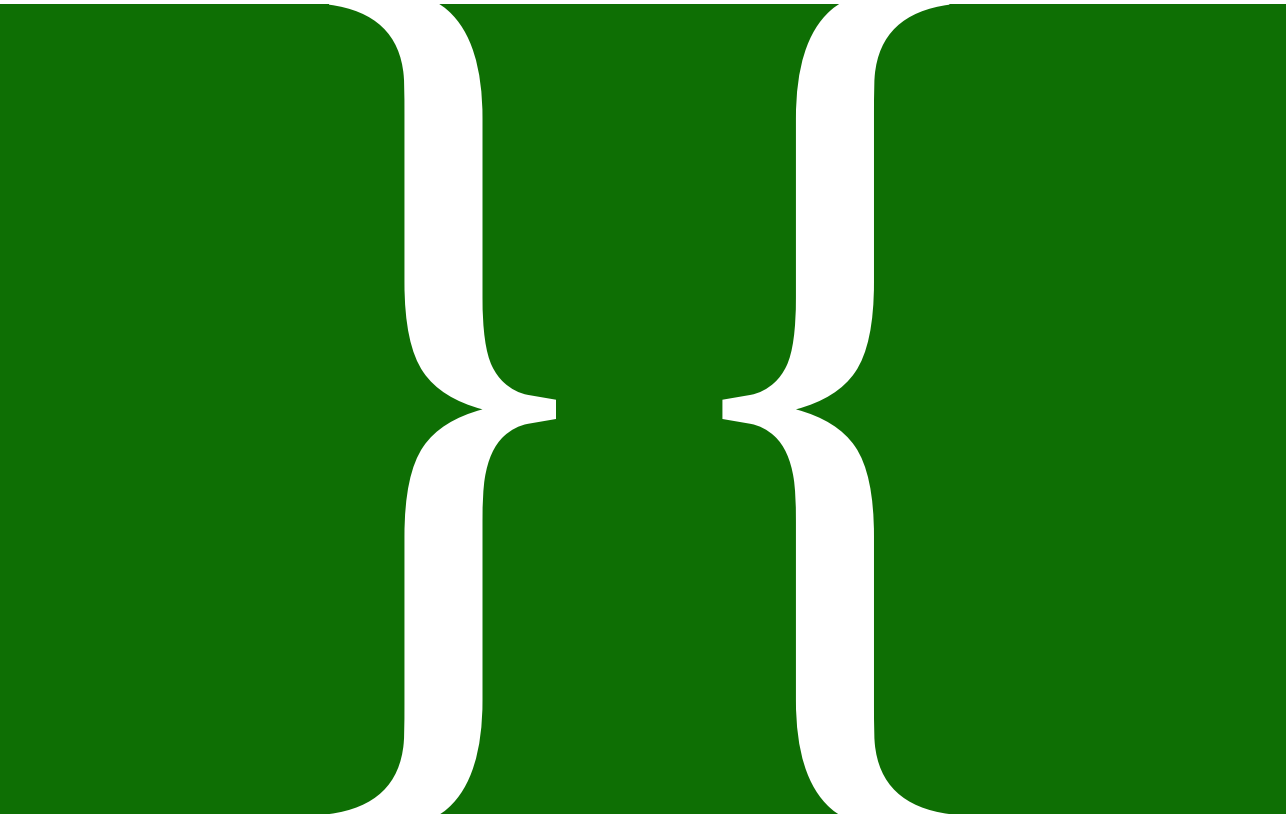
MISCELLANEA

ANTHROPOLOGICA ET SOCIOLOGICA

24(2–3)



INSTITUTIONAL AND NON-INSTITUTIONAL CONTEXTS AND CORRELATES OF CREATING WELLBEING

KWARTALNIK
GDAŃSK 2023

WYDAWNICTWO UNIWERSYTETU GDAŃSKIEGO

Publikacja sfinansowana ze środków Instytutu Socjologii Wydziału Nauk Społecznych Uniwersytetu Gdańskiego oraz Wydziału Nauk Społecznych Uniwersytetu Gdańskiego

ISSN 2354-0389 (online)

Pierwotną wersją pisma jest wersja elektroniczna.

Numery archiwalne dostępne są na: https://czasopisma.bg.ug.edu.pl/index.php/maes/index

Adres redakcji:
Miscellanea Anthropologica et Sociologica
Instytut Socjologii
Wydział Nauk Społecznych, Uniwersytet Gdański
ul. Bażyńskiego 4, 80-283 Gdańsk
miscellanea@ug.edu.pl
https://czasopisma.bg.ug.edu.pl/index.php/maes/index

Wydawnictwo Uniwersytetu Gdańskiego
ul. Armii Krajowej 119/121, 81-824 Sopot
tel. +48 58 523 11 37, tel. kom. +48 725 991 206
e-mail: wydawnictwo@ug.edu.pl
wydawnictwo.ug.edu.pl

Księgarnia internetowa: wydawnictwo.ug.edu.pl/sklep

Table of contents

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 5–7

Jacek Mianowski[1]

Introduction

According to the World Health Organization's definition (WHO 1948), health constitutes holistic wellbeing, which includes three equivalent elements: physical, mental, and social. In this understanding, wellbeing reflects a health disposition (Schramme 2023: 3; 2019: 29 *et seq*.), which is interpreted in objective and subjective dimensions.

The objective dimension of wellbeing is determined by so-called social health indicators, which (e.g. in terms of pro- or anti-health behaviour) make it possible to describe the state of health of various social groups. Objectively understood wellbeing includes human functioning within the bio-psycho-social triad, but does not refer to the mental experience of wellbeing. The subjective dimension of wellbeing (sometimes marginalised in medical practice) refers to the sphere of wellbeing on the ground of physical, psychological, and social human functioning (Puchalski 1997: 20–21) and concerns the subjective and causal role of participants in the processes of illness and recovery. In this sense, wellbeing can be understood as an idea that stimulates the activity of social actors. From this point of view, the important aspects include, for example, the patient's emotions, self-assessment of health, aspirations, beliefs, and values, as well as the needs in relations with medical professions, as they shape the experience of health and illness.

Alternative analyses of the concept of wellbeing focus on searching for its objective or subjective correlates, which limits the interpretation of the concept to a single dimension. Meanwhile, the complexity of the concept of wellbeing calls for analysing and interpreting it in a multidimensional manner, as this allows us to see how the different correlates of creating wellbeing intersect and complement each other in different institutional and non-institutional contexts.

[1] University of Gdańsk, jacek.mianowski@ug.edu.pl.

The texts in this volume provide a multidimensional analysis and interpretation of the correlates of creating wellbeing in diverse social contexts and address the question: what is or is not conducive to creating bio-psycho-social wellbeing in individual and group, institutional and non-institutional contexts?

In the first text, Piotr Kępski points out that there is an evolution in the manner of understanding health – from negative to positive, and in understanding wellbeing – from happiness to the idea of wellbeing. In the theoretical aspect, the author refers to Michel Foucault's concept of a "dispositif" and considers the social context of wellbeing and health in light of the assumption that the individualisation and commercialisation of health and wellbeing constitute a consequence of the cultural process of constructing these phenomena. The text is a polemical response to the individualisation of health and well-being as well as a proposal for the concept of holistic well-being.

The subject of analysis in Mateusz Glinowiecki's text consists in the changes in the ways in which people in mental crises are supported, resulting in a shift from an asylum model oriented towards inpatient treatment to a community-based model that implies an open formula for providing assistance to people in mental crisis. The author analyses the significance of the community-based model at a micro-social level for the wellbeing of the sick, people close to them, and at a broader macro-social level.

In their text, Marzena Mamak-Zdanecka and Magdalena Parus-Jankowska describe the assumptions and results of a project dedicated to people who cannot fully perform their professional tasks due to dysfunctions of the musculoskeletal system. The authors of the text attempt to assess the correlation between the achieved wellbeing of the programme participant (returning worker) and the health outcomes of rehabilitation.

In her text, Joanna Kopycka presents the world of everyday life for people with coeliac disease. In the theoretical layer, the author draws on the assumptions of Alfred Schütz's social phenomenology and refers to his concept of the multiplicity of worlds. In the empirical dimension, the author presents the results of own research with coeliac patients in Poland, based on which a characterisation of the everyday life world of patients with coeliac disease is carried out.

In the fifth text, Edyta Janus considers the determinants of the process of professionalising the medical profession in the light of the concept of a learning organisation. From a theoretical point of view, the author draws on Peter Senge's concept of a learning organisation, embodied in innovation, non-stereotypical thinking, and teamwork. The author draws attention to the need to distribute knowledge concerning the roles and tasks performed by occupational therapists among the medical profession, but also more widely at the macro-social level. According to the author, the key factors in the process of professionalising the profession of

occupational therapy may consist in the activity, commitment, and competence of those who practise the profession.

We invite you to read the texts that make up this volume, in the hope that these texts will help you to deepen your understanding of the determinants of creating wellbeing in various social contexts and perhaps inspire you to undertake your own research on this topic.

References

Puchalski K., 1997, *Zdrowie w świadomości społecznej*, Łódź: Krajowe Centrum Promocji Zdrowia w Miejscu Pracy, Instytut Medycyny Pracy im. prof. dra med. Jerzego Nofera.

Schramme T., 2019, *Theories of Health Justice: Just Enough Health*, London: Rowman & Littlefield Int.

Schramme T., 2023, *Health as Complete Well-Being: The WHO Definition and Beyond*, "Public Health Ethics", vol. 16, issue 3, DOI: 10.1093/phe/phad017 (accessed: 15.04.2024).

WHO, 1948, *Summary Report on Proceedings, Minutes and Final Acts of the International Health Conference Held in New York from 19 June to 22 July 1946*, https://apps.who.int/iris/handle/10665/85573 (accessed: 15.04.2024).

Articles

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 11–29

Piotr Kępski[1]

Individualisation and Commercialisation of Wellbeing and Health. A Social Constructionist Perspective

Wellbeing and health are becoming an increasingly popular topic in discourses initiated not only by medical doctors, but also by entrepreneurs, experts, and ordinary people. The analysis of the social context of wellbeing and health presented in the article draws attention to the cultural process of constructing these phenomena in an individualistic and commercial direction. With regard to health, social construction manifests itself in the following processes, among others: a change in the way health was understood in the 20th century (a shift from a negative to a positive definition), an emphasis on individual responsibility while reducing the importance of the socio-institutional context, and the commercialisation of health. This process can be interpreted in accordance with Foucault's concept of dispositif as a tendency to form autonomous individuals fully responsible for themselves. Similar trends can also be observed in the field of wellbeing. Their manifestations include the gradual displacement of the concept of happiness by the idea of wellbeing, the individualisation of wellbeing as a sphere dependent on individual activity, and the commercialisation of wellbeing, especially in the dimension of employee wellbeing. Furthermore, this paper proposes – as a polemical response to the individualisation of health and wellbeing – the concept of holistic wellbeing, which takes into account the impact of the social context in addition to the activity of the individual.

Keywords: health, individualisation, social constructionism, wellbeing

Introduction

In addition to biomedical aspects, the issue of health and wellbeing in the broadest sense also includes issues dealt with by the social sciences, including sociology, psychology, and economics (Puchalski 2017: 13). The human being is not only a biological organism, but is first and foremost a social being. Therefore, it is

[1] SWPS University, pkepski@swps.edu.pl.

necessary to situate health, illness, or wellbeing in a broader social context (Piątkowski 2002; Skrzypek 2012: 156–166). It is worth noting that a healthy lifestyles or wellbeing constitute themes raised not only in scientific discourses, but also in narratives created by the media, popular culture, and ordinary people. Taking these considerations into account, it is possible to analyse the topic of wellbeing and health from a social constructionist perspective. This theoretical perspective examines the processes of collectively defining social phenomena and problems, including in the field of health and medicine (Brown 1995; Schneider 1985: 219–221). Mildred Blaxter describes it as follows:

> reality is constructed through human action and does not exist in isolation from it. This should not be understood that phenomena are not real and that they would not exist without our perception or attribution of meaning to them. But it is only through human activity that they become constituted as, for example, a manifestation of health or illness. The social body has an impact on the way we perceive the material body and how we experience it (2009: 38).

According to sociological and cultural analyses concerning health and medicine (Brown 1995; Foucault 1987, 1999; Vigarello 1997), the manners in which people understand illness, pathology, or normality change over time. Our definition of health-related situations is significantly influenced by the cultural sphere. The modes of understanding the determinants of health and wellbeing change over time because our living and working conditions, level of technological development, ways of doing business, scientific knowledge, etc. change.

The discussion concerning the cultural context of health, wellbeing, or stress does not refer only to academic issues, but also has significant practical implications. For example, an important element in defining normality, i.e. standards on the labour market, consists in the employers' expectations regarding the length of the working day, the availability of employees or their complete commitment. In some industries or companies, the expectation of overtime or continuous availability is a standard, which can mean that workers are straining at the limits of their physical and mental endurance and may have serious consequences for their health and wellbeing.

Even though the health and wellbeing of individuals depend on many factors – not only individual ones, but also socio-environmental, and economic factors (Wojtczak 2017: 76–81) – in the 21st century we tend to strongly individualise causality and responsibility for these phenomena. We believe that our health and wellbeing are in our own hands, but we tend to overlook the fact that "even the most motivated people cannot protect and maintain their health on their own without proper living conditions" (Wojtczak 2017: 81). The trend related to the individualisation and commercialisation of health and wellbeing while minimising

the significance of the socio-institutional context constitutes the main issue of this paper. In an age of individualism, emphasising the significance of individual health or resilience to stress seems natural, as it is an expression of a certain **cultural norm** that we do not subject to critical analysis. Contemporary views that proclaim that health and wellbeing is almost exclusively the result, merit, and area of responsibility of an individual, excluding social and systemic factors, are part of the discourse constructed by many actors, including experts, doctors, employers, or politicians. To a large extent, this is the result of current models of health, starting with Lalonde's concept of health fields, which attribute key importance to an individual "lifestyle" in the context of taking care of health (Piątkowski 2002: 23). However, it is also the result of a certain cultural way of thinking and a constellation of social institutions, discourses, and practices that form a network of power mechanisms that can be called, after Michel Foucault, a dispositif (Foucault 1980: 194; Nowicka 2011).

On the one hand, models that place the active human individual at the centre of health and wellbeing issues must be acknowledged. A human being, as the subject of own life, takes responsibility for it, makes key decisions and must do so – this is both an observable fact and a moral postulate on which Western civilisation is based. However, on the other hand, an exaggerated version of individualism leads to the false belief that, regardless of life chances, background, and socio-economic context, an individual's health status is almost exclusively the result of their decisions and choices. This tendency can be called individual responsibilisation, i.e. assigning responsibility to an individual also for matters that do not depend on that person (family and primary socialisation, origin, and social class, genes, environment, or availability of health services, etc.). From a sociological point of view, the origins of this belief are to be found in two important megatrends characterising modernity: individualisation and capitalist neoliberalism. The phenomenon of late-modern individualisation has been considered by many authors (Bauman 2008; Beck 2002; Giddens 2001; Marody 2014; Olcoń-Kubicka 2009). For the purposes of this paper, I assume that individualisation concerns freeing an individual from the traditional "social forms of industrial society" (Beck 2002: 111–112) such as, for example, family, gender, class, or religion (Beck, Beck-Gernsheim 2002: 5). A free and individualised life, understood in this way, becomes a matter of decision and choice for the human individual. Moreover, individualisation is driven by marketing neoliberal strategies linked to pluralism of production, consumption, and communication. People have a much wider choice of life and market opportunities than ever before, they have access to multiple sources of information, they are more likely to express themselves and feel special or unique, even if they are *de facto* copying someone else's patterns. However, paradoxically, this individualisation at the same time constitutes a form of social coercion that we cannot avoid (Beck, Beck-Gernsheim 2002: 4). As Zygmunt Bauman notes:

> On the one hand, you are responsible for yourself, and on the other hand, you are "dependent on conditions going beyond your understanding" (and most often knowledge). […] Exonerating the institution from responsibility and blaming oneself for incompetence helps to either defuse potentially destructive anger or transform it into violent self-censorship and self-criticism (2008: 14).

Referring to Foucault, we can say that individualisation is a process of **subjugation**, i.e. creating a subject on which additional, subtler, and more sophisticated, cultural requirements and obligations are imposed (1998: 30–31).

Neoliberalism, on the other hand – for the purposes of this discussion – is understood as a political-economic concept that proclaims the necessity of applying market principles to other areas of social life as well (e.g. education, public health). Neoliberal discourses often postulate the maximisation of human wellbeing "through liberating individual entrepreneurial freedoms and skills" (Harvey 2005: 2). To put it in Foucault's language: "neoliberalism functions as an apparatus of power and knowledge: it constructs a particular social and political reality" (Oksala 2013: 54). An important consequence of neoliberalism consists in the economisation of social life (everything can be assigned a monetary value) and the belief that man is, in his essence, an investor and consumer who satisfies all his needs by functioning within the realities of the market.

Purpose of the study, methodological assumptions and research question

The aim of this paper is to critically analyse the ways in which health and wellbeing are defined from a constructionist perspective in a socio-business context, as health and wellbeing are becoming an increasingly popular topic in discourses initiated also by entrepreneurs and experts. In the 21st century, "staff health is becoming one of the goals of HR strategy, CSR, or corporate branding" (Puchalski 2017: 13). The text has the character of a theoretical analysis. It adopts a social constructionist approach, which allows to show (1) the changes in the ways in which concepts are defined over time, and (2) the impact of cultural and ideological factors in assigning the concepts of health and wellbeing an individualistic and commercial orientation. The main objective is to answer the following research question: how are the individualisation and commercialisation of health and wellbeing manifested in the socio-cultural ways of defining these phenomena?

Social constructionism

As already mentioned, the work is based on the assumptions of social constructionism. Researchers in this trend "are particularly interested in phenomena that depend on human culture and human decisions – depend on theories, texts, conventions, practices, and conceptual schemes of individuals and groups of people" (Mallon 2007: 94). This theoretical orientation assumes that subjective meanings and interpretations play a key role in social reality and that knowledge about the world does not constitute a veridical reflection of reality but is created by social actors (Wendland 2011: 33). One of the important factors, having impact on our understanding of the world and the processes in it, is power, including the expert power-knowledge, the importance of which was pointed out by Foucault (1998: 29).

Constructionists are often concerned with issues of social problems and the everyday world based on common knowledge and discourses created by collective actors, ordinary people and the media (Berger, Luckmann 1983: 49; Miś 2007: 14). Referring to health and wellbeing, it can be stated that this issue is constructed on several levels. The main actors consist in doctors, scientists, and experts who present their findings, models and recommendations concerning healthy lifestyles and wellbeing within the framework of the research tools and system of scientific concepts available today. This knowledge penetrates into the media and business. Moreover, it also seeps into the everyday world of ordinary people, who themselves become actors in discourses concerning health and wellbeing and construct their own messages about it. In this way, both top-down (authorities, science, experts, mainstream media) and bottom-up (ordinary people, employees, youtubers, social network users, etc.) wellbeing discourses are created that operate in various communication channels and produce different forms of knowledge. In this context, it is possible to speak of Anthony Giddens' modern reflexivity, which consists of changes in consciousness and everyday practice under the influence of new knowledge (2001: 29). Our reality is shaped by many processes, including interaction, communication, interpretation, and conflict. In the light of constructionist assumptions, many phenomena considered as medical problems (e.g. health, normality, mental illness, drug addiction, COVID-19 pandemic) can be interpreted as the result of historical processes of social definition (see, for example, Brown 1995; Foucault 1983; Frieske, Sobiech 1987; Kępski 2022; Vigarello 1997).

Historical evolution of the concept of health – from a negative to a positive conception

Let us begin the analysis with the concept of health, in order to move on to the closely related idea of wellbeing. From a sociological point of view, health is a very complex phenomenon. These are examples of ways of understanding health: (1) the absence of disease or ailment (negative definition); (2) conformity with a norm or average value in the population; (3) a state of the body's equilibrium; (4) the ability of a healthy person to perform various social roles (health as a function); (5) an element of social status (health as "capital" that distinguishes certain individuals or groups) (Blaxter 2009: 12–17). The multiplicity of possible ways of defining health shows that we are dealing with a phenomenon that does not depend only on objective biomedical indicators but is also subject to a process of social construction.

The traditional concept of health grows out of the biomedical paradigm. In accordance with this view, health meant the **absence of disease**. In fact, this is a negative definition (Słońska 2009: 287). It constitutes a base for the restorative medicine model, which assumes that treatment concerns repairing what has deteriorated in health. Paradoxically, from the point of view of the biomedical paradigm, health is a secondary phenomenon. A key role is played by the disease, discovering its mechanisms, causes, and treatments. However, since the mid-20th century, "health systems have faced dramatically increasing prevalence and premature mortality from chronic diseases" (Słońska 2009: 283). Changed living conditions and new challenges have resulted in changing the definition of health. The new approach is referred to as a socio-ecological, social, or holistic paradigm (Blaxter 2009: 24–28; Słońska 2009: 287–289). The name itself indicates that health and illness in this new contemporary model relate more to social, cultural, and environmental conditions. The new definition is positive, i.e. it assumes that health is not just the absence of disease but is also an important resource and a state of positive wholeness. This new approach to health was first expressed in the WHO Constitution: "Health is a state of complete physical, mental, and social *wellbeing* and not merely the absence of disease or infirmity" (WHO 1946: 1232). Despite some criticisms regarding insufficient precision, the restriction of health to a condition, or excessive idealisation, this definition is currently generally accepted (Cierpiałkowska, Sęk 2020: 54). It is also sometimes supplemented by a functional definition, also developed by the WHO, according to which health is not only a state of the body or psyche, but also the ability to satisfy important needs and cope with the demands of the environment (Uramowska-Żyto 2009: 69). In this view, health is more than the absence of disease; it is a state, and at the same time a dynamic process, that enables a person to realise his or her potential and fulfil social roles, adapt to the

environment, and be able to maintain life balance (Synowiec-Piłat, Mianowski 2021: 5). Furthermore, the socio-ecological paradigm assumes that in order to be healthy, each of us requires certain living conditions that allow us to function with dignity and optimally in physical, mental, and social terms. Hence, for example, poverty, which is not in itself a disease phenomenon, constitutes a risk factor and a threat to the ability to develop and meet the needs. Therefore, the socio-ecological model combines the individual dimension of health with the social dimension.

A positive definition of health also implies other related medical-psychological concepts such as wellbeing, quality of life, or happiness. However, as Lidia Cierpiałkowska and Helena Sęk note: "This issue is saturated with ambiguities" (2020: 51). Ambiguity is an inherent feature of natural language and involves a struggle for dominance and assigning meaning in discourse. In accordance with the adopted assumption, one of the key ideological trends that dominate contemporary discourses consists in capitalist neoliberalism. Through experts, politicians, the media, businessmen, and employers, it has an impact on our understanding of health and wellbeing through strategies of responsibilisation, privatisation, and individualisation of health and wellbeing, among others.

Health in a neoliberal society – individualisation and commercialisation

The socio-ecological model of health pointed to the community, i.e. supra-individual determinants of health, but also very strongly emphasised the individual responsibility of each person for his or her health and wellbeing, as it drew attention to the relationship between lifestyle and health. According to modern concepts, our health depends in approx. 50% on lifestyle, 20% on genetic factors, 20% on community-based determinants and 10% on the medical care system (Wojtczak 2017: 78). Therefore, the individual's impact on health or loss of health is dominant – we contribute to illness through certain lifestyles, poor nutrition, lack of physical activity, chronic stress, work overload, and so on. However, from a sociological point of view, it can be stated that a person chooses own lifestyle to the same extent that a particular lifestyle "chooses" that person. The progressive individualisation of health is a manifestation of contemporary neoliberal society, in which global or social risks are presented in terms of the individual's influence and responsibility, with institutional determinants minimised. Meanwhile, a person, his or her health and wellbeing, is a part of a certain ecosystem, including the family, social group, or organisation in which that person works. Because we are part of a larger whole, in order "to change lifestyles, one must not only appeal to

individuals, but also change the environment in which they live in such a way that it stimulates and supports individual aspirations towards health" (Słońska 2009: 300).

Living under a system of neoliberal capitalism, we operate in a reality filled with paradoxes and contradictions. On the one hand, health is presented in all influential discourses as a superior value and is also valued as such by ordinary people (CBOS 2020). On the other hand, the socio-economic system, in the pursuit of profit, generates many legal products and services that pose serious health risks. In this context it is possible to list such phenomena as the mass production and advertising of sweets, sweetened and energy drinks, processed food and fast food, legal gambling, the production of alcohol, cigarettes and tobacco products, etc. Very often, these are products offered by powerful corporations with little control from governments, moreover, they constitute influential pressure groups. These organisations are interested in the increasing commercialisation of many spheres of life, including health, in modern society.

From an early age, people are exposed to various forms of advertising and persuasion, as well as group pressure oriented towards buying products that simply harm them, they learn certain behaviours from celebrities, youtubers, family members, and peers. Living in a particular social class and environment, they gradually acquire habits which, to refer to Bourdieu's terminology, become their habitus, their second nature. And under these conditions they are told that they are free, they can freely choose their lifestyle, and that they have their health in their own hands. Contemporary sociology draws attention to another significant problem, that of health inequalities, often linked to ethnicity or class, which is largely the result of birth rather than choice (Blaxter 2009: 135; Laskowska 2012). Therefore, health turns out to be the resultant of many factors, both individual and originating in socialisation, social class, living and material conditions, and the health care system (Wojtczak 2017: 76).

It is difficult to change the social system as a whole and, moreover, deep systemic change carries the risk of revolution, destabilisation, and loss of influence from economic and political elites. Moreover, the public health system is more and more often unable to cope, also in financial terms, with the volatility of the modern world, rising treatment costs and the problem of ageing populations. Also, many companies view efforts to address employee health and wellbeing as an excessive cost that weighs on their balance sheet. Therefore, it is much easier to promote responsibility for health and wellbeing on an individual basis. Viewed from this perspective, it is possible to perceive the neoliberal strategy of individualisation and privatisation of health as a way of managing populations and individuals. In the language of Foucault, it is a dispositif or strategy of power to arrange life in such a way as to format people as individuals responsible for themselves and treating life in terms of their own self-creation, including the domain of health. According to this

narrative, if individuals are successful, healthy and happy – they owe this solely to themselves, and if they suffer or decline in health – the responsibility also lies solely with them.

