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Meaning of resources in social inclusion



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Chapter 7

Sense of support and stress coping strategies in nicotine-dependent persons

Natalia Jachowicz, Iwona Niewiadomska, Rafał Piotr Bartczuk

ABSTRACT

The purpose of the study described in this report was to determine the interdependence between the sense of social support and stress coping strategies. The study was conducted using standard research methods, including the Coping Inventory for Stressful Situations (CISS), the COPE Inventory and the Social Support Scale. Statistically significant relationships in the study group were identified between the sense of social support and stress coping strategies. A poor sense of support was shown to correlate significantly with the emotion-oriented stress coping style, and a keen sense of support was found to correlate significantly with the task-oriented style.

Keywords: sense of support, stress coping strategies, nicotine dependency

Theoretical background

The primary purpose of the study described in this report is to present the interdependence between the sense of social support and stress coping strategies in a risk group comprising nicotine-dependent persons.

The first variable – social support, can be defined in the broadest possible manner as “help available to an individual in difficult situations” (Sarason, 1980; Sęk & Cieślak, 2006, p. 14). There are different sources of the phenomenon in question. These include specific persons and social groups, and the most important include: family, friends, neighbours, work colleagues, school colleagues, formal and informal organisations, professionals and service outlets. Furthermore, there are types of social support that are highly significant from the perspective of the described study, including emotional, evaluative, instrumen-

tal and informative support (Kmieciak-Baran, 1995; Tardy, 1985). There are significant differences between them in qualitative terms. Emotional and evaluative support is mainly based on the influence on the emotional and cognitive spheres of the individual in need, whereas the other two types are based on particular actions focused on problem solving (Sęk & Cieślak, 2006).

The second variable is, in turn, directly related to stress and the cognitive-relational theory of this phenomenon proposed by R. S. Lazarus and S. Folkman (Lazarus, 1986, 1993), which has been a source of inspiration for psychologists for many years. This theory initiated the focus in research on the methods, strategies and styles of coping. The methods used in the analyses presented in this report have also been created on its basis.

The definition of coping with stress most often used in the literature was provided by R. S. Lazarus and S. Folkman, according to whom these are constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing by an individual (Lazarus, 1986, 1993). This activity is referred to as a coping strategy and it can serve different functions depending on the kind of difficult circumstances, coping style as a relatively constant predisposition, and other factors related to internal determinants of an individual and the external environment. There are three main coping styles assumed to exist in problem situations, i.e. task-oriented, emotion-oriented, and the style consisting in avoiding difficulties by means of engaging in displacement activities and seeking social contact (Heszen-Niejodek, 2000; Juczyński & Ogińska-Bulik, 2009; Sęk, 2002; Wrześniewski, 2000).

Many analyses emphasise the significance of social support as a buffer in a stressful situation. It can serve as a resource, an aroused need resulting from the evaluation of an event, or as an element of a coping strategy for dealing with life stress (Sęk, 2006). From this perspective, a study of the aforementioned variables in a group of nicotine-dependent persons seems highly significant for the identification of the way they function in difficult circumstances and the level of support they receive from their immediate social environment, in order to gain more profound understanding of the mechanisms of smoking addiction, and, consequently, to identify the needs of nicotine users and the factors protecting them from becoming dependent on the substance. In addition, knowledge of the relations between the studied variables could contribute to the development of individualised therapy programmes for individuals dependent on tobacco products, emphasising the multidimensionality of the functioning of individuals who smoke cigarettes and their needs, while also developing constructive coping skills used in difficult situations and the ability to consciously develop and use social networks.

In their search for the most efficient methods of treatment for psychoactive substance dependence researchers have focused their efforts on determining the factors contributing to the maintenance of long-term abstinence. The results of analyses obtained to date show that, apart from personality variables, an important role is played by constructive stress coping skills. Coping with difficult situations is, in turn, immensely influenced by social support. It is significant for maintaining self-esteem, it affects the state of health and general life satisfaction. On the other hand, the lack of sufficient support can impede constructive coping with stressful circumstances. Studies on the personalities of addicts prove their unconscious need for affiliation, dependence and social support (Wills, Resko, Ainette & Mendoza, 2004).

