerable to marginalisation, erasure, or denigration as embarrassing or improper. If non-standard resourcefulness is treated in this way, 'aberrantly' resourceful people, such as the co-dependent mothers, are easily defined as 'impossible to reform', resistant to therapy or, finally, chronically co-dependent.

Refusal to acknowledge the value of informal activities may also result in relegating the energy they have (multi-functionality, skills, invention, 'art of resistance') to the peripheries of human social activity. If the energy is denied release, people cannot use it fully and have difficulty returning to the socially endorsed structures and modes of functioning (Rakowski 2009, p. 367). This seems to be particularly important for the counsellor who, on the one hand, represents the mainstream and, on the other, must reflectively comprehend the 'world' of the advice-seekers. Fulfilling his/her professional role, the counsellor must cooperate with the clients to find solutions to their problems and difficulties. Analysing (non-)self-reliance and (non-)resourcefulness, I have shown how important it is to comprehend insightfully and in-depth the behaviours and attitudes of advice-seekers who use their energy in the 'grey zone' of social practice.

Translated from Polish by Anna Wocka

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