Another aspect that demonstrates the social impact of neoliberal ideology consists in the increasing commercialisation of health and healthcare. This process is occurring due to the rising costs of health services and the notorious underfunding of the health sector in Poland. Due to the lack of access to many specialised services and inadequate financial limits for their reimbursement, people are forced to individually take advantage of private health services (or through their employers). This process is progressing and leads to the individual having an impact on his or her health status not only through individual lifestyles, but also through the need for private healthcare. This is the reality in a neoliberal society. This situation is treated by Poles as a certain norm, hardly surprising anyone anymore, and the demand for health insurance and private medical care is a standard expectation of Polish employees (Sedlak & Sedlak 2021; Enter The Code 2022). A task that has traditionally been the responsibility of the state or the social security system in continental Europe is more and more often becoming a field of action for the individual. Politicians – irrespective of party affiliation – are tacitly transferring this task to the citizens, and the private health market is taking advantage of the opportunities opening up. An element of the commercialisation of health also consists in the assumption of control over health by business and advertising discourses that generate demand for various services, supplements, and pharmaceuticals presented as a panacea for all health ailments. A person taking care of his or her health no longer becomes just a patient or someone taking care of themselves, but also a consumer of commercial medical, aesthetic, pharmaceutical, insurance services and products, etc.

From happiness to wellbeing – the process of social construction of wellbeing

As the idea of wellbeing – as sense of feeling fine, being able to fulfil one's potential and experiencing a full life – is linked to a positive definition of health, it is included in this analysis concerning the social aspects of health and wellbeing. The concept of wellbeing is essentially derived from positive psychology, which emerged at the end of the 20th century in the USA (Seligman, Csíkszentmihályi 2000). However, wellbeing is not a new phenomenon in psychology. This concept originates also from the psychology of happiness, which researchers have been studying since the 1960s (Argyle 2011: 6; Czapiński 1992, 2004). Michael Argyle assumes that happiness is a state associated with positive emotions and life satisfaction, which can also be referred to as subjective wellbeing (2011: 8). According to Argyle, the sense of

happiness consist of two main factors: affective (positive emotions) and cognitive (life satisfaction) (2011: 10). However, there are many ways of understanding happiness and wellbeing (Czapiński 2004: 51–102; Diener 1984; Ilska, Kołodziej-Zaleska 2018: 157–161; Ryff 1989; Seligman 2011). The sheer multiplicity of definitions concerning wellbeing shows that the phenomenon is subject to the process of social construction. Depending on the adopted assumptions, we arrive at different conceptualisations of wellbeing. Moreover, there is an increasing number of business-oriented models in recent years, resulting in that economic discourses strongly impact our understanding of wellbeing.

It is worth noting that, in the 21st century, the original and more colloquial concept of happiness is increasingly being replaced by the scientific and business concept of wellbeing. Why is it so? I believe that the main reason is the process of socially defining fuelled by the dominance of neoliberal, business and individualist discourses. Happiness as a "traditional" concept includes connotations related to randomness, a sphere beyond human control. It is no coincidence that in colloquial language we say "I was lucky"[2] when we owe something to a confluence of advantageous circumstances. Władysław Tatarkiewicz distinguishes four meanings of the concept of "szczęście". Two of them occur in colloquial usage: "szczęście" as a favourable fate[3] possibly as a moment of experiencing intense joy; and two function in philosophical language: as eudaimonia (an ethical virtue associated with rational living and sensible decisions) or as lasting satisfaction with life as a whole[4] (Tatarkiewicz 1962: 15–29). In colloquial terms, happiness is something that happens to us and does not necessarily depend on our efforts. In the late-modernity of the 21st century, in an age where the individual is perceived to be entirely responsible for own fate, the understanding of happiness has been gradually being modified. According to the dominant cultural imperative, people should be able to manage their lives, including managing their sense of happiness. This is why the emergence of positive psychology and the concept of wellbeing fell on fertile ground. It is no coincidence that positive psychology was initiated in the USA, a highly individualised society. Happiness is more difficult to manage, while wellbeing is much more dependent on individual efforts, skills, and actions. People want to take their lives, destiny, and happiness into their own hands. There is nothing strange or wrong with this. However, a side effect of the modern manner of defining happiness-wellbeing consists in a very strong shift of the emphasis towards individual merit and responsibility. The typical assumption for individualistic culture applies – if you cannot achieve wellbeing, it is solely your personal problem and your "fault". Sonja Lyubomirsky, citing the results of

[2] Luck and happiness are the same word in Polish (transl. note).
[3] Luck (transl. note).
[4] Happiness (transl. note).

a number of studies, claimes that the human sense of happiness is genetically determined in approx. 50%, depends on life circumstances in approx. 10%, and is the result of our deliberate actions in approx. 40% (2011: 32). So, contrary to the strongly individualistic narratives concerning wellbeing, the influence of the individual on the possibility of achieving happiness is nevertheless limited. Individual efforts are very important, but genetic factors, social factors and external circumstances also come into play. However, in contemporary conceptions of wellbeing, this message is fading.

As already mentioned, wellbeing is understood differently by different authors. Apart from relatively simple hedonistic ideas that focus on experiencing positive emotions and a positive assessment of one's own life (Ilska, Kołodziej-Zaleska 2018: 157–158), there are also more complex models that take into account more dimensions of wellbeing, including the meaning of life or good interpersonal relationships (Ryff 1989; Seligman 2011). An overview of selected concepts can be found in the Polish literature concerning positive psychology or happiness psychology (Czapiński 2004; Czerw 2017; Ilska, Kołodziej-Zaleska 2018). When attempting to categorise various accounts of wellbeing, researchers usually divide them into hedonistic or eudaimonistic concepts. Hedonistic wellbeing means experiencing positive emotions that outweigh the negative ones as well as a positive outlook on life. Whereas eudaimonic wellbeing refers to experiencing one's life as meaningful or valuable (Czerw 2017: 20).

It is also worth noting that some psychological concepts consider the social factor of wellbeing, which consists in positive relationships with close people (family, friends, life partner). This vision is presented by Carol Ryff (1989) when talking about psychological wellbeing. Ryff lists six dimensions of wellbeing: self-acceptance, positive relationships with others, autonomy, life purpose, and mastery of the environment. Also, Martin Seligman (2011), in his five-factor model of wellbeing known by the acronym PERMA, points out that positive relationships are one of the five dimensions of wellbeing, along with positive emotions, engagement, sense of purpose, and achievement. David Myers or Barbara Fredrickson also point to the particular significance of positive relationships and social support in the context of positive psychology and wellbeing. Myers (2004: 205–206) believes that social ties in the evolutionary process increased the chances of human survival, developing them was adaptive and, furthermore, the need to belong to a group provides us with a sense of meaning. Whereas, Fredrickson (2001: 224), in her Broaden-and-Build Theory, argues that positive emotions work in favour of broadening one's repertoire of thinking and acting, resulting in a drive for individual development and acquiring social connections, through which in turn support and a better quality of life can be obtained.

However, despite the above examples, the socio-systemic dimension and context of wellbeing tends to be marginalised in psychological concepts, especially in colloquial and business narratives. As already mentioned, individualist and neoliberal discourses have a strong influence on the definition of wellbeing. They present wellbeing as a sphere of activity and responsibility for an individual, who is interpreted as a completely autonomous subject, independent of the social-institutional context.

Another manifestation of the individualisation and commercialisation of wellbeing consists in a trend I call the commercialisation of wellbeing. It is often the case in business discourses that put forward so-called financial wellbeing (Cox et al. 2009; Deloitte 2021: 3; Ilków 2019: 42). On the one hand, it is impossible to deny the role of money in our lives, which not only facilitates daily life, but also provides an important sense of security, prestige, and self-esteem. However, talking about **financial wellbeing** brings the concept closer to the idea of welfare. Nevertheless, many studies show that the relationship between money and a sense of happiness is relatively strong for people with low incomes (Diener, Seligman 2004: 5). After achieving a certain income, the sense of wellbeing stabilises. As shown by analyses carried out by Ed Diener and Martin Seligman (2004: 3), despite a threefold increase in the value of GDP per person in the US and other developed countries during the 20th century, life satisfaction has remained constant. Moreover, some indicators, related to mental health, have deteriorated significantly. Seligman (2004: 23) even speaks of an "epidemic of depression". Therefore, emphasising the so-called financial wellbeing as a separate determinant of happiness is simplistic.

Moreover, it is worth noting another important aspect of the social shaping of the concept of wellbeing. In some HR industry discourses and reports, wellbeing is beginning to be largely equated with employee benefits (Activy 2020; Enter The Code 2022). This way an impression that wellbeing in organisations concerns primarily offering employees a wide range of attractive benefits or **corporate wellness** services, is created. This is another economic oversimplification that identifies employee wellbeing with the bidding of employer-provided benefits. This ignores the impact on wellbeing and employee motivation of non-economic factors such as work content, autonomy, intrinsic motivation, management style, or interpersonal relationships (see e.g. self-determination theory – Ryan, Deci 2000).

Holistic wellbeing

This paper does not seek to question the intrinsic sources of a sense of wellbeing or to diminish the role of the individual in helping oneself to be happy.

Individual efforts, optimism, a positive attitude, skills, and activity play a key role. These can be described as conditions necessary for health and wellbeing, but in many situations these are not sufficient conditions for achieving ambitious goals, as our lives and wellbeing also depend on external and social factors. Wellbeing is a process conditioned strongly in social terms and not just individually. As noted by Diener and Seligman (2004: 4–5), analysing statistical data from a number of countries, the sense of happiness in a developed society that has reached some satisfactory level of GDP *per capita* depends to a large extent on the quality of governance, stable and well-functioning political and social institutions, public trust and low corruption. Viewed from a sociological perspective, it is therefore impossible to say that an individual – acting, for example, as an employee – is solely responsible for his or her wellbeing, because health and wellbeing are a "private business" of that person. An individual-worker, individual-patient, individual-citizen, individual-family member constitutes part of a broader social context that also affects their wellbeing. Due to the limited volume of this paper, this issue will only be outlined, but at a time when the notion of wellbeing is gaining ground in psychological and business discourses, it is important to contrast extreme individualistic and commercial narratives with sociological and institutional concepts of holistic wellbeing. In saying so, I am referring to models that go beyond the notion of subjective wellbeing and present holistic wellbeing as the result of human interaction with the environment. In such a systemic approach, the holistic wellbeing of an individual depends not only on individual efforts, but also on the influence of the environment in which that person lives. The case is similar in terms of employee wellbeing, which is the result – not only of the employee's individual efforts, but also of the organisation's efforts to shape the organisational context accordingly, including the organisational culture, atmosphere, management style, work organisation, and remuneration system. The model of holistic wellbeing is shown in Figure 1. The notion of context can be understood broadly as a setting shaped by social, organisational, situational or family factors. The key element in this model is to acknowledge that the context is largely independent from individuals and their activities. Thus, a destructive and toxic social or organisational context can lead to a great loss in individual holistic wellbeing, irrespective of individual efforts.

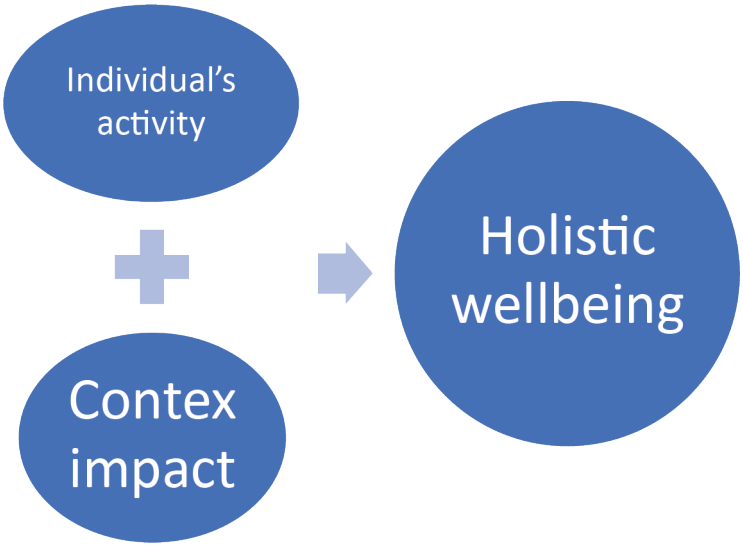


Figure 1. Holistic wellbeing as a result of the individual's activity and the impact of the situational or organisational context

Source: own elaboration.

The above comments relate not only to wellbeing, but also to the issue of health. Also in this case we can talk about the impact of environment and social context on human health. From a sociological perspective, concepts such as social support or social capital point to the important role of other people in human functioning and maintaining health (see e.g. Nowakowski 2004; Erenkfeit 2010). However, the impact of the social context is much broader, as it also involves institutional arrangements. In the area of health, this will include, for example, the healthcare system, the quality of public services, the legal system, etc. Whereas, in the context of work and employee wellbeing the institutional dimension will include, *inter alia*, compliance with health and safety principles, organisational culture, management and employee motivation systems, as well as work organisation and working time.

Finally, it is worth noting one more phenomenon that puts the narrative of individualistic self-sufficiency of an individual in the sphere of health or wellbeing in a problematic light. Namely the increasingly widespread self-help counselling. This is signalled by, for example, Giddens who says that a doctor, counsellor, or therapist constitute an inseparable element of the "expert systems of modernity" (2001: 27). Currently, the system is moving towards de-formalisation and various kinds of "expert knowledge" of youtubers or five-minute "advisors" on TikTok. Millions of people derive their knowledge or apparent knowledge from this advice and shape their views and attitudes based on this, including in the sphere of health

or wellbeing. *De facto*, it appears that many people are dependent on this system of colloquial knowledge, not to mention the dependence on professional therapists. Therefore, paradoxically, it turns out that a seemingly autonomous individual – in order to achieve wellbeing or health – needs considerable external support in the form of coaching, counselling and knowledge provided by experts, therapists, nutritionists, specialised apps, etc. So, an independent individual is like Baron Münchhausen, who was supposed to get out of the swamp by pulling on his own braid. However, in practice, it turns out that Münchhausen needs substantial help to solve his problems and achieve wellbeing.

Summary: Health and wellbeing in a socio-organisational context

The presented analysis of factors determining health and wellbeing draws attention to the cultural process of constructing these phenomena in an individualistic and commercial direction. In accordance with the constructionist perspective, it was assumed that health and wellbeing constitute phenomena that are significantly influenced by the process of social interpretation. In addition to the objective biomedical aspect, the problem of health and wellbeing includes also an important socio-cultural dimension, including a discursive one. When we talk about health and wellbeing, we construct knowledge that, in line with Giddens' concept of reflexivity, has an impact on changing our views, attitudes, and behaviour. This process can also be explained by referring to Foucault's category of a dispositif. That is because, it is possible to state that modern neoliberal capitalism creates a system of discourses, practices, knowledge, and institutions that construct the subtle web of power in which modern people operate. This power takes advantage of, for example, strategies of individualisation, responsibilisation, and commercialisation in relation to various dimensions of life, including health and wellbeing. According to the cultural imperative created in the 21st century, an individual and his or her condition constitute solely the "product" of his or her own actions and is fully responsible for this. In this way, we are taught to take responsibility for ourselves, while institutions such as the state or organisations and corporations are largely absolved of this responsibility. Moreover, commercialisation allows the market and private companies to develop niches from which the state is withdrawing, including in the areas of healthcare, education, or wellbeing. This process is progressing and individuals more and more often have to rely on themselves to find their way in a changing reality. Thus, the strategies of commercialisation and individualisation are interlinked and furthermore mutually reinforcing. The process of individualisation and commercialisation of health and wellbeing in the modern world can be perceived as part of a neoliberal power strategy shaping

the human being as an autonomous individual with complete responsibility for his or her life, including aspects that the individual has not chosen (e.g. genes, family and social class, or environmental quality). This strategy includes strong motivational power when the individual is healthy, fit, and successful (I owe it all to myself as **a self-made man**). However, for people who, for a variety of reasons – not always self-inflicted – are struggling with health and existential problems, the individualisation strategy contributes to negative phenomena such as self-blame, depression, alienation, and loneliness.

Given these considerations, it is important to note that we need a more holistic approach to health and wellbeing that takes more account of the impact of socio-cultural and institutional factors. We should not look at these phenomena solely through the prism of an individual and its actions. A much more holistic approach to health and wellbeing, closer to the concept of the socio-ecological model of health, is required. A person can strive for health on his or her own, but in an unfavourable circumstances, in a degraded environment, facing an inefficient public health service, in a situation of working in a toxic organisation, the individual will not have the conditions contributing to health and wellbeing. Looking from a perspective beyond narrowly conceived individualisation and commercialisation, the phenomena of emphasising organisational and Corporate Social Responsibility (CSR), or responsibility within the framework of ESG (Environmental, Social Responsibility, Governance) activities should be regarded as highly beneficial. These initiatives can also include health or wellbeing activities. Organizations – whether large corporations or small companies, but also non-commercial institutions such as schools, universities, or government departments – share responsibility for the world we live in and creating conditions in favour of health and wellbeing.

References

Activy, 2020, *Przyszłość wellbeingu i benefitów pracowniczych. Nowe porządki*, https://raport.activy.app/ (accessed: 1.10.2023).

Argyle M., 2011, *The Psychology of Happiness*, London: Routledge.

Bauman Z., 2008, *Zindywidualizowane społeczeństwo*, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Beck U., 2002, *Społeczeństwo ryzyka*, transl. S. Cieśla, Warszawa: Wydawnictwo Naukowe Scholar.

Beck U., Beck-Gernsheim E., 2002, *Individualization. Institutionalized Individualism and Its Social and Political Consequences*, London: Sage Publications.

Berger P., Luckmann T., 1983, *Społeczne tworzenie rzeczywistości. Traktat z socjologii wiedzy*, transl. J. Niżnik, Warszawa: Państwowy Instytut Wydawniczy.

Blaxter M., 2009, *Zdrowie*, transl. M. Okła, Warszawa: Sic!

Brown P., 1995, *Naming and Framing: The Social Construction of Diagnosis and Illness*, "Journal of Health and Social Behavior", Extra Issue.
CBOS, 2020, Newsletter 2/2020, www.cbos.pl/PL/publikacje/news/2020/02/newsletter.php (accessed: 1.10.2023).
Cierpiałkowska L., Sęk H. (eds.), 2020, *Psychologia kliniczna*, Warszawa: Wydawnictwo Naukowe PWN.
Cox A., Hooker H., Markwick C., Reilly P., 2009, *Financial Well-Being in the Workplace*, Brighton: Institute for Employment Studies.
Czapiński J., 1992, *Psychologia szczęścia. Przegląd badań i zarys teorii cebulowej*, Warszawa: Akademos.
Czapiński J., 2004, *Psychologiczne teorie szczęścia* [in:] J. Czapiński (ed.), *Psychologia pozytywna. Nauka o szczęściu, zdrowiu, sile i cnotach człowieka*, Warszawa: Wydawnictwo Naukowe PWN.
Czerw A., 2017, *Psychologiczny model dobrostanu w pracy. Wartość i sens pracy*, Warszawa: Wydawnictwo Naukowe PWN.
Deloitte, 2021, *Well-Being at the Heart of the Employee Experience for the Social Enterprise*, https://www2.deloitte.com/content/dam/Deloitte/xe/Documents/consulting/HC-wellbeing.pdf (accessed: 1.10.2023).
Diener E., 1984, *Subjective Well-Being*, "Psychological Bulletin", vol. 95, no. 3.
Diener E., Seligman M., 2004, *Beyond Money. Toward an Economy of Well-Being*, "Psychological Science in the Public Interest", vol. 5, no. 1.
Enter The Code, 2022, *Raport benefitów pracowniczych 2023*, https://enterthecode.pl/wp-content/uploads/2023/02/ETC-Raport-benefitow-pracowniczych-2023.pdf (accessed: 1.10.2023).
Erenkfeit K., 2010, *Zdrowie a kapitał społeczny. Ujęcie teoretyczne i praktyczne* [in:] A. Anczyk, K. Łaszczyca (eds.), *Człowiek i jego środowisko*, Sosnowiec: Wydawnictwo Instytutu Medycyny Pracy i Zdrowia Środowiskowego.
Foucault M., 1980, *Power/Knowledge: Selected Interviews & Other Writings 1972–1977*, New York: Pantheon Books.
Foucault M., 1983, *The Subject and Power* [in:] H.L. Dreyfus, P. Rabinow (eds.), *Michel Foucault: Beyond Structuralism and Hermeneutics. Second Edition. With an Afterword and an Interview with Michel Foucault*, Chicago: The University of Chicago Press.
Foucault M., 1987, *Historia szaleństwa w dobie klasycyzmu*, transl. H. Kęszycka, Warszawa: Państwowy Instytut Wydawniczy.
Foucault M., 1998, *Nadzorować i karać. Narodziny więzienia*, transl. T. Komendant, Warszawa: Aletheia.
Foucault M., 1999, *Narodziny kliniki*, transl. P. Pieniążek, Warszawa: Wydawnictwo KR.
Fredrickson B., 2001, *The Role of Positive Emotions in Positive Psychology*, "American Psychologist", vol. 56, no. 3.
Frieske K., Sobiech R., 1987, *Narkomania. Interpretacje problemu społecznego*, Warszawa: Instytut Wydawniczy Związków Zawodowych.
Giddens A., 2001, *Nowoczesność i tożsamość. "Ja" i społeczeństwo w epoce późnej nowoczesności*, transl. A. Szulżycka, Warszawa: Wydawnictwo Naukowe PWN.
Harvey D., 2005, *A Brief History of Neoliberalism*, New York: Oxford University Press.
Ilków E., 2019, *Chcę tu być, czyli jak dbać o komfort pracy*, "Personel Plus", no. 3 (136).

Ilska M., Kołodziej-Zaleska A., 2018, *Dobrostan hedonistyczny i eudajmonistyczny w sytuacjach kryzysów normatywnych i nienormatywnych*, "Zeszyty Naukowe Politechniki Śląskiej. Organizacja i Zarządzanie", no. 123.

Kępski P., 2022, *Społeczny wymiar pandemii. Biopolityka i medykalizacja w czasach COVID-19*, "Przegląd Socjologiczny", vol. 71, no. 3, DOI: 10.26485/PS/2022/71.3/4.

Laskowska I., 2012, *Zdrowie i nierówności w zdrowiu – determinanty i implikacje ekonomiczno-społeczne*, Łódź: Wydawnictwo Uniwersytetu Łódzkiego.

Lyubomirsky S., 2011, *Wybierz szczęście. Naukowe metody budowania życia, jakiego pragniesz*, transl. T. Żychoń, Warszawa: MT Biznes.

Mallon R., 2007, *A Field Guide to Social Construction*, "Philosophy Compass", vol. 2, no. 1, DOI: 10.1111/j.1747-9991.2006.00051.x.

Marody M., 2014, *Jednostka po nowoczesności. Perspektywa socjologiczna*, Warszawa: Wydawnictwo Naukowe Scholar.

Miś L., 2007, *Problemy społeczne. Teoria, metodologia, badania*, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Myers D., 2004, *Bliskie związki a jakość życia* [in:] J. Czapiński (ed.), *Psychologia pozytywna. Nauka o szczęściu, zdrowiu, sile i cnotach człowieka*, Warszawa: Wydawnictwo Naukowe PWN.

Nowakowski M., 2004, *Pojęcie wsparcia społecznego i problemy jego pomiaru ze szczególnym uwzględnieniem populacji seniorów* [in:] J.T. Kowaleski, P. Szukalski (eds.), *Nasze starzejące się społeczeństwo. Nadzieje i zagrożenia*, Łódź: Wydawnictwo Uniwersytetu Łódzkiego.

Nowicka M., 2011, *'Urządzenie', 'zastosowanie', 'układ' – kategoria* dispositif *u Michela Foucaulta, jej tłumaczenia i ich implikacje dla postfoucaultowskich analiz władzy*, "Przegląd Socjologii Jakościowej", vol. 7, no. 2.

Oksala J., 2013, *Neoliberalism and Biopolitical Governmentality* [in:] J. Nilsson, S.-O. Wallenstein (eds.), *Foucault, Biopolitics, and Governmentality*, Stockholm: Södertörn University.

Olcoń-Kubicka M., 2009, *Indywidualizacja a nowe formy wspólnotowości*, Warszawa: Wydawnictwo Naukowe Scholar.

Piątkowski W., 2002, *W stronę socjologii zdrowia* [in:] W. Piątkowski, A. Titkow (eds.), *W stronę socjologii zdrowia*, Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej.

Puchalski K., 2017, *Zdrowie we współczesnym społeczeństwie* [in:] K. Puchalski, E. Korzeniowska (eds.), *Promocja zdrowia w zakładzie pracy: Wsparcie dla zdrowego odżywiania się i aktywności fizycznej pracowników*, Łódź: Instytut Medycyny Pracy im. prof. J. Nofera.

Ryan R., Deci E., 2000, *Self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development, and Well-Being*, "American Psychologist", vol. 55, no. 1, DOI: 10.1037110003-066X.55.1.68.

Ryff C., 1989, *Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being*, "Journal of Personality and Social Psychology", vol. 57, no. 6, DOI: 10.1037/0022-3514.57.6.1069.

Schneider J., 1985, *Social Problems Theory: The Constructionist View*, "Annual Review of Sociology", vol. 11.

Sedlak & Sedlak, 2021, *Raport. Benefity w oczach pracowników 2021*, https://wynagrodzenia.pl/raport-placowy/benefity-w-oczach-pracownikow-2021 (accessed: 10.10.2024).

Seligman M., 2004, *Psychologia szczęścia* [in:] J. Czapiński (ed.), *Psychologia pozytywna. Nauka o szczęściu, zdrowiu, sile i cnotach człowieka*, Warszawa: Wydawnictwo Naukowe PWN.

Seligman M., 2011, *Pełnia życia. Nowe spojrzenie na kwestię szczęścia i dobrego życia*, transl. P. Szymczak, Poznań: Media Rodzina.

Seligman M., Csíkszentmihályi M., 2000, *Positive Psychology. An Introduction*, "American Psychologist", vol. 55, no. 1, DOI: 10.1037/0003-066X.55.1.5.

Skrzypek M., 2012, *Medycyna w polu badań socjologii choroby, zdrowia i medycyny w kontekście niemedykocentrycznej orientacji badawczej subdyscypliny*, "Przegląd Socjologiczny", vol. 61, no. 2.

Słońska Z., 2009, *Socjologia a promocja zdrowia* [in:] A. Ostrowska (ed.), *Socjologia medycyny. Podejmowane problemy, kategorie analizy*, Warszawa: Wydawnictwo Instytutu Filozofii i Socjologii PAN.

Synowiec-Piłat M., Mianowski J., 2021, *Introduction*, "Miscellanea Anthropologica et Sociologica", vol. 2–3, no. 22.