Analyses conducted by A. Krupa, K. Bargiel-Matusiewicz and G. Hofman on a group of drug addicts in remission indicate that in individuals with strong support the coping strategies are mainly: positive reappraisal, seeking social support and methodical problem-solving. Among the surveyed with little social support the most readily used methods for overcoming difficult situations were: wishful thinking, blaming oneself, accepting responsibility and positive reappraisal. Moreover, individuals with high intensity of support manifested lower tendency to accept responsibility than the individuals with low intensity of this variable. Therefore, it seems that the support of others inclines people to feel absolved of responsibility for their actions. Methodical problem-solving is the most commonly used strategy among women and men with a high level of social support, which can mean that frequent reception/feeling of support helps to concentrate on problem solving (Krupa, Bargiel-Matusiewicz & Hofman, 2005).

Moreover, some researchers point out that in circumstances in which social support is a substitute for other stress coping methods, especially if this occurs permanently, it is possible that the individual will lose his/her ability to solve problems independently in critical circumstances (Jaworowska-Obłój & Skuza, 1986).

On the other hand, a study by K. Kurowska and M. Frąckowiak conducted on a slightly different risk group (patients with type 2 diabetes) demonstrated that the highest instrumental support was received by the respondents manifesting the emotion-oriented stress coping style, and the lowest by those manifesting the avoidance-oriented style (Kurowska & Frąckowiak, 2010).

As shown in the attempts presented above, the styles of coping with difficult situations are highly varied and they depend on the individual, the individual's characteristics, social environment, but also, or perhaps primarily, on the individually perceived support from others. One can assume that the greater the sense of support experienced by a person is, the more constructive, but still individualised, the strategies of coping with problematic circumstances are. This shows how extremely important the social support variable can be for recovering from nicotine addiction.

Methodology

This article focuses on the following research problem: What are the relations between the experienced social support and stress coping strategies in nicotine-dependent individuals?

The following research hypotheses are an attempt to address the question posed above:

- Hypothesis 1: Low sense of social support significantly correlates with the use of coping strategies of emotional and evasive nature among nicotine-dependent persons.
- Hypothesis 2: High level of experienced support in smokers is significantly related to the frequent use of the task-oriented style.
- Hypothesis 3: The use of the emotion-oriented style is significantly related to experiencing high instrumental support in active smokers.
- Hypothesis 4: High sense of evaluative support correlates with the use of problem-oriented strategies in smokers in remission.

- Hypothesis 5: High sense of evaluative support from family and friends correlates with frequent use of the avoidance-oriented style among the persons with a tendency to recurrence.
- Hypothesis 6: Low sense of social support is significantly related to frequent avoidance behaviours in active smokers and smokers in remission.

The study was conducted among persons regularly (currently or formerly) using nicotine, a psychoactive substance. The set of questionnaires was distributed in Poland, across the following provinces: lubelskie, podkarpackie and małopolskie, among people of various ages, from different environments, also differing in terms of their gender, marital status, education, place of residence and material status. The smokers were surveyed individually or in small groups, depending on the possibilities resulting from the conditions of external environment. The questionnaires were completed anonymously. The results are presented in the Table 16.

Table 16 *Characteristics of the study group*

<i>Marital status</i>	<i>N</i>	<i>%</i>	<i>Education</i>	<i>N</i>	<i>%</i>
single	31	34.4	elementary	0	0.0
married	49	54.4	vocational	5	5.6
divorced	6	6.7	secondary	31	34.4
widow/widower	4	4.4	higher	54	60.0

<i>Place of residence</i>	<i>N</i>	<i>%</i>	<i>Material status</i>	<i>N</i>	<i>%</i>
countryside	29	32.2	poor	9	10.0
town up to 100.000 residents	9	10.0	average	37	41.1
city 100.000 – 500.000 residents	44	48.9	good	38	42.2
city > 500.000 residents	8	8.9	very good	6	6.7

The study surveyed 90 persons aged 22 to 70 and the average age of all the subjects was approximately 37.5. Women comprised 50% of the respondents. More than a half of the respondents (54.4%) were married, 34.4% were single, and the divorcees (6.7%), widows and widowers (4.4%) formed a small minority.

In terms of education the respondents were generally divided into two groups, i.e. individuals with higher (60%) and secondary education (34.4%). People with vocational education formed a very small percentage (5.6%) and there were no participants with elementary education taking part in the survey.