Tatarkiewicz W., 1962, *O szczęściu*, Warszawa: Państwowe Wydawnictwo Naukowe.

Uramowska-Żyto B., 2009, *Socjologiczne koncepcje zdrowia i choroby* [in:] A. Ostrowska (ed.), *Socjologia medycyny. Podejmowane problemy, kategorie analizy*, Warszawa: Wydawnictwo Instytutu Filozofii i Socjologii PAN.

Vigarello G., 1997, *Historia zdrowia i choroby. Od średniowiecza do współczesności*, transl. M. Szymańska, Warszawa: Oficyna Wydawnicza Volumen.

Wendland M., 2011, *Konstruktywizm komunikacyjny*, Poznań: Wydawnictwo Naukowe Instytutu Filozofii UAM.

WHO, 1946, Konstytucja Światowej Organizacji Zdrowia, https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19480610477/O/D19480477.pdf (accessed: 1.10.2023).

Wojtczak A., 2017, *Zdrowie publiczne wyzwaniem dla systemów zdrowia w XXI wieku*, Warszawa: Wydawnictwo Lekarskie PZWL.

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 30–45

Mateusz Glinowiecki[1]

From Institutional Walls to Community-Based Treatment – the Changing Forms of Support for People in Mental Health Crises

According to the epidemiological study – EZOP II (2021), approximately 9 million Poles suffer from mental disorders. The statistics concerning the number of suicide attempts, as well as the scale of serious mental health crises among children and young people are increasingly worrying. The broadly understood support system faces the challenge of organising professional help for an increasing number of people who are at different stages of illness and therefore have different needs. The aim of this paper is to describe the process of changes in the approach to supporting people in mental health crises, with a particular focus on the transition from an asylum model geared towards inpatient treatment to a community-based model enabling people to receive support provided in a form as open as possible. The lack of long-term isolation is thought to counteract the phenomenon of stigma and to accelerate recovery from the deviant social role of the patient. The article presents specific community-based forms of support: Mental Health Centres, day wards, sheltered housing, and NGO activities. The impact of the community-based model on the wellbeing of not only the persons suffering, but also their loved ones and society as a whole, is assessed. Questions are raised concerning the future of the community-based model. The paper, apart from an attempt to diagnose the current situation, refers to sociological concepts, primarily from the sociology of medicine and the sociology of the family.

Keywords: community psychiatry, forms of support, mental health crisis, mental illness

[1] University of Warsaw, m.glinowiecki@uw.edu.pl.

Introduction

Mental health constitutes an increasingly significant social problem. According to an epidemiological study (EZOP II 2021), 26.5% of Poles suffer from at least one mental disorder, which translates into nearly 9 million people. Over the course of a decade (since the first EZOP survey carried out in 2011), we have seen an increase of more than 3 percentage points in this respect. The most common mental health conditions are anxiety disorders and affective disorders. We report high (above the European average) suicide rates of 2.9 per 100 000 people in women and as many as 21.4 in men (WHO 2020). This translates into around 12,000 suicide attempts per year, of which around 5,000 end in death (Police Headquarters 2022). The increase in the incidence of serious mental disorders among children and young people is of particular concern. Data from the National Health Service (NFZ) indicate that between 150,000 and 200,000 minor patients receive psychiatric care each year, with around 13,000 requiring hospitalisation. The psychiatric care system is already failing to keep up with the exponentially increasing demand to provide professional help to this group of patients. As a result, we have overcrowded hospital wards and very long waiting times for specialists – psychiatrists and child psychologists. The pandemic, which isolated young people from their peers for several months, had its share of impact on the negative consequences[2].

Mental health problems can hardly be expected to decrease in severity in the future. On the contrary, the available data and experience from other European countries lead us to assume that the following years will show increases in the incidence of mental disorders among both adults and minors. Therefore, the broadly understood support system faces the daunting challenge of providing professional and comprehensive assistance to the millions of Poles struggling with mental health crises[3]. The main part of the article will be devoted to describing specific forms of support (increasingly often referred to as support practices), understood as "professional activities and services implemented by the mental health care system, the social welfare system, as well as non-governmental organisations and other entities" (Rymsza 2023: 7)[4].

[2] The negative impact of the pandemic on mental health is confirmed by reports from the World Health Organization. According to the 2022 data, the global prevalence of anxiety disorders and depression increased by 25% during this time. One of the main reasons for this was the stress caused by isolation. Fear of infection, suffering, death of loved ones, and financial worries were also significant (Szczepaniak 2021). According to a survey conducted by UCE Research – 38.5% of respondents rated their mental health as having deteriorated during the pandemic. Symptoms that respondents observed in themselves included stress, lowered mood, sleep disturbances, frequent feelings of anxiety, activity disorders, and lack of energy (Stelmach 2022).

[3] The phrase "people in mental health crises" will be used throughout the article. It is a phrase that is less stigmatising than a person suffering from a mental disorder.

[4] Due to its different character, the text will not address the issue of treating addiction or forms of support for people with intellectual disabilities.

From an asylum model to a community-based model

Mental crises have always been with us. However, the approach to those affected varied significantly depending on the region and the historical period. Sick people could count on kindness and support or they were isolated and, in extreme cases, even eliminated from society (Brodniak 2000). Until the middle of the 20th century, the predominant model was the so-called "asylum model", which on the one hand provided patients with care and treatment methods adapted to the possibilities of the given time, and on the other hand consisted in separating them from society. Unfriendly, located on the outskirts of cities, and completely closed psychiatric hospitals, ineffective and full of side effects pharmacotherapy, limited therapeutic forms, failure to respect the basic rights of patients – this was the reality of psychiatric care at the time. Hospitals often took the form of Goffmanian total institutions[5], and patients stayed in them for very long periods of time (often years) with no apparent improvement in their health[6]. Much has changed in the 1950s, when the anti-psychiatry movement began to develop in the United States. Its representatives not only fought for the basic rights of people in psychiatric hospitals to be respected, but also called for treatment to take place to a much greater extent in the community and with the involvement of local communities. The example of the United States was also followed by other countries, primarily European, where representatives of the anti-psychiatry movement began to make their voices heard more and more. In places, their ideas were becoming highly radical. This was the case, for example, in Italy, where decisions were made in the 1970s to stop admissions to psychiatric hospitals, resulting in closing them. This ill-conceived decision has done more harm than good, but in the vast majority of locations, the switch from an asylum model to a community-based model proved to be a turning point and has contributed to significant improvements for people experiencing mental health crises. What was already becoming the norm in the 1970s in the United States, Scandinavia, or Western European countries, we had to wait much longer for in our country. The first attempts to implement the community-based model in Poland took place in the 1990s, but they were highly limited and did not yield the expected results. The first tangible movement in this direction was made in 2010 with the attempt to implement the National Programme for Mental Health Protection (NPOZP) for 2011–2015 (Journal of Laws

[5] The concept of total institutions was described by Erving Goffman in 1961, who defined them as social organisations within which a closed group of people, formally controlled by its staff, live. Examples of total institutions include concentration camps, prisons, military barracks, boarding schools, monasteries, and psychiatric hospitals (Goffman 2011).

[6] The situation of people in psychiatric hospitals in the asylum model is very well illustrated in *One Flew Over the Cuckoo's Nest*. This 1975 Oscar-winning film by Milos Forman became one of the symbols of the anti-psychiatry movement and has helped to improve the situation of people with mental illness.

of 2011, no. 24, item 128), which was the result of the joint work of many involved communities and which was considered one of the best designed and most comprehensive documents of its kind in Europe. Unfortunately, the NPOZP turned out to be a complete failure. This is confirmed by a report by the Supreme Audit Office (NIK 2016) indicating a great scale of neglect and omission. It is enough to mention that at that time the Minister of Health failed to complete 29 out of 32 tasks, and the performance of other governmental units can be assessed only slightly better. Therefore, it is not surprising that the vast majority of the Programme's objectives have not been met. Another significant moment came in 2017 with the new edition of the NPOZP, this time scheduled for 2017–2022 (Journal of Laws of 2017, item 458). It appears to have been taken more seriously, with appropriate legislation and funding secured in its implementation. In 2018, a pilot of Mental Health Centres (CZP) was launched, scheduled to end in 2022 (Journal of Laws of 2020, item 2086 and 2364 as well as 2021, item 1976, 2012, and 2491). It was eventually decided to extend it until the end of 2024 (Journal of Laws of 2020, item 2086 and 2364 as well as 2021, item 1976, 2012, and 2491). The CZP, intended to constitute the basis of the community-based model, will be described in more detail later in the chapter.

The process of transition from an asylum model to a community-based model can be summarised as follows. The vast majority of countries where psychiatry is at a high level already have this reform long behind them. In such countries, the community-based model constitutes the primary form of care for people in mental health crises. In the case of Poland, we are at least 20–30 years behind and are now making up for lost time. We are – maybe not at the beginning – but somewhere in the middle of a path from which we can no longer turn back. It is important that the following decades (because that is probably how long it will take to complete the process) bring more decisive and consistent action that will actually bring us closer to the goal of implementing the community-based model. This would certainly constitute a qualitative change extending universal and comprehensive support to people in mental health crises.

The community-based model in practice

What is the much-talked-about community-based model in practice and what opportunities does it offer to replace the asylum model for good? It is an example of deinstitutionalisation activities that cover many areas of our lives[7]. Deinstitutionalisation

[7] The issue of deinstitutionalisation is dealt with, among others, by the University Observatory for the Deinstitutionalisation of Support Practices (UODI), which has produced expert reports concerning people experiencing mental health crises, addicts, people in the crisis of homelessness, people with disabilities and people in foster care. They are all available at UODI website.

is "a process of transition from organising support based on institutional solutions – where the primary role is played by 24-hour long-stay institutions – to organising support in a community-based way, using social service infrastructure and local community resources" (Rymsza 2023: 7).

Thanks to the community-based model, patients can count on various forms of support tailored to their current needs. The only thing that was offered to them before was closed treatment. Even if it turned out to be necessary and had the intended effect, the patient did not have the option of continuing it in an open formula. Due to a lack of options, patients with less severe symptoms who did not require such a radical form of support at all were also admitted to hospitals. Thanks to the community-based model, people in mental health crises now have an entire range of solutions – from strictly institutional (24-hour wards) to intermediate forms (day wards), up to community-based solutions (e.g. sheltered housing). Importantly, they are not alternatives to each other and patients can benefit from all of them. This is very important, for example, for people with serious mental illnesses (e.g. schizophrenia), which cause a range of not only medical consequences but also social ones. In their case, a step-by-step progression through all forms of support is recommended – from the 24-hour ward in the acute phase of the illness, to day wards when the condition becomes clearly stabilised but the patient still needs constant assistance, up to fully community-based solutions that motivate independence and a return to an active social life.

Day wards and sheltered housing

Day wards are facilities run by psychiatric institutions that can be described as an intermediate form between inpatient and community-based treatment. Patients stay in the day ward for a given period of time (12 weeks), participate in activities and therapy during the day (minimum 5 hours), and return to their homes for nights and weekends. During their stay, they remain under constant medical and therapeutic care, have a structured daily schedule, participate in various activities and trainings, and actively participate in group life. The offer of day wards is primarily aimed at two groups of patients. Firstly, to people who have completed their stays in 24-hour wards, but whose condition requires continued treatment in an inpatient setting. Secondly, for people who are experiencing relatively severe mental health crises, but whose symptoms are not as acute and threatening that closed treatment is necessary. Thus, day wards counteract social isolation and

allow patients to continue the treatment process in their own homes, surrounded by people close to them, in a friendly and safe environment[8].

One step further in the community-based direction consists in sheltered housing, where people with a serious mental health crisis seek to become independent, active, and acquire a range of skills to function outside the psychiatric care system. This is particularly important for people who become ill at a young age and have not had time to develop these abilities, or for people who have a chronic illness and have therefore withdrawn from active social life for a long time. Stays in sheltered housing last on average 6–12 months, and during this time participants are supported by professional staff and take part in an extensive programme of activities and training (preparing them for independence, including cooking, housekeeping, job-seeking, and social skills). No less important is the very fact of living with a group of people with similar problems. It is the daily interaction with people, the support provided to each other, and the friendships formed during the time spent together that lead to a significant improvement in the functioning of most participants at the end of their stay, especially in terms of independence, activity, and social skills. Sheltered housing constitutes housing located in ordinary residential areas, where neighbours usually do not even know that such a project is taking place. Participants go to work or school, shop, run all sorts of errands – they are full-fledged members of the local community. This constitutes the essence of community-based thinking. Thanks to sheltered housing, even people with more severe and chronic illnesses can remain in the community, be its active part, and gradually acquire the skills necessary to become independent. Sheltered housing constitutes a form of support on which psychiatric treatment is largely based in Western European and Scandinavian countries. They have been operating in Poland for several years and their number is steadily increasing[9]. In many cases, sheltered housing is an example of proper cooperation between medical institutions (which provide professional staff), social workers (who carry out the formal process of referring a person to a sheltered housing unit), and non-governmental organisations which, by entering competitions to run such places, constitute partners for local governments and take on the organisational burden.

[8] A similar task to day wards is carried out by the Community Self-Help Centres (ŚDSs), which are run as part of the social welfare system. People in mental health crises can stay there during the day, taking part in a diverse programme of activities. Such facilities aim to activate and counteract the social exclusion of chronically ill people whose health condition is not significantly improving and does not allow them to be socially active (e.g. professionally).

[9] Currently, there are nearly 1,500 sheltered housing units with places for 4,500 people with disabilities and various mental disorders. Importantly, they are being established not only in large cities but also in smaller centres where this type of support is also badly needed (*Nowe mieszkania* 2023).

Mental Health Centres

Undoubtedly, day wards and sheltered housing constitute an important part of the community-based model. Due to the specific nature of the assistance provided and accessibility, a limited number of people can benefit from their services[10]. The most important and widespread element of the support system for people in mental health crises is to be the Mental Health Centres, which will be established in each county or district of a large city and in territorial terms cover no more than 200,000 people. Regulation of the Council of Ministers of 8 February 2017 (Journal of Laws of 2017, item 458) specifies what elements a single CZP consists of: an outpatient team (clinic) providing specialised advice (psychiatrist, psychologist, psychotherapist, nurse, and social worker), a community team (mobile) providing, among other things, home visits, a day ward, and a hospital team that provides 24-hour hospital care in the event of severe symptoms. Importantly, the CZP offers a variety of forms of support, tailored to the needs of the individual patient. When necessary – hospital wards and day wards are available. Mobile teams capable of providing home treatment are in place. However, a great part of assistance is provided in the form of outpatient specialist advice. The most important advantage of CZP is their accessibility. They offer free support available 24 hours a day, without a referral or the need to sign up for an appointment. The first contact takes place at the application-coordination points, where, after a conversation with a specialist, specific forms of assistance are proposed, adapted to current needs.

As part of the pilot conducted since 2017, approximately 100 CZP have been established so far (data from the NPOZP Pilot Office). The problem is that they are distributed unevenly – they are established primarily in large and medium-sized urban centres, where there was already a well-organised support network[11]. We still have more than a year of the pilot period ahead of us, as it has been extended until the end of 2024. During this time, additional CZP will probably be established, although it will be a very long time before we can say that they cover the majority of Poles. However, the direction is definitely right and should be continued. Organising a network of CZP across the country would provide people experiencing mental health crises with a variety of forms of support tailored to their current needs, a great part of which could be provided in a community-based model.

[10] Day wards constitute a continuation or substitute for 24-hour treatment, so they involve people with more severe illnesses. Whereas, sheltered housing is too scarce in our country to speak of its universality.

[11] This is due, among other things, to the requirement for a CZP to include a 24-hour ward. As a result, following CZP can only be created where psychiatric hospitals are still operating or, alternatively, where it is possible to organise an inpatient unit in general hospitals.

The activity of NGOs

In the asylum model, virtually all responsibility for organising forms of support lays with the mental health system. Whereas, in the community-based model the third sector plays a very important role and is perceived as a partner of the health and welfare system. NGOs operating within the area of mental health are involved in implementing certain forms of support (e.g. sheltered housing), often playing a key role in them. Their important activity also consists in carrying out various social actions of a preventive or educational nature. This type of activity has a tangible effect – it impacts public awareness, develops proper attitudes, and makes the public start to care about their health and respond appropriately to emerging problems. NGOs can successfully do what medical institutions do not usually have the time or resources to do. A number of campaigns concerning mental health issues have been developed and successfully implemented in recent years, including those in terms of depression and autism: "Twarze depresji – nie oceniam. Akceptuję"[12], „Nastoletnia depresja. Nie pozwól dziecku wylogować się z życia"[13], or „Autyzm wprowadza zmysły w błąd"[14].

An important part of the third sector's activities is carrying out initiatives of a supportive nature. More and more self-help groups are being established, both for those suffering from mental condition and their relatives, "clubs" are being operated to activate chronically ill people who are unable to work or study, and so-called "helplines" are being organised. Thanks to these, people experiencing mental health crises have the opportunity to receive support "here and now" as well as information on what they should do next in terms of their problem and whose help they can take advantage of. The helplines constitute a form of prevention against the great tragedy of suicide attempts.

One of the most important principles of the community-based model consists in inclusion and social activation. It is not just a matter of getting people in mental health crisis back to work and other pre-sickness tasks as quickly as possible, but also of taking advantage of their knowledge and experience. This is the nature of, among other things, the currently developed project named Recovery Assistants – persons with experience of their own mental health crisis who, after appropriate training and with the support of professionals, can be employed in facilities and support patients in their recovery process. A person who has personally gone

[12] A campaign in which well-known figures from the world of popular culture talk about their experience of battling depression.

[13] A campaign aimed at parents and teachers drawing attention to the problem of depression among children and young people.

[14] A campaign in which actor Bartosz Topa acted out scenes from the everyday life of a person affected by autism spectrum disorder.

through a mental health crisis is activated and encouraged to help others. This allows that person to feel needed, to gain self-confidence and to have a feeling of doing something really valuable. In turn, patients who are currently facing a mental health crisis have the opportunity to take advantage not only of the support of professionals (doctors or therapists), but also to draw on the experience of people who understand perfectly well the problems they are experiencing.

Assessment of the community-based model from the point of view of a person in a mental health crisis

Research indicates that the initial hospitalisation is considered – next to the onset of the illness – to be the most difficult moment of the entire illness process. The element most difficult to deal with consists in isolation from relatives, poor social conditions, and the presence on the same ward of patients experiencing different difficulties and at different stages of the recovery process[15]. Treatment in the community-based model is perceived to be far more friendly. There is talk of non-isolation, subjective treatment, a sense of being free and not being deprived of causative capabilities and self-determination. The "homely" atmosphere that prevails in day wards or sheltered housing is also emphasised (Glinowiecki 2014)[16].

It is very important that the community-based model does not leave the patient without the professional care that in the asylum model was provided by psychiatric hospitals (pharmacotherapy, psychotherapy, social support). This type of support is available but is adapted to current needs. Primarily, long-term "detention" in psychiatric institutions is avoided. Instead, community-based solutions are offered in a completely open formula. This is extremely important, as some patients, after years in psychiatric institutions, become "addicted" to the support they receive there and are unable to function normally. At this point we touch upon the extremely important – from a sociologist's point of view – topic of social roles. Talcott Parsons – the most prominent representative of functionalism believed that illness could become a deviant social role. An individual fulfilling certain social roles is forced to take on a completely new role as a patient, with all its consequences, when serious health problems arise. These are both positive and

[15] For example, in one room there is a depressed person – in need of peace and quiet – with a psychotic person who behaves very loudly.

[16] Research concerning the social and family aspects of functioning of people with schizophrenia was conducted in the form of interviews between 2012 and 2016 at the Institute of Psychiatry and Neurology in Warsaw. The respondents (90) were people suffering from schizophrenia (50), family members of people suffering from schizophrenia (20), and professionals working with people with schizophrenia (20).

negative. The former relate to the sanctioned temporary exemption of a unit from certain tasks (e.g. professional – sick leave) and the fact that the person is subject to state care during illness. However, the negative consequences appear to be more significant. The patient "falls out" from the normal social roles, ceasing to be an active member of society. During the illness, that person relies on others, including, primarily, the medical institutions, to which Parsons attributed a very important role (Parsons 2009). They determine who is granted the status of a sick person and who does not deserve it. This is particularly the case for people experiencing mental health crises, where objective criteria are often hard to come by while the diagnosis and prescribed treatments are often the result of the subjective feelings of doctors.

Due to the fact that the patient's social role is regarded as deviant, the affected individual is expected to end it as soon as possible and return to more desirable social roles. Long-term hospitalisations, characteristic of the asylum model isolated the individual and "forced" that person into psychiatric institutions for long periods of time, which became increasingly difficult to leave (not only literally, but to a large extent also mentally). Even when it was possible to leave the hospital ward and get better – further support was lacking. The patient would return home and have to deal with the situation individually, not always ready to function at their pre-sickness level. The community-based model has much more to offer in this regard. First of all, a person in a mental crisis either does not go to a psychiatric hospital at all or, if necessary, returns from it relatively quickly. At that point, the person can continue treatment in day wards, sheltered housing, or in an outpatient form in terms of the Mental Health Centres (or a growing network of private facilities, the number of which exceeds the public ones many times over). If health allows for it – the individual can work normally. When returning to the open labour market is not possible for objective medical reasons, the social assistance system offers appropriate benefits (e.g. a pension) and the patient has the opportunity to gain work experience in sheltered workshops[17]. Thanks to the activities of the third sector, which in the community model participates significantly in supporting people in mental health crises, they can actively participate in specific projects and initiatives, playing an important role in them. Working as a Recovery Assistant constitutes an opportunity to take advantage of one's knowledge and experience to support others, thus overcoming one's own barriers and eventually gradually returning to other social activities.

The community-based model counteracts isolation and exclusion, allows for treatment in an environment that makes patients feel safe, is inclusive and activating. All this means that a person in a mental health crisis can avoid entering the

[17] Protected workplaces are entities with special legal status (granted by the provincial governor) which, according to the regulations, must employ at least 30% of blind, mentally ill, or mentally handicapped persons classified as having a significant or moderate degree of disability.

Parsonian role of a sick person and instead realise other social roles from which they will derive satisfaction. It has been known for a long time that the healing process goes better when we are active and have a support network constructed around us. In the community-based model, the person experiencing a mental health crisis is surrounded by other people – he or she lives in his or her own home, has contact with his or her family, friends, neighbours. By participating in structured forms of treatment, that person receives support not only from professionals (primarily doctors and therapists), but also from fellow patients. It is precisely this type of relationship – of people united by this experience of battling an illness and experiencing similar problems – that is recognised as being of vital importance in the healing process (Glinowiecki 2014).

Evaluation of the community-based model from the perspective of the relatives of a person in mental health crisis

The experienced mental crises can disrupt the family system and result in a range of negative consequences in the family – the emergence of bad emotions, conflicts, communication problems, blaming each other and, in extreme cases, can even lead to the family breaking up. On the other hand, the patient's relatives play a great role in the recovery process. They are usually the first and primary support group for that person, organising the treatment, supporting the patient, and helping to solve the patient's daily problems. The onset of a mental illness is particularly difficult. This is the moment when acute symptoms appear, when the family does not understand what is happening to their loved one and does not know how to help. It can also happen that the patient starts to endanger themselves or their fellow residents, who are faced with a very difficult decision: to call an ambulance (which can be traumatic in itself) or to try to deal with the situation on their own (Glinowiecki 2019). Critics of the community-based model argue that, as it develops, relatives of sufferers will increasingly face such situations. The assumption that hospitalisation is a last resort, and that other, open-ended treatments should be considered first – places a heavy responsibility on the family. It is precisely the relatives of the person in mental health crisis who are supposed to be one of the pillars of support, keeping them safe, arranging treatment, or supporting them in their daily difficulties. Many families are unable to cope with such a burden. Usually not because they do not want to show support, but because they do not have the right resources, do not understand what is happening, and lack the practical knowledge of how to deal with the situation they are facing. For these reasons, it is of the utmost importance that those who are assigned such a responsible role are not left alone with this but are properly looked after. The

community-based model offers them the opportunity to undertake their own therapy and pharmacological treatment, take part in dedicated support groups or enhance their knowledge through educational activities. However, it seems that there is still not enough of this type of action and that relatives are too often left alone with the problem. When planning new changes, it is important to bear in mind that it is not only the patient who needs help, but also the entire family system, and that the patient's relatives will only be able to support the patient if they are equipped with the right knowledge and can count on specialist help themselves.

Evaluation of the community-based model from a societal perspective

Long-term mental crises that prevent an individual from fulfilling basic social roles result in high costs for the state. They are currently estimated to be in the tens of billions, which includes the need to organise medical and social support. Disturbing data is presented by the Social Insurance Institution, whose analyses show that mental disorders constitute one of the most common reasons for sick leave in our country. In 2023, this was 9.8% of all sick leave. This translated into 26 million days off (*Coraz więcej zwolnień lekarskich* 2024). A mental crisis triggers an entire avalanche of further costly events. The patient is forced to undergo treatment, which often lasts many months. During this time, that person cannot work, which translates into the need to provide him or her with adequate benefits. In the case of serious health problems, it sometimes happens that the patient – despite his or her young age – never returns to work again, and for many years draws a pension and receives support from specialist facilities. Precisely for these reasons, it is extremely important to implement a community-based model, which initially allows mental health problems to be diagnosed at an early stage and appropriate treatment to be implemented in time (thanks to the availability of specialists and the strong role of prevention); secondly, it provides support, an important element of which consists in motivation and providing tools for being active. As already stated – patients are supposed to stay in isolation for as short as possible and then continue their treatment in an open form, which does not prevent them from returning to work or school. As a result, treatment in a community-based model is less expensive and ensures that the vast majority of people experiencing mental health crises will not burden the state budget in the long term.

In addition to the financial dimension, the one related to the shaping of social attitudes seems even more important. Mental health, despite the many positive changes that have taken place in Polish society in recent years, still constitutes a taboo for many people, which is not spoken about loudly. There are still many

myths and stereotypes about mental illness and those affected by it, and there is low awareness of mental health hygiene. One of the fundamental reasons for the distrust of Poles towards people experiencing mental crises is social isolation and the lack of presence of this group in the media space[18]. We are afraid primarily of what we do not know – the lack of daily contact with people in mental crises leads to stereotypical thinking, which then translates into concrete negative social attitudes. In extreme cases, the phenomenon of stigma described by Erving Goffman can occur. The stigmatised person possesses (at least in the opinion of others) a certain attribute or characteristic that devalues that person in a particular social context (Crocer et al. 1998). In the case of mental illness, stigma stems primarily from perceiving the patient as having personality and behavioural deficits, which to a large extent results from the label given rather than the patient's own experiences (Goffman 2005). The community-based model prevents this by activating and integrating people experiencing such problems into society. It will probably take some time to create a sense in the society that mental illnesses are not unique or different from other conditions, and that people experiencing them do not need special treatment at all. However, in recent years much has been achieved in this regard, in which initiatives implemented by NGOs in particular have played a crucial role. Educational and media campaigns, activation activities – all of these bring people in mental health crises much closer to society, becoming "familiar" rather than "strangers".

What lies ahead? The future of the community-based model

Deinstitutionalisation and community-based forms of support for people in mental crises are global standards, which we are also slowly moving towards in our country. We have already lost a great deal of time, which means that we are only in the middle of a process that others are long behind[19]. On the one hand, it provides us the opportunity to learn from their experience and avoid incorrect decisions. On the other hand, given the current situation and the great need to provide professional support – we cannot afford to take apparent action and waste any more time. Bold decisions at government level, proper legislation

[18] At this point, it should be noted that society's attitude varies depending on the disease entity. While in Poland, thanks to, for example, successful media campaigns, depression has been "disenchanted", the situation is far worse for people suffering from, for example, schizophrenia. It is still a disease that evokes negative social reactions, which translates into the daily lives of those suffering from it.

[19] In the case of our country, we can currently speak of an institutional change in the psychiatric care system rather than complete deinstitutionalisation. This is because there has not yet been a sufficiently advanced process of transferring psychiatric care to the community and there is too little community involvement in supporting people in mental health crises.

and securing funding are needed, as well as a great determination from the community itself to create specific services and solutions for people in mental health crises. There are many specific challenges ahead. Firstly, covering the entire country with the community-based model, and not, as before, a few dozen cities and counties where pilot CZP have been successfully organised. Secondly, dealing with the collapse of child psychiatry, the main problem of which consists in the lack of specialists, which translates into an insufficient number of facilities, as well as very long waiting times for appointments. Thirdly, further education and striving to change social attitudes towards people experiencing mental crises, as they are still full of stereotypical thinking. Fourthly, providing more support to the relatives of sick people than is currently the case, bearing in mind that the illness affects the entire family system.

At this point, it is still worth answering the fundamental question – to what extent should the deinstitutionalisation be carried out? Can the community-based model replace the company forms in every aspect? Can the latter be completely eliminated? The Italian experience should be a lesson for us. The protests that erupted there in the 1970s, following the populist but ill-considered decision to close psychiatric hospitals, and the utter chaos that ensued in the psychiatric care system there, show how delicate a topic this is and the amount of consideration it requires (Morzycka-Markowska et al. 2015). It must be stressed in the strongest possible terms that institutions such as psychiatric hospitals are needed and we cannot afford to terminate them. There is, and probably always will be, a group of people experiencing mental health crises who need treatment in closed conditions at some stage of their illness. Either because of the legitimacy of introducing intensive pharmacotherapy that cannot be administered on an outpatient basis and/or because of the need to ensure safety – for oneself and one's relatives. However, it is legitimate to ask about proportions and who should really go to 24-hour wards and who can be treated outside the hospital? It is also no less important for patients who require a stay in hospital wards to leave as soon as possible and then have the chance to continue their treatment in a community-based model (in a day ward, in sheltered housing, or taking advantage of regular visits to specialists). This type of approach counteracts social exclusion and makes it much easier for people experiencing mental health crises to return to their pre-sickness level of functioning. Each of the parties – the person affected by a mental crisis, his or her relatives, and ultimately society as a whole – wants to ensure that a mental crisis does not mean having to enter permanently into the social role of a sick person, but is merely a life challenge that, with the support of people and institutions, can be overcame without significant losses.

References

Brodniak W.A., 2000, *Choroba psychiczna w świadomości społecznej*, Warszawa: Oficyna Naukowa.

Coraz więcej zwolnień lekarskich z powodów zaburzeń psychicznych, 2024, ZUS, https://www.zus.pl/-/coraz-więcej-zwolnień-lekarskich-z-powodu-zaburzeń-psychicznych-i-zaburzeń-zachowania (accessed: 1.02.2024).

Crocer J., Major B., Steele C., 1998, *Social Stigma* [in:] D.T. Gilbert, S. Fiske, G. Lindzey (eds.), *Handbook of Social Psychology*, Boston: McGraw-Hill.

EZOP II – Kompleksowe badanie stanu zdrowia psychicznego społeczeństwa i jego uwarunkowań, 2021, Instytut Psychiatrii i Neurologii w Warszawie, www.ezop.edu.pl (accessed: 1.02.2024).

Glinowiecki M., 2014, *Role społeczne osób z zaburzeniami psychicznymi w ujęciu nauk społecznych*, "Postępy Psychiatrii i Neurologii", vol. 23, no. 3.

Glinowiecki M., 2019, *Chory na schizofrenię w rodzinie i w środowisku społecznym – potrzeba wsparcia*, Kraków: Zakład Wydawniczy Nomos.

Goffman E., 2005, *Piętno. Rozważania o zranionej tożsamości*, transl. J. Tokarska-Bakir, A. Dzierżyńska, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Goffman E., 2011, *Instytucje totalne. O pacjentach szpitali psychiatrycznych i mieszkańcach innych instytucji totalnych*, transl. J. Łaszcz, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Morzycka-Markowska M., Drozdowicz E., Nasierowski T., 2015, *Deinstytucjonalizacja psychiatrii włoskiej – przebieg i skutki. Część 2. Skutki deinstytucjonalizacji*, "Psychiatria Polska", vol. 49, no. 2.

NIK, 2016, *Realizacja zadań Narodowego Programu Ochrony Zdrowia Psychicznego. Informacja o wynikach kontroli*, KZD.330.006.2016.

Nowe mieszkania chronione w 2023 r., 2023, Infor, www.infor.pl/prawo/nowosci-prawne/5663602,nowe-mieszkania-chronione-w-2023-r.html (accessed: 1.02.2024).

Parsons T., 2009, *System społeczny*, transl. M. Kaczmarczyk, Kraków: Zakład Wydawniczy Nomos.

Police Headquarters, 2022, Suicidal Behaviour Among Children and Young People. Report for 2012–2021, https://www.gov.pl/attachment/82261ed5-8c47-4ab7-9241-18fca8ea75ab (accessed: 1.02.2024).

Rymsza M., 2023, *Polityka deinstytucjonalizacji profesjonalnych praktyk pomocowych w perspektywie socjologicznej* [in:] M. Rymsza (ed.), *W stronę środowiskowych usług wsparcia. Deinstytucjonalizacja praktyk pomocowych w Polsce i Europie*, Warszawa: Wydawnictwo Uniwersytetu Warszawskiego.

Stelmach M., 2022, *Niemal 40 proc. Polaków ocenia, że w czasie pandemii pogorszyło się ich zdrowie psychiczne*, www.termedia.pl/neurologia/Niemal-40-proc-Polakow-ocenia-ze-w-czasie-pandemii-pogorszylo-sie-ich-zdrowie-psychiczne,46291.html (accessed: 1.02.2024).

Szczepaniak W., 2021, *Wpływ pandemii na zdrowie psychiczne*, Serwis Zdrowie, www.zdrowie.pap.pl/rodzice/wplyw-pandemii-na-zdrowie-psychiczne-dzieci-i-mlodziezy (accessed: 1.02.2024).

UODI, https://uodi.uw.edu.pl/ (accessed: 1.02.2024).

WHO, 2020, *Suicide Worldwide in 2019. Global Health Estimates*, https://iris.who.int/bitstream/handle/10665/341728/9789240026643-eng.pdf?sequence=1 (accessed: 1.02.2024).

Legal acts

Regulation of the Council of Ministers of 28 December 2010 on the National Programme for the Protection of Mental Health, Journal of Laws of 2011, no. 24, item 128.
Regulation of the Council of Ministers of 8 February 2017 regarding the National Mental Health Protection Programme for the years 2017–2022, Journal of Laws of 2017, item 458.
Regulation of the Minister of Health of 27 April 2018 on the pilot programme in Mental Health Centres, Journal of Laws of 2020, items 2086 and 2364.
Regulation of the Minister of Health of 27 April 2018 on the pilot programme in Mental Health Centres, Journal of Laws of 2021, items 1976, 2012 and 2491.
Regulation of the Minister of Health of 13 September 2023 amending the Regulation on the pilot programme in Mental Health Centres, Journal of Laws of 2023, item 1288.

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 46–62

Marzena Mamak-Zdanecka[1]
Magdalena Parus-Jankowska[2]

Employee Wellbeing. Vocational Activation Programme – Case Study of the "Efficient Worker" Project

Creating an inclusive organisational culture in the work environment is an increasingly current and even required process. From the point of view of implementing HR policies in the work environment, a catalogue of "good practices" reflecting the organisation's social (human-related) goals is required. However, the true indicator of an employee's wellbeing is his or her both mental and physical condition – mutually affecting each other. Individuals with impaired performance are at risk not only of reduced effectiveness at work, but also of poorer wellbeing. The paper will be based on the documentation of the project entitled "Efficient Worker – Measures for Persons with Musculoskeletal Dysfunctions Making It Difficult to Perform Work" co-financed by the European Union from the resources of the European Social Fund, the beneficiary of which is the Prof. Bogusław Frańczuk Małopolski Szpital Ortopedyczno-Rehabilitacyjny in Kraków. The discussion is accompanied by the objective of the program description as well as a practical objective, which constitutes an attempt to assess the correlation between the achieved wellbeing of the Project Participant (the employee returning to work) and the health effects of rehabilitation.

Keywords: inclusive organisational culture, musculoskeletal dysfunctions, occupational medicine, organisation

[1] AGH University of Krakow, mamak@agh.edu.pl.
[2] AGH University of Krakow, mpj@agh.edu.pl.

Change one thing, change everything.
"The Butterfly Effect"

Introduction

The organisations to which today's companies and businesses belong consist in complex organisations that live, grow, and undergo constant change. A "healthy organisation" improving its business operations ensures that its employees are not only employable and able to meet the basic needs of life, but that the ecosystem of the working environment is maintained at a high qualitative level. Currently, the importance of an inclusive organisational culture, an important space for creating employee wellbeing, is being emphasised. This means not only taking care of an exceptional atmosphere, a well-organised workplace and a formulated wellbeing strategy. All activities under the "inclusive culture programme" should provide employees with balance in four dimensions: social, work activity, improvement and maintenance of health, work-life harmony. Wellbeing is related to all the areas mentioned above, and indicators of the state perceived in such a way consist in happiness, satisfaction, and a sense of quality of life. Any organisation that promotes the wellbeing of its employees is thereby investing in its human resource potential. The benefits resulting from having an impact on an organisation's social objectives – an increase in their happiness and job satisfaction, better mental and physical health of employees – means that business objectives are met more quickly. An employee constitutes the highest cost in an organisation, and therefore it is essential that he or she constitutes an investment that balances out with profit. Therefore, it is important for employees to feel good in their environment, to feel a sense of satisfaction, contentment, and even a sense of happiness at work – referring to Martin Seligman's concept. Investing in the management of workload, both in the physical and mental aspect, valuable enriching relationships, a sense of meaningful work, positive emotions, the employee's ability to achieve goals – these are the five dimensions of wellbeing that determine the engagement in the work process. This constitutes one of the contemporary challenges for an employer – the health and wellbeing of the employee. When achieving an organisation's social objectives, attention should be paid to the individualised needs of an employee as well as adequate benefits. Long-term value for business goals will only come from providing solutions that foster a culture of openness, good communication and counteracting workload.

Healthy worker – healthy workplace project

The person-work-organisation triad stands for a holistic view of social and business goals as well as the ability to combine the private and professional spheres. The idea of an inclusive organisational culture and wellbeing is no longer just functioning as a declarative action, but progressively implemented good practice. Even though defining "employee wellbeing" is just as difficult as "individual wellbeing" and we still cannot refer to a clear definition (Jaworek 2021: 25), there is no doubt that wellbeing is now, and will continue to be in the future, a significant trend and subject of interdisciplinary research. The position of a wellbeing specialist, not yet obvious today, may soon be included in an organisation's job catalogue. The reasons for this are social and ethical (cf. Mamak-Zdanecka 2020), but also purely economic and business (Dzięgielewski 2022). An employee in poor health, with poor wellbeing, will not be motivated to think about professional success, company profits, as he or she is thinking first and foremost about his or her own health. Stress is of course at the top of the list of threats to mental and physical wellbeing, especially when it is prolonged. Stressors may include physical and psychological factors understood as an excess of stimuli in the work environment, physical work overload, quantitative and qualitative overload of work tasks, lack of attention to ergonomics at the workstation, such as: forced static posture during long hours of work, lack of adaptation of stress-relieving methods and tools to the psychophysical capabilities of an employee, as well as insufficient minimisation of fatigue and stress reduction (Jaworek 2021). The human body should experience neither maximum load (overload) nor underload (Erdmann 2016: 50).

Creating an effective and supportive workplace allows employees to develop and achieve a state of what Mihály Csíkszentmihályi calls "flow" (1996). A report published by the Roche pharmaceutical company concerning the work and wellbeing of its employees is one of the voices in the discussion on employee absenteeism and presenteeism caused by poor health and wellbeing. Workers in poor health are twice as likely to take sick leave, have 25% higher levels of presenteeism, i.e. significantly lower engagement at work, and three times higher exposure to stress, in contrast to workers in good health. Roche has implemented activities in more than 140 sites in 80 countries to support the *Live Well – Find Your Balance* initiative, investing in the wellbeing of its employees (*Career Trends* 2019: 3). The problem of sickness absence is very complex, and the phenomenon of presenteeism is at the opposite end of the spectrum. The employee remains at work, but his or her presence is characterised by low commitment and low work efficiency, due to the illness and often accompanying perceived pain. Employers are already aware that the health problems of their employees stand not only for the cost of absenteeism and

job replacement, they also mean presenteeism, resulting in reduced efficiency and quality of work.

The idea of wellbeing, introduced by Martin Seligman in terms of the concept of positive psychology, refers to the mental, physical, and social state in experiencing comfort and autonomy, a sense of meaning, security and support in the workplace (see Seligman 2005). The concept of wellbeing has significantly entered the vocabulary of the work and business environment as a two-way relationship between health and work (Fig. 1). Such an understanding of wellbeing was proposed by Gordon Waddell and Kim Burton in their publication *Is Work Good for Your Health and Well-Being?* (2006: 2).

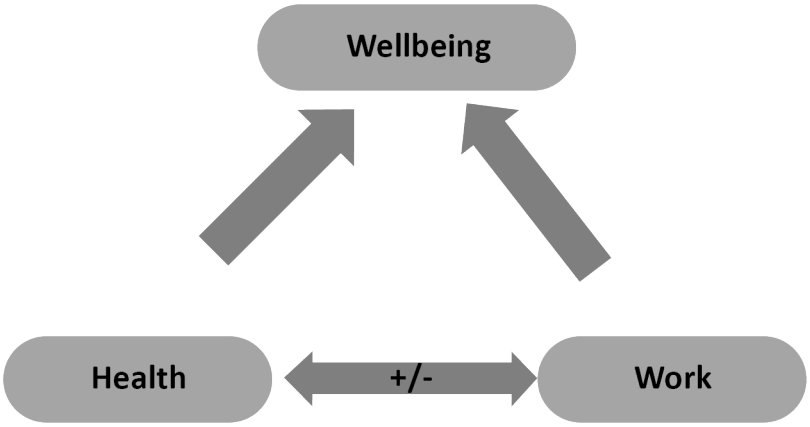


Figure 1. Possible links between health and work with wellbeing in terms of beneficial and negative effects

Source: own elaboration based on: (Waddell, Burton 2006).

Wellbeing is presented in definitions concerning health in a similar way but in a broader dimension. The 1998 Declaration of the World Health Assembly (WHA) maintains that health, and its highest attainable standard, constitutes one of the fundamental rights of every human being. It is a confirmation of value, dignity, equal rights and responsibilities, as well as shared responsibility. Priorities for action concerning health promotion already identified in 1997 in the Declaration of the International Conference on Health Promotion in Jakarta referred to the actions of the public and private sector setting out directions such as: avoiding harmful activities to people and the broadly understood environment; ensuring the safety and security of a worker in the work environment; investing health and health promotion (Karski 2023: 253–256), among others.

The wellbeing of an individual should be considered in a multifaceted way: in psychological, social, and physical dimensions. However, wellbeing is not perceived

just as treating pre-existing illnesses or compensating for excesses and impairments, but as promoting health (Karski 2011: 9). We find this notion in the World Health Organization (WHO) definition of health, contained in the Constitution of the WHO signed and ratified on 22 July 1946 in New York. The concept of health as the most important analytical category in medical care has been defined as the health of an individual rather than the absence of a disease:

> Health constitutes a state of complete physical, mental, and social wellbeing, not merely the absence of a disease or infirmity. Taking advantage of the highest attainable health constitutes one of the fundamental rights of every human being regardless of race, religion, political belief, economic or social conditions (WHO 2020: 1).

It should be emphasised that issues concerning health and coping with illness have been treated as an experienced level of socio-cultural development since ancient times. According to ancient Roman philosophers, health and wellbeing, versus illness and ill-being, was determined by community-based variables and individual lifestyles, nutrition, work, and rest (Karski 2023: 9–10). Health and wellbeing are closely connected aspects, which implies a hybrid approach – focusing on mental and physical health. Wellbeing, or the lack of it, is not only a found state, but also a preceding state – in the employee's cognitive, emotional, and executive spheres. As reported by the WHO, chronic illnesses are more and more often and employers are increasingly realising that looking after employee wellbeing is about both physical and mental health (*Career Trends* 2019: 2).

A science that is particularly focused on worker wellbeing consists in occupational medicine. This is an area of joint work between both occupational disease physicians and occupational and organisational psychologists with an interest in employee mental health and community-based conditions. Poland's current system for collecting data concerning cases of occupational diseases (by classification of disease entities) and the socio-demographic variables determining them is the Central Register of Occupational Diseases. Data is presented in absolute numbers and incidence rates for individual disease entities per 100 000 working and 100 000 employed. The most recent published data for Poland for 2022 indicate 2637 cases of occupational disease (Świątkowska, Hanke 2023), with those of interest from the point of view of the analysed "Efficient Worker" project case study being chronic diseases of the peripheral nervous system and chronic diseases of the musculoskeletal system.

Diseases of the peripheral nervous system and diseases of the musculoskeletal system constitute a large group of diseases in occupational medicine referred to as overload syndromes (OS). They constitute a consequence of a number of factors, categorised as occupational risks, psychosocial, organisational, and individual factors

(Bugajska et al. 2007: 356). Occupational risks such as: forced body position – lack of natural posture when performing work, static effort, repetitive movements, localised mechanical pressure as in sitting and standing work, vibrations, unsuitable temperature and humidity, as well as the sum of overload and micro-injuries to these systems should be identified initially. The induced changes include "tendon lesions (e.g. de Quervein syndrome), enthesopathies (e.g. tennis elbow syndrome), bursitis, peripheral nerve compression lesions (e.g. carpal tunnel syndrome, tennis elbow syndrome), discopathies and others" (Bugajska et al. 2007: 356). The psychosocial factors include lack of satisfaction from work and a sense of agency, disturbance of social insecurity, job insecurity, as well as the stress of acquiring new skills. The group of organisational factors includes routinisation, habitual performance of tasks, lack of task delegation, and poor organisation of working time. The group of individual factors includes: age and gender structure, the body's hormonal and metabolic balance, suffered injuries (Bugajska et al. 2007: 356).

Problems with forced posture and repetitive movements are at the forefront of occupational risks determining upper and lower limb overload syndrome – diseases of the musculoskeletal system and the peripheral nervous system. Currently, due to the changing work environment and its conditions, an employee spends approximately nine hours a day at a computer, while physiologically humans are "not made for sitting" (Soszyński 2019). The World Health Organization recommends weekly physical activity of at least 150 minutes of moderate-intensity exercise or 75 minutes of intense exercise. Moderate activity in the form of daily walking (4,000 steps) is recommended as health-promoting. In addition to prevention and care in the workplace, another issue consists in properly organising the workplace and its ergonomics (Soszyński 2019). The HealthDesk report (2019) states that nearly 80% of office workers in Poland suffer from pain and 50% of workers mention back pain, 30–50% shoulder and neck pain, and 35% headaches. The situation is similar in other European countries. According to data from the *OSH in Figures: Work-Related Musculoskeletal Disorders in the EU – Facts and Figures* report, current working conditions result in employees being less physically active and taking less care of their health, and pain problems due to work overload are recorded in all European work environments. According to findings published in the *Work-Related Musculoskeletal Disorders – Facts and Figures* report (EU-OSHA 2020: 16–18), health problems are declared by employees depending on the economic sector. Higher levels of musculoskeletal complaints are reported especially in sectors such as: construction, agriculture, industry, transport, healthcare, and education (EU-OSHA 2020: 19).

The general view of the state of occupational diseases is worrying, as the incidence remains high in the context of many years of observation. Health care constitutes knowledge and art of preventing diseases. In this context, the least

costly element of health promotion on the part of the employer is to invest in health education. "Health promotion is carried out by the people and with the people, not directed at the people or to the people" (Karski 2023: 256).

Taking into consideration the introduction to the topic of worker wellbeing, mental and physical health, the systematic classification of occupational diseases and their sources, what occupational medicine deals with – it is worth focusing on defining the aim of the research on the case study of the "Efficient Worker" project and the areas of applicability of the research conclusions. Many of the designed social measures for the wellbeing of an individual aim to implement behavioural change in people, e.g. that they benefit from health education and lifestyle change programmes, preventive screening programmes, rehabilitation, co-create an ergonomic work environment (reducing occupational risk factors), as well as co-create valuable relationships and positive emotions. Changing behaviour that requires unlearning habits is most often very difficult. It is not enough to tell an employee to smile, to exercise systematically, to eat healthily, to prevent illnesses instead of treating them later, not to just take painkillers, supplements, but to use specialist clinics. Therefore, choosing the "Efficient Worker" project as the subject of this research, due to its innovation, comprehensiveness, and personalised approach to the patient, constitutes a qualitative study that can provide an answer to the question of how an employee in the role of a patient perceives the offer of individualised health-promoting measures in physical and mental aspects – not declaratively, but practically, assessing the therapeutic effects on his or her own professional activity. The main objective of the research, based on project documentation made available by the Prof. Bogusław Frańczuk Małopolski Szpital Ortopedyczno-Rehabilitacyjny was to determine the medical and systemic effects as restoration of function in musculoskeletal disorders of Project Participants (PPs). The aim of the discussions in this article, based on the selected project case, is to notice the links between the facts and observed patterns and the applicability of the knowledge and skills learned from implementing and evaluating the "Efficient Worker" project, for creating good wellbeing practices and exemplifying them – vocational activation of persons with musculoskeletal dysfunctions.

Research procedure and selected methods

The inspiration for the research and this article consisted in the personalised rehabilitation programme for people with musculoskeletal conditions and identifying good practices that can have an impact on the wellbeing of a worker receiving support such as personalised rehabilitation for musculoskeletal conditions, resulting in a return to their work tasks. The "Efficient Worker" project, implemented at

the Prof. Bogusław Frańczuk Małopolski Szpital Ortopedyczno-Rehabilitacyjny in Kraków from 2018–2021, constitutes a unique undertaking with such a profile of medical rehabilitation and physiotherapy – in addition to the services available under the National Health Fund. In the course of the "Efficient Worker" project for the vocational activation of people with musculoskeletal disorders, people with an impairment or disability were covered by a comprehensive range of health-promoting measures. A key differentiator of the project consisted in the individual care of a highly qualified rehabilitation team for patients on an outpatient rather than hospital basis – due to the diagnosed degenerative changes and musculoskeletal injuries that hinder work performance. The programme covered 240 patients, qualifying people of various ages, representing secondary, post-secondary, and tertiary education, with a variety of occupations and employed by companies, institutions, or self-employed. The socio-demographic profile of the UP included the performed occupation, place of employment, membership of an ethnic minority, national minority, disability, assessment of favourable/unfavourable social situation, status of the person on the labour market at the time of entering the project, professional situation at the end of the project.

The main idea behind the research work on the documentation of the "Efficient Worker" project was to recognise the situation, how the project was implemented, with what assumptions, objectives, and outcomes, which allowed a reasonable decision to design the research in a paradigm for qualitative research, to which the case study method was subordinated (Yin 2015; Creswell 2013). By adopting a case study as the research strategy, a distinction had to be made as to whether the study would include one or more cases. Due to the specificity of the "Efficient Worker" project, it was correct to adopt a single case study, treating as an exploratory case, an action situation that has been outside the scope of empirical research to date, hence the descriptive and analytical approach here is exploratory (Yin 2015: 85). In the planned qualitative study, based on the case study method, the research questions were exploratory and explanatory. The significance of individualised rehabilitation and therapeutic care as good practice in health promotion activities – in building employee wellbeing – was cognitively interesting. At a greater level of detail, which of the project's medical and educational procedures had a determining effect on decreasing pain and increasing PP's level of fitness – thus greater psychological comfort, improved wellbeing, and a desire to return to work activities. In order to answer a research questions defined in such a way, it was necessary to refer to the qualitative and quantitative data of the documentation from the *"Efficient Worker" – Actions for People with Musculoskeletal Dysfunctions Hindering Their Work Performance*. Co-financed by the European Union from ESF funds as part of the Regional Operational Programme of the Malopolska Voivodeship 2014–2020, it was implemented in the city of Kraków and at the institution of the

Prof. Frańczuk Małopolski Szpital Ortopedyczno-Rehabilitacyjny in Kraków. The beneficiary of the project consisted in the already mentioned Małopolski Szpital Ortopedyczno-Rehabilitacyjny, and the ultimate beneficiaries were the Project Participants. Implementing the program took place between 1st September 2018 and 31st August 2021, with a final project completion date of December 2021. The study, with special ethical principles, was carried out on the premises of a medical facility, the outpatient rehabilitation department of the Małopolski Szpital Ortopedyczno-Rehabilitacyjny due to the need to protect the subjects of the study: the personal data records of the Project Participants, the clinical diagnosis, the applied treatment, and the individual rehabilitation progress assessment sheets. The research procedure consisted of a step-by-step collation and classification of the data. It also required going into the everyday reality of the situation (the course of implementing the rehabilitation program of the individual participants of the "Efficient Worker" project), giving space for interpretation of the observed, studied, and analysed social situations or events. It should be noted that analysing the data required going deep into a qualitative study – a quantitative study (the documentation analysed included a set of project outcome indicators in addition to a description of the condition diagnosed, procedures dissected). Evaluating the project in terms of the program's key medical and social performance indicators resulted in extending the project from 31 August 2021 to December 2021.