The highest percentage of the respondents came from the cities with 100.000 to 500.000 inhabitants (48.9%). 32.2% of them were the residents of the countryside, whereas the others, i.e. a total of 18.9%, lived in towns with less than 100.000 and cities with more than 500.000 inhabitants. The respondents most often declared good (42.2%) or average (41.1%) material status. A significantly lower percentage assessed their financial conditions as very good (6.7%) or poor (10%).

First of all, individuals who in the most intense periods of dependence smoked at least 10 cigarettes a day were identified among the respondents based on a screening scale. Next, the following 3 subgroups were selected from among them:

- people who smoke currently or who have not been smoking for a short time (up to 6 months) – active smokers,
- individuals who in their history of use of tobacco products experienced a period/periods of non-smoking lasting more than 6 months, after which they returned to the addiction, and are currently smoking, or have not been smoking for up to 2 years – recurrent smokers,
- people who have not been smoking for at least 2 years – smokers in remission.

The methods used in the study were: the **Coping Inventory for Stressful Situations (CISS)** by Norman S. Endler and James D. A. Parker, based on the transactional model of stress, as presented by R. S. Lazarus and S. Folkman, according to which actions taken by an individual in difficult circumstances are a result of interaction between the features of a particular problem situation and the coping style characteristic of the individual. The coping style is understood here as a behaviour specific to a particular person in different stressful situations (Strelau, Jaworowska, Wrześniewski & Szczepaniak, 2013). The method consists of 48 statements referring to different behaviours a person can manifest in circumstances he or she finds difficult. The frequency of these activities is assessed on a five-point scale. The authors identify three styles of coping with stressful situations:

- task-oriented style (TOS),
- emotion-oriented style (EOS) and
- avoidance-oriented style (AOS), which can take two forms:
 - engaging in displacement activities (EDA) and
 - seeking social contact (SSC).

The reliability of the described method measured with the use of Cronbach's α ranges for the TOS and EOS from 0.82 to 0.88, whereas for the AOS scale – from 0.74 to 0.78 (Strelau et al., 2013).

In this study, the multidimensional **COPE Inventory** was used to measure the so-called flexible coping, understood as a relatively constant tendency, specific to a person, or a characteristic repertoire of strategies for coping with stressful situations (Juczyński & Ogińska-Bulik, 2009). The method consists of 60 statements assessed on a four-point scale, which make up 15 scales, divided as a result of the conducted analysis into three factors:

- Active Coping,
- Avoidance Behaviours, and
- Seeking Support and Focus on Emotions.

The reliability of individual scales, as measured with the use of Cronbach's α , ranges from 0.48 to 0.94, with it being the poorest for Attention Diversion ($\alpha = 0.48$) and Active Coping ($\alpha = 0.49$), and the highest for Turning to Religion ($\alpha = 0.94$) (Juczyński & Ogińska-Bulik, 2009).

Social Support Scale developed by K. Kmiecik-Baran is based on Tardy's concept of social support (1985), and it is used to analyse the kind and strength of support a person receives from specific social groups available in that person's environment. Two groups, most important from the point of view of the author, were selected to be used in this study,

including the family, i.e. parents, siblings, wife, husband, and children; and other relatives and friends.

Moreover, the discussed method also makes it possible to isolate four kinds of support that an individual can experience from the environments mentioned above. These include informative, instrumental, evaluative and emotional support. The final version of the method consists of 24 items with six statements in each, referring to the kinds of support mentioned above (three positive statements and three negative statements), evaluated on a six-point scale.

The reliability of this tool, calculated with the use of Spearman's rank correlation coefficient, is relatively high and ranges from 0.70 to 0.82. Internal consistency was tested for several samples to obtain the above-mentioned correlation coefficients between different kinds of support and social support in general (Kmieciak-Baran, 1995).

Discussion of findings

In order to verify the posed hypotheses, statistical analyses were conducted, calculating Pearson's r correlation coefficient. The results are presented in the Table 17.

The results presented above show that hypothesis 1 was partly confirmed, i.e. the low sense of social support significantly correlates with the use of coping strategies of emotional nature ($r = .480^{**}$). However, the results did not show the co-occurrence of the social support variable with the avoidance-oriented coping methods ($r = -.025$).