The "Efficient Worker" project – quantitative and qualitative analysis

The main research question is how a personalised program of rehabilitation services (kinesitherapy, physiotherapy, therapeutic massage), aimed at reducing pain or, if possible, eliminating the cause of pain, enables the employee to return to work and thus to return to wellbeing. Additional questions (sub-questions), include assessing whether the completed project may have an application value for employers and employees as an investment in health promotion and employee wellbeing. To what extent such a benefit may be of interest to employees and how to implement a rehabilitation and physiotherapy programme – in addition to the benefits of the offered "Medical Package". The answer to the main question is provided by project-specific indicators, linked to measures such as: the Numerical Rating Scale (NRS), Activity Level Questionnaire, and the TIMED and GO test (TUG)[3]. Regardless of analysing the outcome indicators in the project, it is

[3] Source of clarification: documentation of the "Efficient Worker" project. The TUG test – TIMED and GO – is an assessment of gait, mobility, and risk of falling. The procedure for conducting the test consists in taking a chair with a backrest (seat height at 46 cm). At the command "Start", the test subject should: get up from the chair as quickly as possible, walk on a flat ground at a normal

important to evaluate the program by the patients themselves, in terms of their sense of satisfaction and care during implementing services of the prevention and rehabilitation program, restoring fitness and physical activity, reducing pain, but also changing previous habits and health-promoting behaviour.

Analysing the source materials for the 240 participants in the 2018–2021 project, we are provided, as an intermediary in the research process, with documents that reflect communication with individuals who, when they report to the project, have their own motivations, expectations, assessments of their own health and treatment outcomes. The qualitative data included in the project documentation, amounting to approximately 50 pages for each participant, is divided into five categories in the project database: socio-demographic data, proof of employment or self-employment, O-R Efficient Worker Hospital Treatment Information Sheet (including information concerning the patient's personal data, diagnosis, period of participation in the project, diagnosis of illnesses, applied treatment, kinesitherapy and physical therapy procedures, episodes, doctor's recommendations and discharge at the end of the therapeutic process), a questionnaire measuring physical activity of a PP, filled in at project entry and at the end of treatment, a sheet for individual assessment of rehabilitation progress (assessment of pain level, fitness, and physical activity).

After presenting the data of the descriptive structures, a "data game" (Yin 2015: 202) can be undertaken, building lists of the impact indicators of the undertaken therapeutic procedures and effectiveness from the point of view of the assumptions for the project. So let us take a look at some of the data obtained from the archived project documentation. The first constitutes a tabulation of the key indicators in the projection: product (point 1–2) and result (point 3), and specific indicators (point 4–8).

Table 1. Indicators of the project "Efficient Worker" – programme for professional activation of people with musculoskeletal dysfunctions from 2018 to 2021

Indicator name	Total	2018	2019	2020	2021
Number of people included in the health programme through the ESF	240 people	26	80	80	54
Number of people aged 50 and over covered with support in terms of the programme	72 people	6	24	24	18
Number of persons who started working or continued working after leaving the programme	128 people	13	43	43	29

pace for a distance of 3 metres, reaching the line marking the boundary, then, make a 180-degree turn, return to the chair again and sit down. The result of the test consists in the time needed to complete the task.

Table 1. cont.

Indicator name	Total	2018	2019	2020	2021
Number of people with a reduction in pain intensity based on the NRS scale – reduction in pain by at least 20% of Project Participants	48 people	6	16	16	10
	W (24)	3	8	8	5
	M (24)	3	8	8	5
Number of people found to have increased their level of physical activity – achieving a minimum level of physical activity in at least 50% of Project Participants and increasing the level of physical activity by at least 20% in at least 50% of Project Participants	120 people	13	40	40	27
	W (60)	6	20	20	14
	M (60)	7	20	20	13
Number of people found to have increased physical fitness – improvement in fitness in at least 20% of Project Participants	48 people	6	16	16	10
	W (24)	3	8	8	5
	M (24)	3	8	8	5
Number of people with an increase in knowledge concerning musculoskeletal disease prevention on the basis of a questionnaire on the level of knowledge of musculoskeletal disease prevention – an increase in knowledge concerning musculoskeletal diseases in at least 20% of Project Participants	48 people	6	16	16	10
	W (24)	3	8	8	5
	M (24)	3	8	8	5
Number of people satisfied with participating in the programme on the basis of a satisfaction survey and evaluation of the quality of services of Project Participants – at least 80% of Project Participants satisfied with participation in the programme	192 people	21	64	64	43
	W (96)	10	32	32	22
	M (96)	11	32	32	21

Source: Internal material. Documentation of the project "Efficient Worker" – programme for the vocational activation of people with musculoskeletal dysfunctions.

- The measurement of the output indicator was based on the register of participants on the Programme list, a statement submitted by the person, a certificate confirming pre-qualification including medical records – required diagnostic tests at the time of entry to the form of support.
- The measurement of the outcome indicator was constructed on the basis of employment data, measured up to 4 weeks after a Project Participant (PP)

had completed participation in the project. Whereas, specific indicators were linked to measures such as the Numeric Rating Scale (NRS), activity level questionnaire, and the TIMED and GO test (TUG).

- The measurement using the NRS numerical scale was very important for assessing the individual's health and the severity of pain. During the medical examination, each PP was asked at the beginning of participation and at the final stage to rate the severity of pain on an 11-point scale, where 0 means no pain at all and 10 means the worst imaginable pain. The measurement was carried out twice (in justified situations, e.g. prolongation of rehabilitation – three times).

Assessing the extent of physical activity measured by the activity level questionnaire the structure of the questionnaire covered three areas:

1. Light physical effort such as: walking min. 30 minutes, light gymnastics min. 15 minutes, other activities to be completed by the PP.
2. Moderate physical effort such as: Nordic walking min. 30 minutes, walking or jogging min. 30 minutes, intense gymnastics min. 15 minutes, cycling min. 30 minutes, gentle swimming min. 30 minutes, other activities to be completed by the PP.
3. Intense physical effort such as: running min. 30 minutes, cycling min. 30 minutes, intense physical exercise min. 30 minutes, intense swimming min. 30 minutes, other activities to be completed by the PP.

The Project Participants completed the "Physical Activity Questionnaire" on two occasions, specifying their activity on a weekly basis, which allowed the minimum and maximum activity levels of each individual to be assessed by correlating the multiple of weekly activity and the corresponding number of points for each level of effort. Measurement during the initial and final physiotherapy examination, allowed to confront the extent to which the four-week targeted rehabilitation had an impact on reducing pain, increasing physical activity, which should be a motivation to change habits and lifestyle. The adoption of achieving a level of physical activity, in at least 50% of PPs, and increasing the level of physical activity by at least 20% in at least 50% as an important criterion in the project constitutes a very good step towards correcting the habits of people with musculoskeletal conditions, but also thinking about a healthy lifestyle.

One of the activities included in the project, and mandatory for all PPs, was a series of two educational classes. The aim of the meetings was to raise awareness of how to "listen" to one's own body, how to change daily habits, how to correct one's posture while sitting at a desk at work for example, while performing various work activities, or even while using a smartphone. Kinesiotherapy and physiotherapy treatment with assigned procedures (among others, isometric, balance, and relaxation exercises were a key element) and completing the therapeutic condition,

in addition to the main goal of improving the general state of health, was to result in adherence to learned movement patterns, continuation of exercises according to the instructions received, and a recommendation for further rehabilitation.

Let us refer to another specific indicator of the already mentioned TUG test. To assess to what extent and for how many PPs the rehabilitation resulted in improving physical fitness – assuming an improvement of at least 20% – the means of measurement on two occasions at the initial and final physiotherapy examination was the TIMED and GO test (TUG) and the dynamometric measurement of global hand grip strength.

The "Individual Rehabilitation Progress Assessment" sheet for each PP included: tabulated data concerning pain assessment (by medical examination) according to the NRS, physical fitness assessment (physiotherapy examination) according to TUG, physical fitness assessment (physiotherapy test) – dynamometry test, and physical activity assessment (physiotherapy test) – questionnaire completed by the subject. For the purposes of rehabilitation effectiveness, the interpretation of a PP's rehabilitation results is important. A detailed breakdown of the pain score scale by measurement using the Numeric Rating Scale (in the initial examination (NRS 1) and the final examination (NRS 2) for the individual years of implementing the project) shows the validity of the medical procedures and the manner of working with the patient. The data in the table illustrate the extent to which there was an improvement in the wellbeing of rehabilitated people, according to their own assessment (Table 2).

Table 2. PP assessment of pain as measured by the NRS numerical scale (at the initial examination (NRS 1) and final examination (NRS 2)

Year of implementing the project	**Pain assessment (initial examination) NRS 1 Pain assessment (final examination) NRS 2**	
	Yes (reduced discomfort)	**No (no reduction in discomfort)**
2018	24 PP	8 PP
2019	75 PP	10 PP
2020	71 PP	9 PP
2021	17 PP	1 PP
Year of implementing the project	**Pain assessment (initial examination) NRS 1**	**Pain assessment (final examination) NRS 2**
2018	point 9 (0 PP), point 8 (5 PP), point 7 (4 PP), point 6 (5 PP), point 5 (8 PP), point 4 (3 PP), point 3 (3 PP), point 2 (2 PP), point 1 (3 PP), point 0 (1 PP)	point 9 (0 PP), point 8 (0 PP), point 7 (3 PP), point 6 (1 PP), point 4 (3 PP), point 3 (8 PP), point 2 (4 PP), point 1 (6 PP), point 0 (5 PP)

2019	point 10 (2 PP), point 9 (1 PP), point 8 (7 PP), point 7 (12 PP), point 6 (12 PP), point 5 (17 PP), point 4 (12 PP), point 3 (3 PP), point 2 (1 PP), point 1 (2 PP), point 0 (1 PP)	point 10 (0 PP), point 9 (1 PP), point 8 (7 PP), point 7 (12 PP), point 6 (12 PP), point 5 (17 PP), point 4 (12 PP), point 3 (13 PP), point 2 (13 PP), point 1 (8 PP), point 0 (9 PP)
2020	point 10 (0 PP), point 9 (0 PP), point 8 (10 PP), point 7 (10 PP), point 6 (13 PP), point 5 (15 PP), point 4 (15 PP), point 3 (4 PP), point 2 (6 PP), point 1 (0 PP), point 0 (1 PP)	point 10 (0 PP), point 9 (1 PP), point 8 (1 PP), point 7 (4 PP), point 6 (3 PP), point 5 (4 PP), point 4 (21 PP), point 3 (16 PP), point 2 (13 PP), point 1 (12 PP), point 0 (6 PP)
2021	point 10 (0 PP), point 9 (1 PP), point 8 (2 PP), point 7 (3 PP), point 6 (5 PP), point 5 (3 PP), point 4 (3 PP), point 3 (1 PP), point 2 (0 PP), point 1 (0 PP), point 0 (0 PP)	point 10 (0 PP), point 9 (0 PP), point 8 (0 PP), point 7 (1 PP), point 6 (0 PP), point 5 (0 PP), point 4 (2 PP), point 3 (6 PP), point 2 (3 PP), point 1 (5 PP), point 0 (0 PP)

Note: The assessment of the level of the experienced pain is provided in the table as NRS scale scores and the level declared by PP at the initial examination and final examination, with notation in brackets.

Source: Internal material. Documentation of the project "Efficient Worker"…

By juxtaposing the results of the same examinations and tests at initial examination (NRS 1) and final examination (NRS 2), it is possible to assess whether there has been a reduction in pain and an improvement in mobility or active stabilisation. The tabulated data (Table 2) constitutes an illustration of reducing or not reducing pain among PPs, in each of the years of the treatment benefit. When interpreting the effects of the rehabilitation service, it is important to consider the individual predispositions of PPs, the general state of health and co-morbidities, as well as commitment and regularity especially in therapeutic gymnastics (kinesitherapy) and conditions of the social environment. Sometimes the treatment procedure was prolonged due to unsatisfactory results.

A requirement for documenting the quality of physiotherapy and kinesiotherapy services in the course of the program consisted in an anonymous PP satisfaction questionnaire, including categories of questions relating to: self-assessment of health status (for spine, shoulder, hip, knee joint, and other conditions), level of satisfaction with the course of rehabilitation, assessment of increase in physical activity, change in health status, as well as planned professional activity and continued employment. The feedback from PPs definitely constituted an acceptance of the quality and delivery of the treatment program. The assessment of the applied conservative treatment – based on the use of physiotherapy treatments aimed at: analgesic, anti-inflammatory, anti-oedema, and muscle relaxation, preventing

muscle atrophy, and improving blood supply – was at a high and satisfactory level. When answering the question concerning factors determining such positive opinions, it is necessary to emphasise the role of the rehabilitation team's individual work with the patient, constant access to medical and physiotherapist advice and educational measures to change habits in the treatment of one's own organism and health. Reviewing the effectiveness of the treatment implemented in the project for the 240 participants, let the satisfaction rate of participation in the rehabilitation program be a recommendation, which resulted in extending the program for the economic activation of people with musculoskeletal diseases from its planned completion in August 2021, to the end of December of the same year.

Summary

The qualitative research undertaken using the case study method acts as a contextual study. Analysing the project documentation focused on a deeper understanding of the case study, not only analysing quantitative data (indicators for the project), extending to a broader spectrum of qualitative data (medical history, social and occupational situation of the Project Participants, subjectively perceived complaints related to musculoskeletal dysfunctions, and sense of satisfaction with rehabilitation services). The project has not been, and will not be, repeated, but the good practices of the activities implemented as part of the project can be disseminated as a program funded in external medical facilities in favour of promoting employee health, and appreciated by the employees themselves as a valuable benefit offered – an investment in their own health.

A very important aspect of analysing the title case study consists in looking for the relevance of information and opinions concerning the "Efficient Worker" project in the context of other information and opinions coming from the work environment of contemporary companies, in terms of work-related wellbeing and its determinants. The experiences gained during the project and the developed good practices of various, personalised management in individualised patient care can become important practical knowledge for constructing health-promoting, preventive programs included in the "Employee Health Calendar". The individualised manner of the rehabilitator and physiotherapist's work with the patient is central to the "Efficient Worker" project. It should be emphasised that participation in the outpatient rehabilitation program – a four-week programme delivered four days a week – did not entitle employed persons to sick leave and therefore did not result in absenteeism from the workplace.

The time-consuming analysis of the documentation concerning the rehabilitation service of 240 patients, entitles us to make the following conclusions. Firstly,

it is important to point out that externally funded prevention and rehabilitation programs constitute a very good and effective practical and educational support for health promotion, but not cyclical. Creating a shared value consisting in an openness policy and building employee wellbeing, benefiting the employer and employees – requires continuous and cyclical investment in health promotion and disease prevention programs leading to increased occupational illness and disability, absenteeism or at an earlier stage of presenteeism. Following the "Efficient Worker" project, thereby maintaining high standards of healthcare delivery, good practice can be built on existing capabilities within companies. This type of support consists in the funding of benefits for employees at external rehabilitation centres or through the benefit included in the personnel policies of companies, such as care at private medical centres. The level of acceptance of funded health care packages for employees and their families by beneficiaries, is at a high level. Unfortunately, this applies mainly to employees of large and medium-sized companies, to a much lesser extent to those working in small companies and public institutions. The real value of medical packages is greater the less efficient the public health service is. The "Efficient Worker" project in the context of employee motivation and engagement will constitute an example of rehabilitation care, the type of which can be classified as an external private medical service. The second conclusion concerns the relationship between musculoskeletal disorder prevention, medical care programmes and the risk of an increasing proportion of people moving from a state of incapacity to a state of disability. Osteoarthritis, rheumatic diseases, osteoporosis, and spinal diseases, most commonly in the diagnoses of participants of the "Efficient Worker" project, run a slow course, initially giving little pain symptoms. Therefore, diagnosing the condition, implementing preventive treatment, occupational and vocational therapy, sensitising lifestyle changes, and ergonomic prevention in the workplace are very important. Diseases of the musculoskeletal system are costly, not only for the patients themselves, but also for the companies with employees who are sick and on sick leave. The least costly for employers seems to be to offer participation in "knowledge days" with advice from doctors and rehabilitation specialists; to pay for subscriptions, but to actively take advantage of external leisure centres or to equip their own premises with simple rehabilitation equipment. Musculoskeletal disorders cannot be cured with a pill and good advice, they are serious and can lead from inability to disability.

References

Bugajska J., Konarska M., Tokarski T., Jędryka-Góral A., 2007, *Występowanie objawów zespołów przeciążeniowych kończyn górnych u pracowników różnych grup zawodowych*, "Reumatologia", vol. 45, no. 6.

Career Trends: Work and Wellbeing. Striking a Balance Between Life and Lab, 2019, Science, https://www.science.org/content/resource/career-trends-work-and-wellbeing (accessed: 20.08.2023).

Creswell J.W., 2013, *Projektowanie badań naukowych. Metody jakościowe, ilościowe i mieszane*, transl. J. Gilewicz, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Csíkszentmihályi M., 1996, *Przepływ. Jak poprawić jakość życia. Psychologia optymalnego doświadczenia*, transl. M. Wajda-Kamajor, Warszawa: Studio Emka.

Documentation of the "Efficient Worker" project (2018–2021). Prof. Bogusław Frańczuk Małopolski Szpital Ortopedyczno-Rehabilitacyjny in Kraków.

Dzięgielewski A., 2022, *Dobrostan pracowniczy*, "Personel Plus" 2022, no. 11.

Erdmann W.S., 2016, *Inżynieria rehabilitacji ruchowej. Zarys*, Gdańsk: Wydawnictwo Politechniki Gdańskiej.

EU-OSHA, 2020, *Work-Related Musculoskeletal Disorders – Facts and Figures*, Luxembourg, https://osha.europa.eu/en/publications/work-related-musculoskeletal-disorders-facts-and-figures-synthesis-report-10-eu-member (accessed: 20.08.2023).

HealthDesk, 2019, *Raport HealthDesk. Pierwszy w historii raport nt. zdrowia pracowników biurowych w Polsce w latach 2017–2018*, https://www.healthdesk.com.pl/raport-healthdesk/ (accessed: 20.08.2023).

Jaworek M., 2021, *Afektywny wymiar dobrostanu związanego z pracą i jego specyfika w grupie menedżerów*, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Karski J.B., 2011, *Promocja zdrowia dziś i perspektywy jej rozwoju w Europie*, Warszawa: CeDeWu.

Karski J.B., 2023, *Praktyka i teoria promocji zdrowia*, Warszawa: CeDeWu.

Mamak-Zdanecka M., 2020, *Dylematy etyczne i społeczna odpowiedzialność biznesu. Zagadnienia wybrane*, https://open.agh.edu.pl/zasob/index.php (accessed: 20.08.2023).

Seligman M.E.P., 2005, *Optymizmu można się nauczyć. Jak zmienić swoje myślenie i swoje życie*, transl. A. Jankowski, Poznań: Media Rodzina.

Soszyński P., 2019, *Jak zapobiegać dolegliwościom bólowym*, MITSloan. Management Review Polska, https://mitsmr.pl/b/jak-zapobiegac-dolegliwosciom-bolowym/PYgh3oA1G (accessed: 5.06.2023).

Świątkowska B., Hanke W., 2023, *Choroby zawodowe w Polsce w 2022 roku*, Łódź: Instytut Medycyny Pracy im. prof. J. Nofera. Centralny Rejestr Chorób Zawodowych, https://medycynapracyportal.pl/wp-content/uploads/prawo/choroby_zawodowe/chorobyzawodowe2022_1.pdf (accessed: 20.08.2023).

Waddell G., Burton K., 2006, *Is Work Good for Your Health and Well-Being?*, London: TSO (The Stationery Office), https://cardinal-management.co.uk/wp-content/uploads/2016/04/Burton-Waddell-is-work-good-for-you.pdf (accessed: 20.08.2023).

WHO, 2020, *Constitution of the World Health Organization. Basic Documents. Forty-Ninth Edition Including Amendments Adopted up to 31 May 2019*, https://apps.who.int/gb/bd/ (accessed: 15.06.2023).

Yin R.K., 2015, *Studium przypadku w badaniach naukowych. Projektowanie i metody*, transl. J. Gilewicz, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 63–77

Joanna Kopycka[1]

The Everyday Life of People with Coeliac Disease

Coeliac disease (CD) is a genetic disease which means permanent and perennial gluten intolerance. Due to the insufficient knowledge of doctors, before the disease is diagnosed, patients experience many clinical problems which are only the results of misdiagnosis. The only possible therapy of CD is lifelong adherence to a gluten-free diet which requires purchasing special, certified foods which are more expensive and less available than standard foods. This paper presents the results of my own research in which one-on-one interviews with fourteen people in Poland, suffering from coeliac disease were conducted. The aim of the study was to characterize the everyday life-world of patients with coeliac disease in accordance with the phenomenological concept of structures of Social-World by Alfred Schütz. The subject of the study consisted in behaviours and experiences on some areas of the every-day life.

Key words: coeliac disease, everyday life, genetic disease, gluten, gluten-free diet

Introduction

Coeliac disease (visceral disease) is the most common genetic disease in the human population (Szczeblowska et al. 2010: 23). In patients, ingesting gluten leads to damaging the villi of the small intestine, which are responsible for absorbing nutrients from food, resulting in a variety of clinical symptoms such as headaches and joint pain, chronic fatigue, diarrhoea, skin problems, or frequent infections, which doctors do not define as typical symptoms of visceral disease (Konieczny et al. 2019: 215–216; Konińska et al. 2019: 11). Undiagnosed patients are often treated for conditions such as diabetes, depression, thyroid disease, vitamin and mineral deficiencies, fertility disorders, or dysfunctions of a neurological nature, which are in fact only a consequence of untreated coeliac

[1] University of Warsaw, jkopycka@gmail.com.

disease (Green, Jones 2019: 33; Konińska et al. 2019: 18, 64). In extreme cases, undiagnosed coeliac disease can lead to gastrointestinal cancers (Szczeblowska et al. 2010: 25). The disease can manifest itself at any stage (Konińska et al. 2019: 12–13). Making an accurate diagnosis for a patient constitutes a lengthy process. On average, it takes ten years from the onset of the first symptoms to a proper diagnosis (Majsiak et al. 2022; Norström et al. 2011; Adams 2019; Green, Jones 2019: 33; Fuchs et al. 2018; Konińska et al. 2019; Pulido et al. 2013). Many people in both the scientific and medical communities point out that due to low detection rates, the majority of patients may not be included in official statistics (Green, Jones 2019: 32; Swora et al. 2009: 325; Coeliac UK 2021).

Currently, the only treatment option for it is strict adherence to a gluten-free diet throughout the entire life, i.e. eliminating gluten cereals and products that could contain even trace amounts of this ingredient from the daily diet, e.g. through the cultivation process, product processing, or distribution (Michałowska et al. 2017: 105; Konińska et al. 2019: 11, 56, 59). For this reason, foods intended for patients with visceral disease are subjected to certification processes and labelled with the crossed ear of grain symbol, while manufacturers of many other items are required to display warnings about the potential presence of traces of gluten (Konińska et al. 2019: 44, 48).

Research review

In Poland, few entities conduct research involving people with visceral disease, and those undertaking the topic of this condition consist mainly in teams of dieticians or doctors, with a distinct lack of going into the details within the field of social sciences. Furthermore, these studies are carried out on small samples. In foreign literature, this topic is addressed much more often and extensively, but these are mainly studies of a quantitative nature, which, even though they enrich our knowledge with some information and shed light on some of the problems faced by patients with coeliac disease, do not provide a complete account of the situation of these people.

In light of the research conducted to date, we know that the vast majority of people with visceral disease adhere to a gluten-free diet (Zarkadas et al. 2013; Norström et al. 2011). Conscious deviations from the diet concern a small number of patients, but it is worth noting that this happens much more frequently in children (Limanowska et al. 2014: 358). Adherence to dietary recommendations is associated with positively assessing the effect of the diet on the functioning of the body – improved wellbeing and lack of unpleasant disease symptoms (Pulido et al. 2013; Konieczny et al. 2019: 218–219; Kowalczuk-Vasilev et al. 2018: 92).

Patients have also knowledge concerning gluten – the ingredients and products which may contain it, and the level of this knowledge is higher with increasing time of being on a gluten-free diet (Hęś et al. 2013: 390; Ferster et al. 2015: 414; Kowalczuk-Vasilev et al. 2018: 93; Zarkadas et al. 2013: 12). Adherence to a gluten-free diet can affect a patient's quality of life. Patients with coeliac disease statistically rated their quality of life in the psychological domain significantly lower than healthy subjects ($p < 0.0001$). In addition, they are less frequently satisfied with their health compared to the healthy group (Brończyk-Puzoń et al. 2014). Other researchers have shown that the longer the time that passes between the first symptoms of the disease and diagnosis, the lower the quality of life of patients. Whereas the diagnosis and undertaken treatment improves quality of life (Norström et al. 2011), and a longer period of dietary adherence is positively related to the quality of life (Pulido et al. 2013: 450; Rodríguez-Almagro et al. 2016).

The need to constantly monitor one's diet or carefully study food labels are activities that add to the burden of daily life (Kowalczuk-Vasilev et al. 2018: 93). For adults suffering from coeliac disease, it is also difficult to introduce completely new eating habits after the diagnosis (Limanowska et al. 2014: 358). The respondents of Paulina Limanowska et al. (2014) mentioned cited issues specifically related to purchasing certified gluten-free foods as the most difficult in order to maintain a gluten-free diet. A problem for people with visceral disease consist in the high prices of such foods, the limited offer, poor taste, the unpleasant texture, and the high content of preservatives (Limanowska et al. 2014: 358; Ferster et al. 2015: 414). Furthermore, it is not uncommon for patients with coeliac disease to feel limited in their choice of restaurants or trip planning (Russo et al. 2020). It is worth noting that maintaining a safe, gluten-free environment at home when one family member is ill constitutes a major effort requiring the commitment of other household members (Russo et al. 2020).

Following a gluten-free diet for people with coeliac disease makes it also more difficult to participate in social life. Some patients report avoiding social gatherings (Pietras-Mrozicka 2019; Zarkadas et al. 2013). Due to a lack of understanding towards the condition and lifestyle, patients experience a sense of being isolated. Some people daily face a lack of acceptance from their environment regarding the requirements to follow a gluten-free diet (Kowalczuk-Vasilev et al. 2018: 93). Patients state that many people give them the idea that a small amount of gluten will not harm them. Patients also indicated that they did not like or want to be objects of sympathy. Additionally, some of them experience guilt due to passing on to their children and grandchildren the genes that constitute a risk of developing coeliac disease (Zarkadas et al. 2013).