The obtained results confirm that nicotine-dependent persons using coping strategies of emotional nature experience low social support, which means that they subjectively evaluate the help provided to them by the immediate social environment (family and friends) as relatively rare or insufficient. The surveyed individuals do not feel they can always count on receiving useful information, advice or tips from other people, or on receiving material and financial support or similar specific support activities. These persons probably do not consider themselves as individuals of unique value and significance in the company of the supporting group; they might not feel entirely comfortable and safe among family and friends.

Confirmation of hypothesis 1 also indicates that nicotine-dependent individuals feeling low social support use coping strategies of emotional nature, which means that in difficult situations they manifest a tendency to focus on themselves, their own affective, usually negative, experiences such as anger, rage, sense of guilt, sadness, and physical and mental tension, as these are the feelings that usually appear in stressful life circumstances. Moreover, these persons can manifest tendencies towards wishful thinking and fantasising in an attempt to lower the experienced anxiety or tension.

As far as hypothesis 2 is concerned, it was also confirmed in the study ($r = -.412^{**}$), which means that a high level of social support from family and friends is significantly related to the frequent use of the task-oriented style in the group using nicotine products.

The respondents subjectively evaluate the received support as relatively frequent, characterised by high intensity, which means that they feel that when they are going to need it, they will receive help from their social environment – family and friends. The support will probably take different forms – from sharing significant information and providing advice, to lending money, supporters' dedicating their time, letting the individuals know that they

Table 17 Pearson's *r* correlations between the variables measured in the study

<i>Addicts in total (N = 90)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.412**	.480**	-.025	-.272**	.366**	-.065
<i>inf_sup</i>	-.406**	.438**	.024	-.306**	.344**	.031
<i>inst_sup</i>	-.359**	.296**	.042	-.249*	.320**	-.129
<i>eval_sup</i>	-.312**	.495**	-.178	-.176	.223*	-.093
<i>emot_sup</i>	-.356**	.448**	.015	-.218*	.374**	-.022
<i>Active smokers (N = 30)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.478**	.564**	.162	-.370*	.491**	0.21
<i>inf_sup</i>	-.380*	.605**	.136	-.322	.367*	.063
<i>inst_sup</i>	-.451*	.551**	.116	-.422*	.448*	-.072
<i>eval_sup</i>	-.400*	.352	.018	-.243	.374*	-.004
<i>emot_sup</i>	-.414*	.452*	.277	-.278	.493**	.100
<i>Persons with a tendency to recurrence (N = 30)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.455*	.572**	-.299	-.280	.215	-.108
<i>inf_sup</i>	-.567**	.457*	-.177	-.410*	.359	.053
<i>inst_sup</i>	-.404*	.270	-.099	-.201	.198	-.120
<i>eval_sup</i>	-.258	.643**	-.437*	-.123	-.001	-.177
<i>emot_sup</i>	-.406*	.587**	-.293	-.268	.229	-.122
<i>Smokers in remission (N = 30)</i>						
	<i>TOS</i>	<i>EOS</i>	<i>AOS</i>	<i>AC</i>	<i>AB</i>	<i>SSFE</i>
<i>tot_sup</i>	-.262	.357	.001	-.167	.367*	-.011
<i>inf_sup</i>	-.183	.291	.098	-.215	.367*	.021
<i>inst_sup</i>	-.250	.214	-.024	-.088	.184	-.064
<i>eval_sup</i>	-.290	.455*	-.108	-.183	.306	-.058
<i>emot_sup</i>	-.178	.303	.032	-.108	.428*	.067

* correlation is significant at 0.05 (two-tailed)

** correlation is significant at 0.01 (two-tailed)

are important to the reference group, and finally to creating atmosphere in the supporting environment that is safe and full of acceptance.

Based on the results presented above, one can also conclude that the nicotine-dependent individuals with a high sense of social support significantly more frequently use the task-oriented style, which means that they manifest a tendency to make efforts aimed at solving problems by way of cognitive transformations or attempts to change the situation. Moreover, they put strong emphasis on the task and planning to overcome difficult

circumstances. In conclusion, these respondents manifest tendencies to engage in direct actions aimed at solving stressful situations.

Results of the study indicate the presence of a significant, but inverse, relationship between the variables, as assumed in hypothesis 3, in the group of active smokers, which means that the use of emotion-oriented style is significantly related to the respondents' experiencing low instrumental support ($r = .551^{**}$).

Hypothesis 4 was not confirmed, which can be observed on the basis of the results presented in Table 17. In the group of persons in remission, the high intensity of evaluative support is not significantly related to the use of problem-oriented strategies ($r = -.290$).

Hypothesis 5, on the other hand, was confirmed in the study, which means that the nicotine-dependent individuals experiencing recurrences and having a sense of strong social support of evaluative nature manifest a tendency to more frequently use the style oriented towards the avoidance of solving difficulties in stressful situations ($r = .436^*$).

The obtained results seem surprising in the light of the general relations between the variables available in the literature on the subject. However, based on the premises described above and analyses conducted for the purposes of this report it can be assumed that a high and constant level of evaluative support provided to recurrent smokers by their families and friends affects the adaptability of the addicts in a negative way. In circumstances in which the individuals receive social support regularly, frequently and with large intensity, it can replace other problem-solving methods, and even lead to the individuals' losing their ability to independently overcome critical situations, and therefore to using less constructive escape strategies.

Moreover, frequent manifestations of tendencies towards withdrawal in difficult life circumstances by persons experiencing relapses can be the result of their lower inclination to take responsibility for a given stressful situation, which is caused by their strong sense of evaluative support from the social environment. This support, expressed to the individual by means of messages indicating that he or she is a significant person for the given supporting group/person, probably plays the role of a factor absolving the individual of responsibility for their own actions. Consequently, this responsibility becomes shared between the members of the supporting group.

Moreover, the persons experiencing relapses are individuals who made attempts to quit smoking many times and these attempts each time ended in a fiasco. It is therefore possible that in the face of the subsequent challenges of such type, i.e. certain difficult situations, they are going to feel anxious about failures, which by that time have already become the reason why their subjective self-efficacy decreased. Therefore, when experiencing strong social support, they do not have to take all the responsibility for their actions themselves, which is very convenient in the case of a failure, as it is not going to be treated as an individual failure, but as a failure of a shared, collective nature. Moreover, without the sense of sufficient responsibility in the face of a problem, recurrent smokers can partially withdraw from a difficult situation by means of engaging in displacement activities or seeking social contact.

The last hypothesis was confirmed, which means that active smokers ($r = .491^{**}$) and persons in remission ($r = .367^*$), feeling low social support, manifest a tendency to frequently use avoidance behaviours in stressful situations.

Summary

The analysis of the interdependence between the analysed variables proved the existence of a statistically significant correlation between the sense of social support and stress coping strategies in nicotine-dependent persons.

Individuals experiencing low social support tend to use coping strategies of emotional nature frequently. This means that the persons using tobacco products, who consider the possibility of gaining support from their immediate social environment as low, in difficult situations manifest tendencies to focus their efforts on the emotional sphere of their functioning in response to stressful circumstances. It can be assumed that here social support plays the role of a resource necessary to deal with strong emotions appearing in difficult life situations, whereas insufficient experience of it by an individual influences the prevalent use of less constructive ways to overcome problems – emotion-oriented strategies.

Analyses of results also revealed a statistically significant correlation between the high sense of social support and the frequent use of the task-oriented style. This indicates that nicotine-dependent persons experiencing strong support from their immediate environment tend to make efforts aimed at solving stressful circumstances by way of cognitive transformations or attempts to change the situation. Moreover, they put strong emphasis on the task and on planning to overcome the encountered difficulties.

The positive verification of hypotheses 1 and 2 can indicate a significant role of social support in dealing with stress as a factor facilitating or impeding constructive coping measures in problem solving.

People with a tendency to relapse, experiencing strong evaluative support, are more likely to use the avoidance-oriented style, which means that they manifest the inclination to withdraw from difficult situations. This can be the result of the high intensity of the social support variable, negatively affecting the adaptability of individuals in dealing with difficulties, the lower tendency to accept responsibility in persons experiencing strong support from their environment, or the specificity of the studied subgroup, as described above.

Active smokers and nicotine-dependent persons in remission with a low sense of social support manifest inclinations to frequently use avoidance behaviours in stressful situations; these include problem denial, cessation of activities, humour, attention diversion, use of alcohol or other psychoactive substances and acceptance.

Confirmation of hypotheses 5 and 6 indicates the existence of significant differences between the three identified subgroups of nicotine-dependent persons in respect of relations between the analysed variables. Individuals with a tendency to recurrence distinguish themselves from the other two subgroups, which can result from the specific nature of their functioning, the course of the process of addiction, and other factors which caused the differences.