However, it should be noted that contacts with loved ones can be a source of difficulties as well as facilitators. Expressing understanding and support to patients

with coeliac disease is important to bridge relationship limitations and feelings of alienation. The majority of patients can count on them, but there are still some people who are left alone with this problem (Ferster et al. 2015: 415). Carrie Russo (2020) and his team, in analysing the results of their study, highlighted the positive effects that the experience of visceral disease in one household member has on other family members. The necessity to provide a safe environment for the patient resulted in parents stimulating creativity, developing cooking skills, and limiting the consumption of processed foods, and siblings developing understanding and learning to show support (Russo et al. 2020).

Respondents mention the following sources of knowledge concerning coeliac disease and gluten-free diets most often: the Internet, organisations supporting people with coeliac disease, and nutritionists. They obtain this information less frequently from doctors (Ferster et al. 2015: 412–413; Kowalczuk-Vasilev et al. 2018: 93; Zarkadas et al. 2013: 12). Patients suffering from coeliac disease stated that there is no widely available, adequate knowledge concerning the gluten-free diet. Respondents indicated difficulties in accessing information needed in relation to their own illness (Ferster et al. 2015: 413).

Bearing in mind the fact that the situation of people with coeliac disease in Poland has not yet been addressed holistically in research, the issue was addressed in qualitative studies aimed at describing the everyday life-world of patients with coeliac disease.

Methodology

The research was carried out in a qualitative approach due to the specificity of the undertaken issue, which consists in everyday life and therefore the individual experiences of individuals and reflections on personal issues. The used data collection technique consisted in a free interview with a standardised list of information sought, which on the one hand encouraged openness and constructing a free narrative by the interviewees, and on the other hand gave the opportunity to focus on selected aspects of the everyday world (Kvale 2012). The object of the study was behaviour, practices, and experiences in the area of everyday life. The research sought to answer the research question: what is the world of everyday life like for people with coeliac disease in Poland? (How does the disease affect daily life? How does the disease affect areas such as shopping, cooking, travel, leisure, school and work life, and relationships? What barriers and difficulties are experienced by patients?) Two hypotheses were put forward: that the disease has an impact on everyday life and that the everyday world of people with coeliac disease differs from that before the diagnosis and has specific characteristics common to the patients.

Fourteen people aged 18–58, with varying disease severity, living in various parts of Poland and types of localities took part in the study. The majority were women (13 people), which was due to their declared willingness to take part in the research. Recruiting respondents took place through advertisements in the online patient community and through the snowball method. Inclusion criteria for the study included age (the study targeted adults) and having a documented diagnosis of visceral disease with test results. Interviewees were provided with complete information concerning the purpose of the conducted research and how the statements and information about them would be used. Due to the fact that the study was carried out in September 2021, at a time of uncertain epidemiological situation, and involved people from different parts of Poland, the interviews were carried out via one of the instant messaging services using a camera. Each meeting lasted 1–2.5 hours. All conversations, with the consent of their participants, were recorded and transcribed. Taking into account the specifics of the collected research material, it was decided to use a descriptive coding method using the QDA Miner Lite software (Saldaña 2009). Two cycles of coding enabled matching the statements with specific categories and codes, whose definitions and thematic scope were based on pre-determined elements of the everyday life-world.

An attempt was made to describe the world of everyday life by analysing the patients' functioning in specific areas: shopping, cooking, travelling, leisure time, school, and work life, relationships and family and social encounters. The analysis and interpretation of the research material was presented with reference to the conceptualisation of Alfred Schütz's phenomenological concept of the multiplicity of worlds as well as other concepts from the field of sociological theory that proved appropriate in the course of its conduct.

Discussion of results

Availability of safe food

People suffering from coeliac disease experience difficulties in carrying out the basic practices of daily life. In the case of patients with visceral disease, shopping, as one of such practices (Brzezińska 2022), requires a great deal of time and attention. Seeing how the availability of gluten-free products is highly limited, patients have to visit several stores to buy basic products. A key element concerning this practice consists in the built-up stock of handy knowledge, i.e. a very

good knowledge of the availability of products in specific locations, which enables smooth operation in difficult conditions.

> Well, I call it a kind of shopping tourism, because I already know where I can buy a certain product. Unfortunately I am unable to do all my shopping in one place [R14, male, 58 years, five years after diagnosis].

In the micro-world of patients with coeliac disease, the quality of most gluten-free products is assessed negatively, which has also been pointed out by authors of other studies conducted among people with coeliac disease (Limanowska et al. 2014: 358; Ferster et al. 2015: 414). According to the interviewees, even though the products are safe, they include many artificial ingredients, which makes them not only unhealthy, but also results in a poor rating in terms of taste. Moreover, the frequent lack of diversity across product categories is also characteristic for this area. Each of the respondents also highlighted the issue of high prices of gluten-free items. The fact that earnings are higher in larger cities (GUS 2020) means that there is a class barrier (Bourdieu 2005) in the micro-world of people with coeliac disease in accessing basic foodstuffs. Additionally, residents of smaller towns experienced greater difficulties concerning shopping compared to residents of large cities.

Due to the difficulties in the field of shopping, the interviewees developed several practices in an attempt to normalise their eating conditions. Respondents bought products in larger quantities, ordered them online, read the labels of the products they bought, and chose certified articles.

Cooking and eating out

Experiencing the visceral disease in a way forces the need to prepare meals individually, thus, also learning to cook. In the micro-world of people with coeliac disease, it constitutes a part of functioning in a natural mindset. It is also yet another of the basic practices of daily life in terms of which patients with coeliac disease experience difficulties and make attempts to normalise it. This is evidenced by the repeated attempts to bake bread and searching for gluten-free substitutes for pre-cooked food or purchased products. Despite creating new handy knowledge resources, it is difficult for people with coeliac disease to let go of the patterns of behaviour they followed in their daily lives before the diagnosis. In the new reality, they still refer to previous habits. Building new eating habits is a major difficulty after diagnosis, as shown by studies conducted by Limanowska et al. (2014: 358).

> Also, still on the subject of products, there is no farina, no substitute. I tried to look for one to make breakfast for myself and I was very sad because unfortunately I couldn't find a substitute for farina [R3, female, 19 years old, 12 years post-diagnosis].

Despite the many difficulties experienced in the area of cooking, after switching to a gluten-free diet the interviewees developed their cooking skills. Their nutritional awareness and attention to health has also increased. These positive aspects associated with diagnosing the visceral disease were also highlighted by Russo and colleagues (2020).

In the micro-world of patients suffering from coeliac disease, ensuring safety at home is crucial. Most often there are separate storage areas for gluten-free and gluten-containing products. It is also worth noting that among the interviewees, twelve out of fourteen strictly adhered to a gluten-free diet, which is also referenced in other studies (Zarkadas et al. 2013; Norström et al. 2011). Absolutely avoiding gluten is part of the epoché natural attitude experience. Patients accept the assumption associated with a prohibition to consume the banned ingredient as an indisputable fact of their lives. By putting in a great deal of effort and commitment, they simultaneously suspend their doubts concerning the reality and validity of this principle, which provides them with a sense of stability, helping them to overcome obstacles and realise this difficult lifestyle.

Due to the small number of restaurants that comply with the gluten-free diet, patients suffering from coeliac disease are excluded from eating out freely. According to the *Polska na talerzu* report (Stępniak 2019), Poles take advantage of dining out in restaurants, for example, for saving time or celebrating shared events. Meanwhile, the majority of respondents were in a situation where they had eaten a meal before going to an appointment at the premises.

> Obviously, sometimes someone wants, for example, pizza so I'll go with them to get that pizza, I just won't eat it and I'll eat something myself earlier at home. Sure, it's not great or fun, but nobody would want to cut themselves off from contacts [R12, female, 18 years old, 7 years after diagnosis].

For people with coeliac disease eating out is a source of stress and concerns about the safety of the food they receive. Despite the fact that some interviewees chose to visit non-certified restaurants, they reported the difficulty to communicate with the staff who do not always know what coeliac disease or gluten is. These types of situations also require talking to strangers about private matters.

Free time

Experiencing the illness, according to the respondents, has little impact on their leisure time – they freely choose the activities they enjoy on a daily basis. At the same time, they were clear that it requires attention to meal planning due to the inability to eat out. Therefore, this is an area that generates a particular kind of tension. In the natural mindset of people with coeliac disease, leisure time always includes an element of prior thought, planning or meal preparation, which means that it cannot be spent in a fully spontaneous way.

> As for leisure activities, unfortunately it has to be planned in advance if we want to go out somewhere nice [R3, female, 19 years, 12 years post-diagnosis].

One element of free time is travel, which for many people means making dreams come true, being carefree and relaxed. However, in the case of people with coeliac disease, there are additional obligations. Patients with visceral disease most often choose places with access to a kitchen to prepare meals on their own. They also always take with them what they call "emergency products" to be prepared for difficulties that may arise in terms of buying products or finding suitable premises. All this limits spontaneity and requires putting in more effort before the trip. During trips, patients often experience the failure to meet one of their basic needs – hunger. The respondents reported numerous situations where they were provided with insufficient food during their stay in hotels, the meals paid for were not tasty or the staff did not have sufficient knowledge concerning the requirements of a gluten-free diet, resulting in food poisoning.

> They were heating corn on the same top where I saw them heating pita breads ten minutes later. I really walked around hungry for most of the day in a five-star hotel [R5, female, 30 years old, 2.5 years post-diagnosis].

During travels, it is not uncommon for patients to be excluded from trying local foods due to fears of gluten contamination, meaning they are deprived of the cognitive function of food.

> There are no traditional dishes in this gluten-free version. Sometimes I'd like to try, and it's fun to travel with trying food. I miss this. I would like to explore some new cuisines, but unfortunately this is not possible [R3, female, 19 years, 12 years post-diagnosis].

Travelling for people on a gluten-free diet has an intersubjective character, as indicated by each time contacting other patients before making a final travel decision.

Such action also provides the opportunity to function in an epoché of natural attitudes. Additionally, people who took part in the survey used two strategies regarding travel. In the case of the first, the diet constitutes a determining factor in choosing travel destinations, which means visiting coeliac-friendly places. For the second group, the main reason for choosing consists in the places they want to visit. This strategy involves putting more effort into planning the journey, as well as accepting the many difficulties that may arise.

Functioning at school and at work

Economics and education in functional terms constitute one of the key institutions in an industrial society. These two spheres occupy a significant amount of time and meals are an integral part of them. Patients with coeliac disease prepare their own meals for school, work, or university on a daily basis. It is necessary to plan them in advance to avoid finding oneself in a situation where there is the embarrassment due to not having enough to eat. It is worth pointing out that there are no regulations in Polish law imposing an obligation on schools to allow gluten-free meals for pupils, which in practice means that the possibility of eating a safe lunch at school for those suffering from coeliac disease depends on the goodwill of school employees.

> If I'm not at home almost all day long, well it's hard for me to even find time to prepare the food. So, what happens later is that, for example, I go to school and I just don't eat because I don't have anything to eat and I don't have time to make it for myself – neither to prepare it nor to buy it, so I end up eating one or two meals a day [R12, female, 18 years old, 7 years post-diagnosis].

Also in the professional sphere, providing adequate meals is linked to experiencing difficulties and depends on the knowledge and efforts of employers. Respondents were provided with gluten-free meals during business meetings or business trips. However, some people have faced exclusion from celebrating professional successes because of ordering pizza, doughnuts, or other dishes for employees as part of their rewards, which are not allowed on a gluten-free diet. Moreover, it is difficult for persons suffering from coeliac disease to constantly be asked about the reason for refusing to consume or the reason for their diet. Despite talking about their illness, there are times when colleagues forget about this and continually offer prohibited dishes.

> In Poland, there is the custom of Fat Thursday, so the entire company orders doughnuts. So, I either handle the matter myself or don't eat anything. I have to constantly answer the question: how many donuts did you eat and why didn't you eat them? [R7, female, 36 years, 35 years post-diagnosis]

Family and social life

A particular kind of socialisation, which constitutes another feature of the reality of everyday life, manifests itself, among other things, in direct contacts with family and friends, who co-create the micro-world of the subjects. Relatives of people suffering from coeliac disease have gradually become accustomed to the fact of the disease and the specifics of the diet. Some, due to their unfamiliarity with the disease, classify it according to familiar patterns, as other familiar phenomena – allergies, sensitivities or diets. Some of the interviewees experienced questioning the restrictiveness of their new diet from their immediate family. The new dietary principles of one family member may have had the effect of disturbing the epoché of the natural attitude of those on a diet free of any restrictions. After the diagnosis, some of the respondents lost the translatability of their perspectives with part of their family. This problem mainly affected older people, by whom the gluten-free diet was perceived as a contradiction of basic patterns of perceiving the world.

> I've explained it to her more than once that it's not my idea, that it's a disease, that it's not an allergy, that I just can't, and to this day, for example, she offers me cheesecake bought at the store, all I have to do is cut the bottom off [R10, female, 26 years old, 6 years after diagnosis].

However, despite the difficulties, the patients most often received support from loved ones by showing understanding or providing gluten-free meals, indicating a commonality of perspectives. Nevertheless, for safety reasons, some people visited loved ones with their own food, which constitutes a violation of the principle of hospitality. In addition, it is typical in the micro-world of people with visceral disease to contact the organiser of a meeting or event in advance in order to make arrangements for the meal.

It should be emphasised that changing the micro-world by those who directly experience visceral disease results in forming new habits also among the immediate family members. The vast majority of people living together committed to learning more about coeliac disease and the gluten-free diet. Similar findings were presented by US researchers who conducted a study among American families (Russo et al. 2020).

> For me, my husband is the most supportive, because he was the one who was affected by the diet as much as I was, so in this regard it is very important for me that he keeps an eye on the products he buys for the house, when we are somewhere, he obviously checks and verifies everything, and looks at every nook and cranny [R5, female, 30 years old, 2.5 years after diagnosis].

Building a support network

Another manifestation of a particular kind of socialisation in the world of everyday life for patients with coeliac disease consists in building an online support network. This type of activity helps to gain knowledge about the disease, adhere to a gluten-free diet, safe products, or travel destinations, as well as creating a space to share experiences. Contacts based on mutual advice and sharing various pieces of information expand the resources of handy knowledge that work in favour of free action in the world of everyday life. For patients suffering from coeliac disease, it consists in community-based sources of support that are the most helpful and professional resources for them.

> I rely a lot on their feedback. Really, these are very opinion-forming forums for me. I strongly rely on such conversations, on such posts. It is a treasure trove of knowledge for me, probably the greatest. I actually base most of my knowledge just on these forums [R4, female, 41 years old, 6 months after diagnosis].

Patients with coeliac disease in their new micro-world are looking for people with whom they share a translatability of perspectives. As a consequence of the received diagnosis and going on a diet, it was not uncommon for them to lose it among friends, colleagues and even family. For this reason, they make closer contacts with other patients, both those in the immediate vicinity and those living far away, with whom they maintain relationships via the Internet.

On this topic, interviewees strongly emphasised the fact of insufficient support of an institutional nature. The source of support of a professional nature, i.e. contacts with doctors or dieticians or other specialists, is assessed negatively and described as insufficient. Patients do not receive the necessary knowledge neither concerning their disease nor its treatment.

> This is good. The doctor told me: I'm very sorry, coeliac disease, you'll read about it on the internet. I left. I cried [R6, female, 24 years old, 6 months after diagnosis].

When transitioning to a gluten-free diet, the study participants stepped into a new role – coeliac disease patients. Their world of everyday life has changed compared to the one in which they functioned before the diagnosis. This process is clearly outlined as secondary socialisation (Berger, Luckmann 2010), in which the role of significant others was played by other patients with visceral disease. The respondents have internalised new interpretative schemes, norms, and patterns of behaviour while building up handy knowledge resources that enable them to function efficiently and naturally in their everyday world, accepting it as real and

objective. All of these elements of habit at the same time constitute an epoché of natural attitudes. Furthermore, patients individually identified issues that had constituted a difficulty for them and were now familiar with them or had learned to respond to them. They were also able to deal with their fears about the gluten-free diet. Over time, the difficulties and changes resulting from changing the diet became natural elements of their everyday world.

> All I can say in conclusion is that you can get used to it and that it just takes a little bit more effort. But it's not the times when things were very difficult to get and you can really handle this quite well [R13, female, 30 years old, 1 year after diagnosis].

Conclusions and recommendations

The everyday life-world of people suffering from coeliac disease differs from the micro-world in which patients with coeliac disease functioned prior to the diagnosis, as assumed by one of the research hypotheses. Diagnosing the disease and the associated transition to a gluten-free diet was a process of secondary socialisation, requiring entering into new roles, adopting new interpretive patterns and rules of conduct – learning to read labels, cooking and finding substitutes to gluten ingredients, and changing the practices in the area of family and social gatherings or travel. The micro-world of patients with coeliac disease shares characteristics with patients, which was also assumed by one of the hypotheses. This is an intersubjective world, shared with other patients. Despite the fact that many of the situations experienced by patients are personal, they are common to the majority of those affected by the condition. People with coeliac disease experience a mutual translatability of perspectives, which facilitates their daily functioning and constitutes a source of patterns of behaviour, as well as being part of an epoché of natural attitudes. The disease has a direct impact on practices and choices in the area of daily life, having a central place in the lives of the subjects. Safe nutrition is intertwined in all spheres of their lives and is the focus of special attention. Strictly adhering to a gluten-free diet and safety rules in the area of purchased products and stored food provides patients with confidence in the reality of their assumptions, representing another element of the natural attitude epoché.

The everyday life-world of people with coeliac disease is a world of buying expensive products, having to cook, shop in several places, attending social gatherings full, as well as constantly being alert and prepared. Patients experience difficulties and barriers in areas that do not require much attention in the micro-world of

people who have not been affected by the disease, which was highlighted by interviewees comparing their current practices to those prior to diagnosis.

Experiencing the visceral disease causes patients to be burdened with additional responsibilities in their daily lives, but with the support of family and other patients, they are able to change their previous habits in favour of completely different ones. They assume the identity of the patients and function efficiently in the new reality.

It is worth noting that recently there has been an increasing amount of information regarding the increase in the incidence and diagnosis of coeliac disease (Lebwohl, Rubio-Tapia 2021; Ratner 2020; Konińska et al. 2019: 11; Swora et al. 2009: 325). This means that the problem that until recently affected a small proportion of the population (1%) will become much more common in families, peer groups, or professional environments. In order to bridge the areas where patients suffering from visceral disease experience exclusion, it is necessary to carry out awareness-raising activities concerning visceral disease and the gluten-free diet. It would seem interesting and useful to carry out a longitudinal study that would provide a comparative perspective and show whether the daily lives of people with coeliac disease in Poland have improved in any way over the years. Moreover, given the many years of delays in making proper diagnoses, it would be recommended to examine the knowledge of doctors concerning the visceral disease or to introduce comprehensive training in terms of the specifics of this condition. An equally important issue that should be addressed consists in the situation of children who suffer from coeliac disease on a daily basis in Poland.

References

Adams S., 2019, *How Long Does It Take to Diagnose Celiac Disease?*, Celiac.com, https://www.celiac.com/articles.html/how-long-does-it-take-to-diagnose-celiac-disease-r48/ (accessed: 21.05.2021).

Berger P., Luckmann T., 2010, *Społeczne tworzenie rzeczywistości. Traktat z socjologii wiedzy*, transl. J. Niżnik, Warszawa: Wydawnictwo Naukowe PWN.

Bourdieu P., 2005, *Dystynkcja. Społeczna krytyka władzy sądzenia*, transl. P. Biłos, Warszawa: Wydawnictwo Naukowe Scholar.

Brończyk-Puzoń A., Bieniek J., Koszowska A., Nowak J., Dittfeld A., Dziąbek E., Jagielski P., 2014, *Jakość życia osób z celiakią, alergią i nadwrażliwością na gluten stosujących dietę bezglutenową – ocena za pomocą kwestionariusza WHOQOL-BREF*, "Medycyna Ogólna i Nauki o Zdrowiu", vol. 20, no. 3, DOI: 10.5604/20834543.1124650.

Brzezińska M., 2022, *Nawyki żywieniowe Polaków. Co jemy i ile wydajemy na to w skali miesiąca? Raport 2022*, Maczfit, https://www.maczfit.pl/blog/nawyki-zywieniowe-polakow-co-jemy-i-ile-wydajemy-na-to-w-skali-miesiaca-raport-2022/ (accessed: 5.03.2022).

Coeliac UK, 2021, *Coeliac UK Diagnosis of Coeliac Disease*, https://www.coeliac.org.uk/healthcareprofessionals/diagnosis/?&&type=rfst&set=true#cookie-widget (accessed: 21.05.2021).

Creswell J.W., 2013, *Projektowanie badań naukowych. Metody jakościowe, ilościowe i mieszane*, transl. J. Gilewicz, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Ferster M., Obuchowicz A., Jarecka B., Pietrzak J., Karczewska K., 2015, *Trudności związane z przestrzeganiem diety bezglutenowej przez chorych na celiakię mieszkających na Górnym Śląsku*, "Pediatria i Medycyna Rodzinna", vol. 11, no. 4, DOI: 10.15557/PiMR.2015.0039.

Flick U., 2010, *Projektowanie badania jakościowego*, transl. P. Tomanek, Warszawa: Wydawnictwo Naukowe PWN.

Fuchs V., Kurppa K., Huhtala H., Mäki M., Kekkonen L., Kaukinen K., 2018, *Delayed Celiac Disease Diagnosis Predisposes to Reduced Quality of Life and Incremental Use of Health Care Services and Medicines: A Prospective Nationwide Study*, „United European Gastroenterology Journal", vol. 6, no. 4, DOI: 10.1177/2050640617751253 (accessed: 24.03.2022).

Green P.H.R., Jones R., 2019, *Celiakia – autodiagnoza i samodzielne leczenie*, transl. D. Morawska, Białystok: Vital.

GUS, 2020, *Dochody i warunki życia ludności Polski – 2020*, Warszawa: Central Statistical Office.

Hęś M., Jędrusek-Golińska A., Górecka D., Kobus-Cisowska J., Zając M., 2013, *Badanie wiedzy żywieniowej osób z celiakią i uczuleniem na gluten z terenu Poznania*, "Problemy Higieny i Epidemiologii", vol. 94, no. 2.

Konecki K., 2000, *Studia z metodologii badań jakościowych. Teoria ugruntowana*, Warszawa: Wydawnictwo Naukowe PWN.

Konieczny S., Lange E., Krusiec J., 2019, *Wpływ diet eliminacyjnych na jakość życia osób z wybranymi chorobami autoimmunologicznymi*, "Kosmos", vol. 68 no. 2, DOI: 10.36921/kos.2019_2541.

Konińska G., Marczewska A., Sabak-Huzior P., Źródlak M. (eds.), 2019, *Celiakia i dieta bezglutenowa Praktyczny poradnik*, Warszawa: Polskie Stowarzyszenie Osób z Celiakią i na Diecie Bezglutenowej.

Kowalczuk-Vasilev E., Klebaniuk R., Samolińska W., Grela E.R., Kiczorowska B., Winiarska-Mieczan A., Kwiecień M., 2018, *Ocena wiedzy żywieniowej i realizacji założeń diety wykluczającej gluten oraz wpływu stosowanej dietoterapii na jakość życia chorych na celiakię*, "Hygeia Public Health", vol. 53, no. 1.

Kvale S., 2012, *Prowadzenie wywiadów*, Warszawa: Wydawnictwo Naukowe PWN.

Lebwohl B., Rubio-Tapia A., 2021, *Epidemiology, Presentation, and Diagnosis of Celiac Disease*, "Gastroenterology", vol. 160, no. 1, DOI: 10.1053/J.GASTRO.2020.06.098.

Limanowska P., Kubiak J., Napieraj K., Różańska D., 2014, *Ocena wybranych aspektów życia codziennego i czynników determinujących przestrzeganie diety bezglutenowej u osób chorych z celiakią*, "Medycyna Ogólna i Nauki o Zdrowiu", vol. 20, no. 4, DOI: 10.5604/20834543.1132035.

Majsiak E., Choina M., Gray A., Wysokiński M., Cukrowska B., 2022, *Clinical Manifestation and Diagnostic Process of Celiac Disease in Poland – Comparison of Pediatric and Adult Patients in Retrospective Study,* „Nutrients", vol. 14, no. 3, DOI: 10.3390/nu14030491.

Michałowska J., Pastusiak K., Bogdański P., 2017, *Kontrowersje wokół glutenu*, "Forum Zaburzeń Metabolicznych", vol. 8, no. 3.

Norström F., Lindholm L., Sandström O., Nordyke K., Ivarsson A., 2011, *Delay to Celiac Disease Diagnosis and Its Implications for Health-Related Quality of Life*, "BMC Gastroenterology", vol. 11, no. 118, DOI: 10.1186/1471-230X-11-118.

Pietras-Mrozicka M., 2019, *Problemy codziennego funkcjonowania psychospołecznego w związku z dietą bezglutenową w narracji autobiograficznej osoby z celiakią – studium przypadku* [in:] W. Nowak, K. Szalonka (eds.), *Zdrowie i style życia: wyzwania ekonomiczne i społeczne*, Wrocław: E-Wydawnictwo. Prawnicza i Ekonomiczna Biblioteka Cyfrowa. Wydział Prawa, Administracji i Ekonomii Uniwersytetu Wrocławskiego.

Pulido O., Zarkadas M., Dubois S., MacIsaac K., Cantin I., 2013, *Clinical Features and Symptom Recovery on a Gluten-Free Diet in Canadian Adults with Celiac Disease*, "Canadian Journal of Gastroenterology and Hepatology", vol. 27, no. 8, DOI: 10.1155/2013/741740.

Ratner A., 2020, *Diagnosis of Celiac Disease Increasing in Western World*, Beyond Celiac, https://www.beyondceliac.org/research-news/diagnosis-increasing/ (accessed: 22.04.2021).

Rodríguez-Almagro J., Hernández-Martínez A., Lucendo A.J., Casellas F., Solano-Ruiz M.C., Siles-González J., 2016, *Health-Related Quality of Life and Determinant Factors in Celiac Disease. A Population-Based Analysis of Adult Patients in Spain*, "Revista Española de Enfermedades Digestivas", vol. 108, no. 4, DOI: 10.17235/reed.2016.4094/2015.

Russo C., Wolf R.L., Leichter H.J., Lee A.R., Reilly N.R., Zybert P., Green P.H.R., Lebwohl B., 2020, *Impact of a Child's Celiac Disease Diagnosis and Management on the Family*, "Digestive Diseases and Sciences", vol. 65 no. 10, DOI: 10.1007/s10620-020-06316-0.