The results of these analyses confirm the general interdependence between the variables available in the literature on the subject that have also been proved on other study groups, not only on persons addicted to psychoactive substances. In most cases, the relations associate the low sense of social support with the use of less constructive coping strategies – oriented at emotions and/or avoidance, and the strong experience of the independent variable is associated with the task-oriented coping methods.

References

- Heszen-Niejodek, I. (2000). Stres i radzenie sobie – główne kontrowersje. In I. Heszen-Niejodek, Z. Ratajczak (eds.), *Człowiek w sytuacji stresu. Problemy teoretyczne i metodologiczne* (pp. 12–43). Katowice: Wydawnictwo Uniwersytetu Śląskiego.
- Jaworowska-Obłój, Z., & Skuza, B. (1986). Pojęcie wsparcia społecznego i jego funkcje w badaniach naukowych. *Przegląd Psychologiczny*, 3, 733–746.
- Juczyński, Z., & Ogińska-Bulik, N. (2009). *Narzędzia pomiaru stresu i radzenia sobie ze stresem* (pp. 23–43). Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
- Kmieciak-Baran, K. (1995). Skala wsparcia społecznego. Teoria i właściwości psychometryczne. *Przegląd Psychologiczny*, 38(1/2), 201–214.
- Krupa, A., Bargiel-Matusiewicz, & K., Hofman, G. (2005). Związek wsparcia społecznego ze stosowaniem strategii radzenia sobie ze stresem w grupie osób uzależnionych od środków psychoaktywnych. *Alkoholizm i Narkomania*, 18(1-2), 57–69.
- Kurowska, K., & Frąckowiak, M. (2010). Wsparcie społeczne a radzenie sobie w przewlekłej chorobie na przykładzie cukrzycy typu 2. *Diabetologia Praktyczna*, 11(3), 101–107.
- Lazarus, R. (1986). Paradygmat stresu i radzenia sobie. *Nowiny Psychologiczne*, 3–4, 2–39.
- Lazarus, R. S. (1993). Coping theory and research. Past, present and future. *Psychosomatic medicine*, 55, 234.
- Sarason, I. G. (1980). Life stress, self-preoccupation and social support. In I. G. Sarason, C. D. Spielberger (eds.), *Stress and anxiety* (pp. 73–92). Washington: Hemisphere.
- Sęk, H. (2002). Potoczna wiedza o stresie a naukowe koncepcje stresu i radzenia sobie. In I. Heszen-Niejodek (ed.), *Teoretyczne i kliniczne problemy radzenia sobie ze stresem* (pp. 15–36). Poznań: Stowarzyszenie Psychologia i Architektura.
- Sęk, H. (2006). Rola wsparcia społecznego w sytuacjach stresu życiowego. O dopasowaniu wsparcia do wydarzeń stresowych. In H. Sęk, R. Cieślak (eds.), *Wsparcie społeczne, stres i zdrowie* (pp. 49–67). Warszawa: Wydawnictwo Naukowe PWN.
- Sęk, H., & Cieślak, R. (2006). Wsparcie społeczne – sposoby definiowania, rodzaje i źródła wsparcia, wybrane koncepcje teoretyczne. In H. Sęk, R. Cieślak (eds.), *Wsparcie społeczne, stres i zdrowie* (pp. 11–28). Warszawa: Wydawnictwo Naukowe PWN.
- Strelau, J., Jaworowska, A., Wrześniewski K., & Szczepaniak, P. (2013). *Kwestionariusz Radzenia Sobie w Sytuacjach Stresowych*. Warszawa: Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.
- Tardy, Ch. H. (1985). Social support measurment. *American Journal of Comunnity Psychology*, 13(2), 187–202.
- Wills, T. A., Resko, J., Ainette, M. G., & Mendoza, D. (2004). Role of parent support and peer support in adolescent substance use. A test of mediated effects. *Psychology of Addictive Behaviors*, 18, 122–134.
- Wrześniewski, K. (2000). Style a strategie radzenia sobie ze stresem. Problemy pomiaru. In I. Heszen-Niejodek, Z. Ratajczak (eds.), *Człowiek w sytuacji stresu. Problemy teoretyczne i metodologiczne* (pp. 44–64). Katowice: Wydawnictwo Uniwersytetu Śląskiego.