Saldaña J., 2009, *The Coding Manual for Qualitative Researchers*, London: SAGE.

Schütz A., 2012, *O wielości światów*, transl. B. Jabłońska, Kraków: Nomos.

Stępniak K., 2019, *Wciąż króluje kuchnia polska – wyniki raportu "Polska na Talerzu 2019"*, https://www.horecanet.pl/na-talerzach-wciaz-kroluje-kuchnia-polska-wyniki-raportu-makropolska-na-talerzu-2019/ (accessed: 10.09.2022).

Swora E., Stankowiak-Kulpa H., Mazur M., 2009, *Dieta bezglutenowa w chorobie trzewnej*, "Nowiny Lekarskie", vol. 78, no. 5–6.

Szczeblowska D., Hebzda A., Serwin D., Wojtuń S., 2010, *Celiakia – domena nie tylko pediatrii*, "Pediatria i Medycyna Rodzinna", vol. 6, no. 1.

Zarkadas M., Dubois S., Macisaac K., Cantin I., Rashid M., Roberts K.C., La Vieille S., Godefroy S., Pulido O.M., 2013, *Living with Coeliac Disease and a Gluten-Free Diet: A Canadian Perspective*, "Journal of Human Nutrition and Dietetics", vol. 26, no. 1, DOI: 10.1111/j.1365-277X.2012.01288.x.

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 78–91

Edyta Janus[1]

Factors Determining the Professionalization of the Medical Profession in Relation to the Concept of a Learning Organization. Example of Occupational Therapists

The profession of an occupational therapist has been present in the field of Polish rehabilitation for decades. However, it is not recognized by society. According to available research, the knowledge of medical staff about the roles and tasks performed by occupational therapists is very limited. The level of society's knowledge is similar. Moreover, even occupational therapists themselves have difficulty defining the tasks performed by their colleagues employed in various types of facilities. People who work in the profession of occupational therapists should be more active and involved in ensuring that the profession develops, is better recognized, and becomes more professional. This requires them to have appropriate competences. In this article, the occupational therapy profession is analysed based on Peter Senge's concept, which is related to management. The author refers to knowledge-based organizations and proposes the integration of five disciplines: systemic thinking, personal mastery, creating mental models, building a common vision and team learning. The essence of a learning organization is to search for new opportunities, create patterns of non-stereotypical thinking, and develop teamwork. The implementation of the above-mentioned elements is also a necessary condition for developing the profession of occupational therapist, which is classified as a medical profession. The data presented in the article comes from secondary sources – scientific articles and publicly available reports on occupational therapy.

Keywords: learning organization, medical profession, occupational therapy, professionalization

[1] B. Czech University of Physical Education in Kraków, edyta.janus@awf.krakow.pl.

Introduction

Occupational therapy has been known in Poland since at least the 19th century. Initially it constituted a part of psychiatric and physical rehabilitation (Pietrzak, Loska 2012: 120). Establishing the Polish school of rehabilitation, after the Second World War, contributed to the emergence of this discipline as one of the elements of the rehabilitation process. At that time, occupational therapy was used in psychiatric wards, tuberculosis wards, medical rehabilitation wards, and sanatoriums. Establishing occupational therapy workshops (Polish: Warsztaty Terapii Zajęciowej – WTZ) in the 1990s – facilities aimed at people who are totally incapable of gainful employment – was also important for the development of occupational therapy. Occupational therapy workshops constitute the entity with which occupational therapists are most often associated. As of the end of 2019, there were 720 workshops operating in the country. Workshops are in operation in the vast majority of voivodeships in the country (they were not established in 18 counties). On average, there are 1.9 WTZs per county. At the end of 2019, 720 WTZs employed 10,085 staff for 8,570.23 FTEs. Nearly 72% were staff members involved in the rehabilitation process – referred to as substantive staff. Occupational therapy instructors are by far the most numerous among the substantive staff of the WTZs, accounting for as much as 67% of the total. The two following groups in terms of numbers are psychologists (just over 9%) and rehabilitation therapists (8.8%) (Wolińska 2021). Meanwhile, occupational therapy is also carried out, among others, in: nursing homes, day care centres, rehabilitation centres, sanatoriums, psychiatric hospitals, hospital neurological and orthopaedic wards, therapeutic day centres, care and treatment institutions, within foundations supporting, among others, people with Down's syndrome, street children, etc. As Barbara Juśkiewicz-Swaczyna and Joanna Białkowska note, in the general public perception occupational therapy is often undervalued, treated marginally (Juśkiewicz-Swaczyna, Białkowska 2015: 223). The level of public knowledge concerning the profession in Poland can be described as very low (Żmudzińska, Bac 2017), and this also applies to medical professionals (Janus, Filar-Mierzwa 2019).

The low recognition of the profession and of the roles filled by occupational therapists does not constitute the domain of Poland alone, the same is true in other countries both in Europe and internationally (Darawsheh 2018; Vij 2023; Bonsall et al. 2016).

As already mentioned, the profession of therapist has been present on the market for decades, which has its consequences in its social perception and the identification of the tasks performed by occupational therapists mainly with art therapy (Żmudzińska, Bac 2017). However, since 2012 changes can be observed (admittedly

very slow, but observable) in the manner of perceiving occupational therapy, which is linked to the start of academic training that promotes modern, global standards of theory and practice. The regulation of the profession and its professionalization may also constitute an important point for the profession's development, as a direct result of the Act on Other Health Professions of 17 August 2023.

The profession of an occupational therapist as a health profession

The term "medical profession" appears in the Act on Medical Activities of 15 April 2011 and refers to persons authorised under separate regulations to provide health care services and persons who are professionally qualified to provide health care services within a specific scope or in a specific field of medicine. The term "medical profession" is linked to the term "health professional", which includes persons with medical or other training applicable to medicine and, more broadly, to health care, and who are properly qualified to practise their profession, e.g. a diploma, relevant certificate, etc. (Fiutak 2014a: 12). Magdalena Ławniczak-Lehman emphasises that distinguishing medical professions from other professions is not simple. There are some groups of professions that can be questioned, even though they relate to the area of health in the broadest sense (Ławniczak-Lehman 2001: 40). There are no such doubts in the case of occupational therapists, as the profession is explicitly mentioned in health care legislation.

However, it should be emphasised that the majority of occupational therapists are employed in the field of social assistance, the most characteristic (directly related to the name of the profession) place of employment being occupational therapy workshops.

The occupational therapist is listed in the Regulation of the Minister of National Education of 23 December 2011 on the classification of vocational education professions (Journal of Laws of 2012, item 7 as amended; MEN 2012) as one of the professions subordinate to the Minister of Health. The fact that it is also included in the Law of 17 August 2023 on certain medical professions, constitutes a milestone. This law regulates the work of 15 health professions, including occupational therapists. The regulations cover, among other things, the terms and conditions of the health professions, issues concerning continuing professional development, and rules of professional liability. The Act also creates a Central Register of Persons Authorised to Practice the Medical Profession. Chapter 3 Art. 13.1.(15) of the Act sets out the rules for practising the profession of an occupational therapist. They relate to the professional activities of occupational therapy diagnosis, conducting individual and group occupational therapy, evaluating its effects and organising therapeutic activities to improve the physical, mental, and social functioning, as

well as the social and occupational integration of the persons involved. The quoted description is quite broad and takes into account the unique competences possessed by occupational therapists.

The annex to the aforementioned Act on certain health professions also specifies the qualifications that practitioners should have. In the case of occupational therapists, these are:

1. commencing a course of study in occupational therapy after 30 September 2012 and obtaining at least a bachelor's degree or an engineering degree, or
2. commencing, before 1 October 2012, studies in the field (major) of occupational therapy and obtaining at least a bachelor's degree or an engineering degree, or
3. commencing education in a post-secondary public or non-public school after 31 August 2019 and obtaining a vocational diploma in the occupation of occupational therapist, or
4. commencing, before 1 September 2019, education in a post-secondary public or non-public school with the privileges of a public school and obtaining a professional title of occupational therapist or a diploma confirming professional qualifications in the profession of an occupational therapist, or
5. graduating, before the date of entry into force of this Act, from a post-secondary public school or a non-public school with the rights of a public school and obtaining a professional title in the profession of an occupational therapy instructor.

The cited provisions clearly define the qualification requirements, which can be seen as beneficial for the profession. This is all the more so because, until now, occupational tasks specific to occupational therapists have often been carried out by, among others, so-called "bi-professional" workers, i.e. people who have a non-occupational therapy background, but have completed short courses and, on this basis, provide services that fall within the scope of occupational therapy. These practices raise many questions due to the disproportionate number of course hours compared to an undergraduate degree or post-secondary education.

It is worth mentioning that currently the training of occupational therapists in Poland takes place two ways. The professional title of occupational therapist can be held by both university and post-secondary school graduates. A bachelor's degree in occupational therapy with a practical profile only came into existence in 2012. The course was initiated at three Polish universities: Bronisław Czech Academy of Physical Education in Kraków, the Academy of Physical Education in Wrocław, and the Karol Marcinkowski University in Poznań. In the course of training BA students have more than 1000 hours of practical classes, many of which involve clinical practice. For example, in the course implemented by the AWF in Kraków, the total number of ECTS credits (European Credit Transfer System) is 189, which

gives a total of more than 1,800 teaching hours. A master's degree in occupational therapy was also created in 2015, this time with an all-academic profile. As of 30 October 2023 – master's degree courses are only offered at two universities in Poland: AWF Kraków and AWF Warsaw. Post-secondary education is provided in parallel to academic programmes in Poland. The curriculum for the profession of an occupational therapist developed for post-secondary schools recommended by the National Centre for Supporting Vocational and Continuing Education (Polish: Krajowy Ośrodek Wspierania Edukacji Zawodowej i Ustawicznej – KOWEZiU) is built basing on modules (Janus 2018). In the core curriculum for vocational education, the minimum number of hours for vocational education has been defined for learning outcomes and is: 950 hours for the qualification providing occupational therapy services and 430 hours for the outcomes common for all occupations located within the medical and social education area (Fiutak 2014a: 385).

The Ministry of Health is also competent to recognise qualifications in regulated health professions, among which occupational therapist is mentioned, which are acquired by persons in the territory of the European Union (EU)[2]. Recognising an occupational therapist's qualification within the European Union is subject to the so-called general recognition system and requires the submission of an appropriate application.

Towards professionalising the profession of an occupational therapist

The content presented concerning regulating the profession of an occupational therapist, the requirements of training constitute an important element on the way to its professionalisation.

The criteria for recognising the occupation as a profession are defined by researchers in various ways. According to Howard Becker (1977), beneath the surface of the theorists' disagreements, there is a consensus concerning the set of interrelated qualities that symbolise a morally praiseworthy type of profession that is the basis for its designation as a profession, and vocations striving for the status of a profession will attempt to display these qualities. These features are: a monopoly on knowledge, control of training in professional practice, control of entry into the profession, as well as adoption of a code of ethics and service ethics. The monopoly on knowledge refers to knowledge that is backed by scientific theories and, at the same time, has value for the public, which believes that it is

[2] According to information included on the websites of the Ministry of Health (Ministerstwo Zdrowia 2022).

useful for solving their life problems. Occupational therapy is an evidence-based practice (EBP), meaning that it integrates evidence resulting from clinical research with the clinical knowledge of therapists' and patients' preferences. Knowledge and skills related to EBP vary in different countries, as do the attitudes of therapists towards this approach (Stronge, Cahill 2012; Salls et al. 2009). In Sweden, for example, occupational therapists express positive attitudes, but point to the obstacle for implementing this approach as a lack of time (Lindström, Bernhardsson 2018). We do not have such research in Poland. Verifying the knowledge of occupational therapists should involve standardising the training offered to them as well as making sure that those holding the professional title have the necessary competences to carry out their professional tasks. Currently, as already mentioned, there are two pathways to obtaining a professional degree, between which there are differences in, among other things, the minimum number of hours of practical training. However, restricting access to the profession to those who do not have the desired competences through statutory provisions can be seen as a milestone beneficial for the profession and the recipients of occupational therapists' services. The control of entry into the profession can be regarded as questionable, since the sole admission process for studies in this field does not include verification of specific temperamental traits or mental abilities and the criterion for admission consists in the competition of grades obtained in secondary school. It remains to be hoped that these characteristics are verified during the recruitment process for individual jobs. Adopting a moral code and being guided by high service ethics remains an open issue. Provisions concerning ethical conduct and the consequences for unethical behaviour are contained in the Act on Other Health Professions, which has already been cited. However, preparations are currently underway for issuing regulations that will cover this content in detail.

An analysis of the literature on the professionalisation of occupational therapy shows that the elements with the greatest emphasis are values and behaviours. Professional values constitute the basic, fundamental beliefs shared by the profession's representatives (Drolet 2014). Professionalism in occupational therapy practice is defined as a dynamic, combining a person's individual skill set, knowledge, behaviours and attitudes, as well as the adoption of the moral and ethical values of the profession and society (DeIuliis 2017).

To summarise the above argument, it can be said that the occupational therapy profession is a profession that is beginning to become professionalised. The attitudes and behaviour of the people who make up the profession are extremely important on the way to achieving the goal of professionalisation.

The concept of a learning organisation as a framework for discussing the professionalisation of the profession of an occupational therapist

One element of professionalising the profession consists in the attitudes and beliefs of those who represent the profession. Research directly addressing the attitudes of occupational therapists towards their profession is not available in Poland. Referring to the observed activity of occupational therapists in terms of nurturing the development of the profession, it can be concluded that it is alarmingly low. The author's own observations related to her activities in the Polish Occupational Therapy Association (an association representing occupational therapists in the country, Europe, and worldwide), allow for the conclusion that the activity of the persons performing the profession is very low. This was also perfectly evident during the consultation process related to the legislative processes of the Law on Certain Health Professions. The silence of occupational therapists, the inactivity of organisations that bring together entities where occupational therapy is carried out (e.g. National or Regional Occupational Therapy Workshop Forums) resulted in that the profession does not have proper, compact, and numerous representations.

At this point, it is necessary to raise the question of how the process of change in thinking about the profession, and consequently taking action that will promote its professionalisation, can take place.

An interesting concept that may provide a frame of reference for analysing the profession is borrowed from management, the concept of a learning organisation developed by Peter Senge in his book *The Fifth Discipline* (Senge 2012). The concept is regarded as one of the key concepts for further developing ideas related to the organisation. Senge views the learning organisation as one that continually expands the possibilities for creating its own future (Senge 2012: 197). In his view, a learning organisation is a place where people constantly expand their capacity to achieve the outcomes they really want, where people continually discover that they are creating reality. They also discover how they can create it (Watkins, Marsick 1993). Several assumptions underlying the concept of a learning organisation can be identified. The first is, of course, that organisations can learn and that learning constitutes a core value. Secondly, all employees should participate in the learning process, so it is the organisation's task to create conditions in which each person can participate in the learning process. Thirdly, the organisation has to take measures aimed at motivating employees to acquire knowledge. Fourthly, the learning process should be continuous. The idea of a learning organisation assumes that acquiring and sharing knowledge is an endless process.

According to Senge, a learning organisation implements certain conditions that are called learning disciplines. These disciplines include: shared vision, personal mastery, team learning, recognition of mental models, as well as systemic learning. Systemic thinking refers to the ability to perceive an organisation as a whole, while taking into account the individual components and the interactions taking place between the components. Such thinking allows all phenomena occurring within and around the organisation to be taken into account in the long term and to see dynamic, complex relationships rather than cause and effect relationships. Personal mastery refers to the continuous improvement of the way of perceiving reality, adapting it to the changing environment, which requires the continuous improvement of knowledge, perfecting skills, as well as creating new ideas and solutions with simultaneously involving all employees. A shared vision of the future constitutes the definition of a system of values and missions shared by all members of the organisation, which is reflected in a sense of purpose in the undertaken activities. Thought models are implicit assumptions that impact the manner of interpreting phenomena. Their identification and awareness allow errors to be revealed and corrected. Team learning means developing a group's capacity to acquire and accumulate knowledge. The synergy of mental potential constitutes the basis for innovation. The disciplines mentioned by Senge and their integration are essential for developing an organisation where new developmental patterns of thinking are nurtured and collective aspirations are realised, a place where people learn how to grow (Kudelska 2013: 26–27).

The analysis of the profession of an occupational therapist set within the framework of the concept of a learning organisation and its constituent disciplines is conventional in nature; its purpose is to indicate the possibilities offered by the adoption of this perspective and to show the limitations that are symptomatic of the profession's development.

Systemic thinking refers to the ability to see the profession in a holistic manner, taking into account the place of employment of occupational therapists and the training they have. Regulations are currently being prepared for the Other Health Professions Act, which will inevitably apply to health care-related facilities, and this does not include those practising and carrying out their tasks in social care-related facilities, causing a rift in terms of both the required training and remuneration for their work. A solution may be adopting an inter-ministerial law taking into account all persons performing the profession or the preparation of a law concerning the profession of occupational therapists. Even though, the law in question can be considered a milestone for those working in health care, it is necessary to emphasise that it does not apply to all persons performing the profession. The same is true of education, which will continue to be delivered in two modes at both undergraduate and postgraduate school levels. Despite repeated appeals from the communities

representing the various professions included in the Act, the Ministry of Health has not decided to include a provision on training standards for the medical profession. Preparation for the medical profession requires acquiring sound, up-to-date knowledge and skills. Not defining training standards for the health professions listed in the bill may generate the risk that qualifications to practise will be granted to persons who are not adequately prepared to do so. Another weak point of the Law on Certain Health Professions is the lack of possibility for individual professions to form professional self-governments. The possibility for people with both knowledge and experience concerning the profession to act in favour of the profession constitutes a prerequisite for its development. Establishing professional self-governments makes it possible to represent the interests of the profession, supervise its practice, coordinate matters of continuing professional development, or watch over ethical issues. The inability to create separate self-governing bodies should not be an excuse for a lack of commitment to the profession's position. Occupational therapists should be aware that taking care of the profession and consolidating the community is the only way forward. It is absolutely incomprehensible that occupational therapists have not formed any trade union to represent the interests of all those in the profession. The issue of nationwide associations is similar. The first, no longer in existence, the Association of Polish Occupational Therapy was only established in 2009. In part, its tasks are continued by the Polish Occupational Therapy Association, established in 2016 and based in Kraków. This association was formed on the initiative of academics who had completed a course preparing them to teach occupational therapy theory and practice. Currently, the Polish Occupational Therapy Association includes occupational therapy practitioners with professional titles (obtained in the course of academic education and post-secondary schools) among its members, occupational therapy students, as well as teachers conducting classes in this field. However, the willingness of occupational therapists to associate is negligible. The number of members in the association is relatively small compared to the number of persons performing the profession in our country. The issue of systemic thinking in the case of both legislators and practitioners is highly debatable. Without a holistic view of the profession, perceiving the cause-and-effect relationships, the divisions will widen. This situation may result in creating a rift between occupational therapists employed in health-related settings and to empower and treat occupational therapists employed in social care as lower paid, marginalised individuals.

The answer to the situation may consist in the personal mastery described by Senge, i.e. practitioners seeking new opportunities and responding to the changing environment. However, this requires the involvement of all those in the profession. Implementing the tasks of an occupational therapist requires ongoing training and keeping up to date with the changes that are taking place. It is clear that any change

causes resistance to move out of one's comfort zone. For occupational therapists, a change that has been resisted consists in adopting a different paradigm of thinking from treating occupational therapy as art therapy and using it as a way of managing time to focus on the activity – enabling the person to perform it, distinguishing between the activities performed as tools of therapy and as its purpose (Law et al. 1997: 32). For example, painting autumn leaves can be perceived as a form of time management, as a tool (painting as a form of fine motor skills improvement), or as a goal (having the work done by a person who deals with creating in a professional manner). Of course, this applies to a certain group of occupational therapists. However, following the changes, looking for an area to improve practice in new trends, to develop, should be a priority. Unreflective attachment to the manner of performing tasks and lack of innovation cause discipline to stagnate. The fact is that until now, as an unregulated profession, occupational therapists have not been subject to the requirement of continuing professional development. However, the lack of requirements does not exclude individual activity. The willingness to improve, to make changes, to take advantage of the latest knowledge but also to share their knowledge should constitute the hallmarks of this professional group. There are already valuable Polish-language publications available on the Polish publishing market, in line with modern trends, and there are also training courses and conferences for persons performing the profession. Striving for personal mastery is a matter of conviction and understanding that every occupational therapist is accountable for his or her image, own knowledge, not only to himself or herself, but above all to the recipients of the provided services.

The above conclusion refers to another discipline proposed by Senge which is the shared vision of the future, i.e. defining the values and mission shared by occupational therapists in their work. The vision of occupational therapy promoted by World Federation of Occupational Therapists (WFOT) emphasises the role of occupational therapy as maximising the health, wellbeing, and quality of life of all people, populations, and communities through effective solutions to facilitate participation in everyday life (AOTA 2017). To help further define and communicate the basic assumptions associated with the presented vision, the following postulates were formulated for key stakeholders, including occupational therapists, occupational therapy assistants, educators, students, consumers, policy makers, and the general public: accessibility, collaboration, efficiency, and leadership. Accessibility emphasises the need to provide services that are adapted to the cultural needs of a given group. Collaboration refers to working with a client and working within defined systems, allowing to achieve satisfactory results. Efficiency refers to evidence of the effectiveness of the undertaken therapeutic activities, as well as financial considerations – providing occupational therapy is supposed to be cost-effective. Finally, the last element concerns leadership and the ability of

occupational therapists to have an impact on policy, environmental, and systems change. Certainly, the unifying element of Polish occupational therapists is a focus on the client, respect for their dignity and autonomy. There is no document describing the desired values in Poland. However, it can be assumed that it would not be reasonable to perform this profession without the belief that the undertaken actions are centred around improving the client's wellbeing, health, and wellness. Unfortunately, occupational therapists do not seem to have a shared vision of the profession's future, and even more so, they do not undertake a dialogue in this regard nor do they have a sense of agency. It remains to be hoped that such activity will characterise the representatives of Generation Y who are entering the labour market and have completed their academic education. These individuals are aware of the need to nurture the development of the profession, to share knowledge (Janus 2023). It is precisely the sharing of knowledge and team learning that form another discipline identified by Senge. Sharing knowledge in occupational therapy, expressing own workshop is marginal. There are publications available concerning art therapy (as already mentioned wrongly identified with occupational therapy, regarded as synonymous with it), but there is a lack of positions aimed at the occupational aspect. A weaknesses of occupational therapy also consists in the fact that there is no standardised documentation model, no development of patient-centred occupational needs assessment tools and a lack of research in terms of the discipline. Taking into consideration the history of occupational therapy in Poland, it is surprising how little activity there has been among those involved in developing tools, working techniques.

This may be due to certain thought patterns, which Senge calls thought models. The essential question that occupational therapists should be asking themselves is, "what can I do better?" instead of stating 'it can't be done" or "why should we change anything?". Legal regulations, such as the provisions of the Act on Certain Health Professions covering issues of lifelong learning and, in occupational therapy workshops, the Standards for the Functioning of Occupational Therapy Workshops (Standardy funkcjonowania WTZ 2022), which are being introduced, may contribute to the need to change the aforementioned patterns related to education and training. The guidelines concerning training and development of the employees of WTZs refer to the key principles of improving the skills and developing WTZ staff, for which the starting point is to focus on the objectives of the WTZs, to indicate that the training plan should take into account the needs and expectations of the employee, training should contribute to the dissemination of knowledge and to counteract professional burnout (Standardy funkcjonowania WTZ 2022: 101). However, there are no regulations that have the power to change beliefs concerning the need to nurture the development of the profession...

Conclusions

Professionalisation is a dynamic, ongoing process, and professional groups achieve professional status primarily through public recognition (Cooper 2012). The effect of professionalisation consists in transforming a profession or vocation into a regulated profession with high integrity and competence (DeIuliis 2017: 3).

Looking at the professionalisation of the profession in, for example, the UK, where the profession is closely linked to medicine and the culture of health and social care, it is clear that facilities that fit into this area constitute the major employers for occupational therapists. Therefore, the path of occupational therapy towards professionalisation was linked to that of many allied health or healthcare professions, as sanctioned by the Health Act 1999 and the National Health Service Reforms and Health Professions Act 2002 (Clouston, Whitcombe 2008). In Poland, the situation is different, the Law on Certain Health Professions was being processed, but most occupational therapists are employed in the field of social assistance.

The difficulties related to the manner of perceiving the profession are precisely related to the places of employment of therapists, which are very diverse. The divergence of these areas affects how occupational therapists' identities are constructed and understood – assuming that it is precisely organisational attitudes, roles, and belief systems that have an impact on how it is constructed and understood in everyday social activities at micro, meso, and macro levels (Mattingly 1998; Giddens 1999). In addition, the socially constructed meanings and values attributed to everyday life also define how occupational therapy is understood (Giddens 1999). As a result, because occupational therapy is concerned with human occupation, which is shared by all people, it may be regarded as obvious and habitual and therefore not highly valued (Kielhofner 2002).

The attitudes and level of commitment of those directly practising it are central for discussing the profession. Referring to Senge's terminology – the mental models related to the roles filled by therapists, their attitudes regarding the profession or their perceptions (or rather lack of perceptions) of development potential need to be modified. It is not possible to emphasise the significance of human occupation as an area appropriate for all people while stressing the importance of expert knowledge in enabling people to perform it without ensuring that they possess such expertise. The real opportunity for occupational therapists lies in nurturing the empowerment of the profession, building the identity of occupational therapists, and working on their own beliefs concerning the profession.

The profession's decades-long history in Poland obliges to consider all scenarios, to make changes, to adopt the perspective of a learning organisation, where

learning and development become a way of life, as opposed to stagnation and waiting for decisions in terms of the profession to be made, which are made without the people who should have a real interest in them.

References

AOTA (American Occupational Therapy Association), 2017, *Vision 2025*, "American Journal of Occupational Therapy", vol. 71, no. 3, DOI: 10.5014/ajot.2017.713002.

Becker H.S., 1977, *Sociological Work. Method and Substance*, New Brunswick: Transaction.

Bonsall A., Mosby A., Walz M., Wintermute K., 2016, *Health Care Professionals' Knowledge of Occupational Therapy*, "American Journal of Occupational Therapy", vol. 70, no. 4 (Supplement 1), DOI: 10.5014/ajot.2016.70S1-PO1060.

Clouston T., Whitcombe S., 2008, *The Professionalisation of Occupational Therapy: A Continuing Challenge*, "British Journal of Occupational Therapy", vol. 71, no. 8, DOI: 10.1177/030802260807100802.

Cooper M., 2012, *Reflections on the Professionalization of Occupational Therapy: Time to Put Down the Looking Glass*, "Canadian Journal of Occupational Therapy", vol. 79, no. 4.

Darawsheh W.B., 2018, *Awareness and Knowledge About Occupational Therapy in Jordan*, "Occupational Therapy International", vol. 2018, DOI: 10.1155/2018/2493584.

DeIuliis E.D., 2017, *Professionalism Across Occupational Therapy Practice*, Thorofare: SLACK Incorporated.

Drolet M.J., 2014, *The Axiological Ontology of Occupational Therapy: A Philosophical Analysis*, "Scandinavian Journal of Occupational Therapy", vol. 21, no. 1.

Fiutak A., 2014a, *Zawody mające zastosowanie w ochronie zdrowia* [in:] A. Fiutak, A. Jacek, K. Miaskowska-Daszkiewicz, K. Pyziak-Kowalska, M. Durjasz, *Zawody w ochronie zdrowia. Wymogi kwalifikacyjne i obowiązki zawodowe, zasady zatrudniania i wynagradzania*, Warszawa: C.H. Beck.

Fiutak A., 2014b, *Terapeuta zajęciowy* [in:] A. Fiutak, A. Jacek, K. Miaskowska-Daszkiewicz, K. Pyziak-Kowalska, M. Durjasz, *Zawody w ochronie zdrowia. Wymogi kwalifikacyjne i obowiązki zawodowe, zasady zatrudniania i wynagradzania*, Warszawa: C.H. Beck.

Giddens A., 1999, *The Constitution of Society. Outline of the Theory of Structuration*, Cambridge: Polity Press.

Janus E. (ed.), 2023, *Terapia zajęciowa. Praktycy praktykom*, Warszawa: Difin.

Janus E., 2018, *Terapeuci zajęciowi w Polsce. Role zawodowe, kształcenie, perspektywy rozwoju zawodu*, Warszawa: Difin.

Janus E., Filar-Mierzwa K., 2019, *Prestige of Selected Medical Professions in the Opinion of Representatives of These Professions*, "Medycyna Pracy", vol. 70, no. 5, DOI: 10.13075/mp.5893.00863.

Juśkiewicz-Swaczyna B., Białkowska J., 2015, *Rola terapii zajęciowej w rehabilitacji*, "Szkice Humanistyczne", vol. 15, no. 3–4.

Kielhofner G., 2002, *Model of Human Occupation*, Baltimore: Lippincott.

Kudelska K., 2013, *Organizacja ucząca się w świetle współczesnych koncepcji zarządzania*, "Warmińsko-Mazurski Kwartalnik Naukowy. Nauki Społeczne", no. 3.

Law M., Polatajko H., Baptiste W., Townsend E., 1997, *Core Concepts of Occupational Therapy* [in:] E. Townsend (ed.), *Enabling Occupation: An Occupational Therapy Perspective*, Ottawa: Canadian Association of Occupational Therapists.

Ławniczak-Lehman M., 2001, *Pojęcie zawodów medycznych w świetle prawa i doktryny prawniczej*, "Ruch Prawniczy, Ekonomiczny i Socjologiczny", vol. 63, no. 1–2.

Lindström A.C., Bernhardsson S., 2018, *Evidence-Based Practice in Primary Care Occupational Therapy: A Cross-Sectional Survey in Sweden*, "Occupational Therapy International", no. 5376764, DOI: 10.1155/2018/5376764.

Mattingly C., 1998, *Healing Dramas and Clinical Plots: The Narrative Structure of Experience*, Cambridge: Cambridge University Press.

Ministerstwo Zdrowia, 2022, *Uzyskaj uznanie kwalifikacji w ramach tzw. ogólnego systemu uznawania kwalifikacji uzyskanych w Unii Europejskiej*, https://www.gov.pl/web/zdrowie/uzyskaj-uznanie-kwalifikacji-w-ramach-tzw-ogolnego-systemu-uznawania-kwalifikacji-uzyskanych-w-unii-europejskiej (accessed: 30.10.2023).

MEN, 2012, Rozporządzenie Ministra Edukacji Narodowej z dnia 23 grudnia 2011 r. w sprawie klasyfikacji zawodów szkolnictwa zawodowego, Journal of Laws of 2012, item 7 as amended [Decree by the Minister of National Education of December 23, 2011, on the classification of occupations in vocational education and training, OJ 2012, item 7].

Pietrzak A., Loska M., 2012, *Developing Occupational Therapy Theory in Poland* [in:] G. Boniface, A. Seymour (eds.), *Using Occupational Therapy Theory in Practice*, Chichester: Blackwell Publishing Ltd.

Salls J., Dolhi C., Silverman L., Hansen M., 2009, *The Use of Evidence-Based Practice by Occupational Therapists*, "Occupational Therapy in Health Care", vol. 23, no. 2, DOI: 10.1080/07380570902773305.

Senge P., 2012, *Piąta dyscyplina. Teoria i praktyka organizacji uczących się*, transl. M. Lipa, 6th extended ed., Warszawa: Wolters Kluwer.

Standardy funkcjonowania WTZ (Warsztatów Terapii Zajęciowej), 2022, Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych, https://tiny.pl/w2032vy1 (accessed: 2.11.2023).

Stronge M., Cahill M., 2012, *Self-Reported Knowledge, Attitudes and Behaviour Towards Evidence-Based Practice of Occupational Therapy Students in Ireland*, "Occupational Therapy International", vol. 19, no. 1, DOI: 10.1002/oti.328.

Vij S.B., 2023, *Physicians' Knowledge and Perceptions of Occupational Therapy Practice*, "The Open Journal of Occupational Therapy", vol. 11, no. 4, DOI: 10.15453/2168-6408.2141.

Watkins K.E., Marsick V.J., 1993, *Sculping the Learning Organization: Lessons in the Art & Science of Systemic Change*, San Francisco: Jossey-Bass.

Wolińska I. (ed.), 2021, *Raport z badania warsztatów terapii zajęciowej*, Warszawa: Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych.

Żmudzińska U., Bac A., 2017, *Charakterystyka wiedzy mieszkańców Małopolski na temat zawodu terapeuty zajęciowego*, "Postępy Rehabilitacji", vol. 31, no. 4.

Varia

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 95–117

Magdalena Muszel[1]

Ideological Foundation of the Contemporary Anti-Gender Movements in Poland. Most Recent History in the Context of Strategies and Arguments[2]

This article presents a critical examination of the ideological underpinnings and societal impacts of contemporary anti-gender movements in Poland, utilizing a qualitative research approach supported by critical discourse analysis (CDA). This methodological framework allows for an in-depth exploration of the narratives, strategies, and implications of these movements within the broader socio-political landscape of Poland. Central to the discourse of these movements is the construction of phantom threats against perceived dangers like "gender ideology", feminism, and "LGBT ideology". These constructs are analysed as tools for reinforcing conservative-Catholic sentiments and providing political leverage to far-right groups. The article delves into the historical context, tracing the evolution of discourse on gender and LGBTQ+[3] rights in Poland as well as its interplay with political decisions and events. The study further examines the strategies employed by these movements, including their use of populist rhetoric, emotional manipulation, and the creation of a dichotomous worldview. A significant focus is placed on the role of the Catholic Church in Poland in shaping and propagating these ideologies, particularly in relation to family, morality, and national identity. Moreover, the article assesses the broader implications of these movements for Polish society and beyond, highlighting their transformative impact on social norms, public policy, and the discourse on gender rights and societal values. This qualitative and discursive analysis contributes significantly to the understanding of gender politics in Poland, offering insights into the global dynamics of anti-gender movements.

Keywords: anti-gender movements, critical discourse analysis (CDA), gender politics, political rhetoric

[1] University of Gdańsk, magdalena.muszel@gmail.com.

[2] This article is a result of the grant awarded to the FIERCE project (n.d.), under the Grant Agreement No. 101061748, which is funded by the European Union's Horizon Europe Research and Innovation programme.

[3] When quoting or referring to the resources, I use the abbreviation as it is used in the original, whereas in my own analysis I use the more inclusive abbreviation LGBTQ+.

Introduction

In recent years, Poland has become a battleground of ideologies, with anti-gender movements gaining significant traction. This development is not an isolated phenomenon, but is deeply embedded in the country's socio-political fabric, influenced by a combination of historical conservatism, the strategic manoeuvring of political entities, and the moral and ideological guidance of religious institutions, particularly the Catholic Church. The rise of the Law and Justice Party (PiS) in 2015 marked a turning point for these movements, providing them with an institutional backbone to advance their cause. This partnership has been instrumental in pushing anti-gender ideologies from the fringes to the centre of Polish political discourse. The timeline from 2010 to 2021 is punctuated by events that underline the intensification of the anti-gender movement. Legislative attempts to restrict abortion rights, in particular the decision of the Constitutional Tribunal in 2020, catalysed public outcry and mobilised both supporters and opponents, highlighting the polarised nature of Polish society on this issue. In addition, the contentious debate over the Istanbul Convention and the portrayal of LGBT+ communities as a threat to the traditional family structure has been crucial in rallying conservative support, but has also sparked significant counter-mobilisation efforts. These include the Black Protests and a wide range of pro-LGBT+ initiatives that challenge the anti-gender narrative. The PiS government's alignment with anti-gender ideologies has facilitated the enactment of policies that reflect these views and embed them within the country's legal and institutional framework. This symbiosis between political power and anti-gender movements has not only legitimised but also empowered these ideologies, enabling them to exert a significant influence on Poland's socio-political landscape.

The concept of ideology plays a significant role in understanding the dynamics of social movements, including those around contemporary issues such as anti-gender movements. At its most basic, ideology is often seen as a system of beliefs, values, and ideas that individuals and groups use to make sense of the world and navigate their social realities (Eagleton 1991; Thompson 1990). This broad definition sets the stage for a more nuanced exploration of how ideologies function within social movements, serving as both a blueprint for action and a framework for interpreting social and political environments. John Levi Martin (2014) conceptualises ideology as actors' theorisation of their position and available strategies within a political field, highlighting the strategic use of ideology in rallying support, defining goals, and mobilising resources. Ideology is dynamic, evolving in response to the changing landscapes of political and social fields. Joseph Schull (1992) articulates ideology as a form of discourse, emphasising the negotiation

and contestation of power through ideological expression and the importance of language, symbols, and narratives in the construction of ideological battlefields. In turn, Jennifer Ponce de León and Gabriel Rockhill (2020) introduce the concept of ideology as encompassing different aspects of individuals' existence and meaning-making and focus on the affective and experiential dimensions of ideology, showing how social movements create compelling narratives that resonate with individuals on a deeply personal level. Finally, Ivan Demin offers a perspective that bridges philosophical and socio-empirical views, emphasising the role of ideology as both a set of beliefs and a paradigm of socio-political thought. This dual perspective is important for understanding how the ideologies that underpin social movements are both shaped by and shape social structures and individual consciousness (Demin 2022).The discursive approach to ideology sheds light on how anti-gender movements use language to create compelling narratives that resonate with individuals on a deeply personal level. Ernesto Laclau (2005) discusses how discourse based on binary oppositions of "us" and "them" constructs certain groups or individuals as "enemies", using "empty signifiers" that allow for multiple interpretations. Laclau (2020) further explores how these "empty signifiers", by virtue of their abstraction, become focal points in political discourse, enabling various demands to aggregate into a unified, yet inherently unstable, collective identity that opposes an antagonistic "other". Consequently, "gender ideology" emerges as a highly versatile and advantageous tool in the arsenal of these movements. In the Polish context, the definition of those perceived as "them" shifts according to the objectives of right-wing populists, historically encompassing groups such as migrants, the LGBT community, gender-related issues, or feminists advocating for equal rights and access to abortion. To bring about a change in popular consciousness, it is crucial to articulate the threats posed by the "other", threats that are ideologically based and capable of affecting everyday life. These threats must target something valuable and significant to the populace, thereby painting the "other" and the phantom threats (as termed by Buchowski 2016, and Bielecka-Prus 2018 in reference to the fear of refugees) in a negative and emotionally charged light. Such a strategy increases the likelihood of people committing to defend what they perceive as under threat. Constructing a phantom threat against "gender ideology", "feminism", and "LGBT ideology" effectively reinforces the conservative-Catholic sentiment, providing tangible political leverage to far-right politicians and their affiliates.

This article delves into the ideological foundations of the anti-gender movements in Poland, offering a critical examination of their narratives, strategies, and societal impacts. With Poland presenting a distinct case in the wider European context, the study aims to elucidate the intricate dynamics and implications of these movements. Central to this exploration is the challenging task of defining

the meaning of "gender ideology" and the scope of the term. As highlighted by Stefanie Mayer and Birgit Sauer (2017), the fluidity of "gender ideology" makes it a successful rallying cry, capable of uniting a broad spectrum of Christian conservative and right-wing actors with divergent ideologies. This term finds its primary existence within the discourse of right-wing populism, a discourse often aimed at cultivating confrontational dynamics and amplifying societal and cultural divides. This article is not only an academic acquire to understand the shifting paradigms of gender politics in Poland, but it aims also to contribute to the broader discourse on gender and sociopolitical movements, shedding light on the underlying ideologies that drive anti-gender movements in Poland and beyond.

Literature review

The ideological underpinnings of anti-gender movements in Poland have attracted considerable scholarly interest, reflecting broader trends in Europe where gender and sexuality have become focal points of political contestation. The Polish case is particularly illustrative, given the country's strong preoccupation with conservative and religious values that intersect with national identity and politics. Several scholars have addressed these dynamics, contributing to a nuanced understanding of the forces shaping anti-gender movements in Poland. At the core of the literature on anti-gender movements is the positioning of these movements within a broader populist moment (Graff, Korolczuk 2018, 2022). Agnieszka Graff and Elżbieta Korolczuk describe how these movements exploit conservative and nationalist sentiments by presenting gender studies and LGBTQ+ rights as an existential threat to traditional values. This phenomenon is not isolated to Poland, but reverberates across Europe, indicating a broader trend of political and social conservatism exploiting populist sentiments. Bożena Chołuj (2021) critically examines how the concepts of gender and LGBTQ+ identities, often portrayed as foreign or unfamiliar within Polish discourse, are mobilized by right-wing populism and religious fundamentalism in Europe to forge alliances, mobilize support, and enact transformations within society. The transnational nature of these campaigns, as explored by David Paternotte and Roman Kuhar (2017) or Izabela Desperak (2023), further highlights the global alliances and strategies that strengthen anti-gender movements. Poland emerges as a key site in the wider network of right-wing mobilisation, demonstrating the interconnectedness of these campaigns across national borders. As highlighted by researchers (Szwed, Zielińska 2017; Duda 2016; Mishtal 2015), central to the Polish context is the significant role of the Catholic Church in shaping the discourse on gender and sexuality. Rafał Pankowski (2010), on the other hand, describes how in Poland nationalism

and xenophobia mix with debates on gender and sexuality, creating a climate conducive to anti-gender views, reinforced by the influence of the Catholic Church. The gender dimension of right-wing politics, analysed by Sauer (2024), reveals how conservative and far-right actors mobilise gender issues. This mobilisation serves not only as a political strategy, but also as a way to affirm and maintain traditional gender roles, often in opposition to advances in gender equality and LGBTQ+ rights. First-hand accounts and sociological insights into the anti-gender movement, such as those provided by Klementyna Suchanow (2020) offer vivid insights into activism and resistance to restrictive policies on women's reproductive rights and LGBTQ+ rights. Similarly, Bogumiła Hall (2019) discusses how the contemporary anti-gender movements in Poland are intertwined with the rise of feminist activism, particularly among the younger generation. These accounts not only document protests and movements, but also present them as part of a larger struggle against conservative and fundamentalist agendas. In turn, the notion of "gender ideology" as a conservative tool is critically analysed by Jennifer Ramme (2022), providing insights into how this notion is being mobilised across Europe, with Poland serving as an important case study. The mobilisation against "gender ideology" illustrates wider European opposition to gender equality and LGBTQ+ rights and highlights the strategic use of disinformation and moral panics.

Methodology

This article integrates a qualitative research methodology with a specific focus on Critical Discourse Analysis (CDA), adopting the dialectical-relational approach as outlined by Norman Fairclough in *Critical Discourse Analysis: The Critical Study of Language* (2013). By examining the ideological underpinnings and societal effects of anti-gender movements in Poland, this methodological framework facilitates a nuanced understanding of how discourse functions as a social practice to shape societal norms and influence power dynamics. This approach is particularly relevant for analysing the discourse surrounding anti-gender movements, as it allows for a critical examination of language and its role in constructing identities, shaping perceptions and mediating social relations. The methodology used in this research is underpinned by an extensive analysis of documentary evidence from 2012 to 2020, comprising a variety of primary and secondary sources. Legislative texts and policy proposals, such as the "Stop Abortion" bills archived in the database of the Polish Sejm, provide insights into the legislative efforts and political strategies of anti-gender movements. In addition, public speeches and statements by influential political figures, including those by members of the Law and Justice Party (PiS) and the campaign speeches of President Andrzej Duda, are analysed

for their rhetorical strategies and the narrative frameworks they employ. These sources are complemented by pastoral letters and public statements from the Polish Bishops' Conference, which elucidate the religious and moral arguments used against gender and LGBTQ+ rights and highlight the Catholic Church's stance on "gender ideology". An integral part of the dataset comprises media narratives, analysed through content from both mainstream and niche media outlets known for advocating anti-gender positions. These include articles from "Gazeta Polska" and broadcasts from TVP Info, which have played a crucial role in propagating anti-gender rhetoric. The study also includes publications and analyses by Ordo Iuris, which provide critical insights into the legal and moral frameworks mobilised to counter "gender ideology". Articles from the right-wing magazines "Do Rzeczy" and "Sieci" further enrich the dataset, providing perspectives that resonate with anti-gender sentiments and nationalist narratives. These media sources reveal how anti-gender discourses are shaped and disseminated, influencing public opinion and social discourse. Academic contributions, including journal articles, reports, and monographs, add depth to the analysis by providing scholarly critique and analysis of the anti-gender movement.

Through the dialectical-relational approach of CDA, this research methodically uncovers the complex layers of meaning within anti-gender discourse. It demonstrates how language is strategically utilized to gather support, establish group boundaries, and justify specific viewpoints, and legitimise ideological positions. Through examining a diverse sources, the research provides an in-depth analysis of the ideological underpinnings and societal impacts of anti-gender movements in Poland.

The intersection of politics, religion, and rights: Tracing the anti-gender movement in Poland

Despite the fact that Poland has had one of the strictest abortion laws in Europe since 1993, numerous political parties have often used the issue of abortion as a smokescreen, invoking it whenever they wanted to highlight other issues or controversies. In addition, the Catholic Church opposed even the smallest measures to liberalize reproductive rights in Poland and supported any action that might restrict women's rights. In the 21st century, they gained another strong supporter in the form of fundamentalist groups in particular, who adopted contemporary tactics to combat what they called "gender ideology".

Scholars often point to specific stages in the development of discourse on the topic of gender and LGBTQ+ rights in Poland, most often triggered by specific events or political decisions and clearly correlated with the election calendar

(Grochalska 2020; Graff, Korolczuk 2022; Duda 2016). As pointed out by Korolczuk and Graff, three major phases can be distinguished: "The early one, 2012–2015, was focused on sex education and opposition to the ratification of the Istanbul Convention, both accused of deceitfully introducing 'gender ideology' into Polish culture. […] The second phase unfolded in 2016–2018, around the time when Law and Justice came to power. It was focused first on vilifying refugees as rapists and – after PiS won the elections – on abortion rights […]. The third phase has consisted mainly of attacks on LGBT minorities; it began in the spring of 2019 […] the end of Poland's anti-gender campaigns is nowhere in sight" (Graff, Korolczuk 2022: 71).

As observed by Monika Grochalska (2020) between 2011 and 2012 the term gender rarely appeared in public discourse in its literal sense and wording. And although issues that are intrinsic to gender for gender scholars emerged during this period, the term itself appeared quite rarely. In Polish politics the topic of gender identity has become present mainly due to the only transsexual member of the Polish parliament so far – Anna Grodzka (2011–2015). In this area of discourse, there have been verbal constructions clearly indicating that gender should be understood as a social construct. Grodzka has pointed out in her public statements that transsexuals are people who "feel themselves to be of the opposite sex to the one they have been assigned in documents". On the other side of the political scene that time The Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (the Istanbul Convention), civil partnerships and abortion have been explicitly labelled by right-wing politicians and publicists as "promoting feminism, abortion, homosexuality, and other deviant behaviour" (Piłka 2011). Marian Piłka (right-wing politician, publicist, and historian) also saw "deviants" as a threat to spiritual and moral strength. During this period (2010) there was the first civic initiative project in the history of Poland establishing a total ban on abortion "Stop Abortion", which was supported by several hundred thousand citizens (Obywatelski projekt ustawy 2011). It failed to obtain a majority in the Sejm and was rejected in 2011 (Szołucha, Rzeplińska 2020).

Although it is difficult for researchers to pinpoint exactly when the anti-gender and anti-LGBTQ+ mobilisation in Poland began, April 2012 and the public expression of opposition to "gender ideology" and the ratification of the Istanbul Convention by the Minister of Justice at that time – Jarosław Gowin – are cited as one of the major starting points of the Polish anti-gender campaign (Graff, Korolczuk 2022). Minister Gowin's main argument was that the Istanbul Convention is a hidden Trojan horse whose real aim is the destruction of traditional family. The narrative, according to which Polish feminists and politicians supporting the Istanbul Convention, civil partnerships, and women's rights to abortion are traitors and part of an international conspiracy against the traditional gender order has

also begun to be constructed and further supported by the Polish hierarchs of the Catholic Church (Graff, Korolczuk 2022).

2013 was a year in which the word *gender* began to appear extremely frequently in public discourse and was discussed from various approaches. It was even chosen as the word of the year by a committee of linguists and cultural studies experts (*Gender słowem roku* 2014). 2013 was also the year when the voice of representatives of the Catholic Church became particularly visible in the discussion on gender, and as in the global context, also in the Polish context, the Catholic Church became the main force behind anti-gender and anti-feminist campaigns. During the mass on 16 October 2013 at Wrocław Cathedral, Archbishop Józef Michalik suggested a link between paedophilia and the promotion of "gender ideology": "Abuse of children by adults is reprehensible. However, no one pays attention to the causes of this behaviour. Pornography and the false love shown in it, the lack of love of divorcing parents, and the promotion of gender ideology" (Schwertner 2013). In his opinion, the blame for child abuse by adults also lies with feminist environments, especially "the most aggressive Polish feminists", who "for years have mocked the Church and traditional ethics, promoted abortion and fought against the traditional model of family and marital fidelity" (Bieńczak 2013).

The Catholic Church's stance on gender was officially sanctioned by the pastoral letter of the Polish Episcopate, which was read out in all churches in Poland on 29 December 2013, where church authorities emphasise the destructive impact of gender on traditional values and the family. The Polish Episcopate wrote: "In view of the increasing attacks of this ideology, we feel urged to speak out strongly in defence of the Christian family, the fundamental values that protect it, to warn against the dangers of promoting a new type of family life" (List Pasterski Episkopatu Polski 2013). Of particular concern to the bishops was the fact that, according to "gender ideology" / "genderism", a person would be free to determine his or her sex. They warn that this is to lead to – society accepting the right to form new types of families, for example those built on homosexual relationships. The bishops stressed also that "gender ideology" is the result of a decades-long ideological and cultural transformation, firmly rooted in Marxism and neo-Marxism, promoted by certain feminist movements and the sexual revolution: "Genderism promotes principles that are totally contrary to reality and to an integral understanding of human nature" (List Pasterski Episkopatu Polski 2013).

Interestingly, as Jenny Gunnarsson Payne and Sofie Tornhill (2023) noticed, the usage of "ideology" in the term "gender ideology" closely mirrors the traditional Marxist interpretation of ideology. However, paradoxically, the underlying cognitive misunderstanding in this context pertains to the concept of "gender" itself being ideological, given that it associates biological sex with a "socially constructed" nature. The Episcopate alarmed in its pastoral letter (Gunnarsson Payne, Tornhill 2023)

that "gender ideology" has been introduced for months, without the knowledge of society, in the Polish education system, health care, the activities of cultural and educational institutions and non-governmental organisations.

Although the rights of homosexuals were not mentioned in this letter, it became obvious that the main threat to Polish children is, in the opinion of the Catholic Church, homosexuality, described as "LGBT propaganda" and in 2019 as "LGBT ideology". In the Church's discourse on gender, a fairly consistent narrative model can be discerned. The primary protagonist here is the Church, which defends the family, society. The enemy is named ("gender ideology"), although not fully defined. As already mentioned, such definitional fluidity and a certain undefinition of "gender ideology" and its supporters – "genderists" – is functional in the sense that it allows a common label to be given to phenomena and subjects negatively evaluated by the Church (e.g. feminists, representatives of sexual minorities, supporters of "in vitro fertilisation" (IVF), people who advocate the right to abortion). "Gender ideology" is presented as something external, alien (starting with the name itself), as an enemy that, through manipulation and deception, tries to infiltrate the ranks of the opponent (Szwed 2019). The appeal of the church hierarchy on 29 of December 2013 was met with a very quick response from right-wing politicians. On 8 January 2014 The Parliamentary Group "Stop gender ideology!" was established, and it can be seen as one of the turning points in the campaign against gender in Poland – a moment of its politicization. Immediately after the victory of PiS in autumn 2015, anti-gender mobilization intensified with President Duda's first veto, which was against the Gender Accordance Act. The Act would have made the legal recognition procedure of gender change easier and more accessible. In the following years, the dominant topic was mainly abortion, influenced by the Catholic Church, and women's reproductive rights, against which the government took legal actions.

Also as recently as autumn of 2015 the anti-choice network "STOP abortion" led by the Ordo Iuris Institute Foundation launched a massive campaign in favour of a total ban on abortions. In the spring of 2016 the Stop Abortion Committee started to gather signatures supporting citizen's law proposal, which included a total ban on abortion and the threat of criminal prosecution for both doctors and women (Obywatelski projekt ustawy 2011). The main politicians of the ruling party (PiS) have declared their support for the proposed law (The Prime Minister Beata Szydło and Jarosław Kaczyński, the leader of PiS). However, due to the mass protests of Polish women (the Black Protests and the Polish Women's Strike) in the autumn, on 6 of October 2016 PiS voted to refer the initiative to the parliamentary committees, thereby withdrawing the proposal (Majewska 2016; Muszel, Piotrowski 2018; Kowalska et al. 2019). Further waves of protests in 2017, 2018 and much smaller in 2019 followed, and the networks of feminist activists consolidated, crystallised, and matured.

Labelling supporters of abortion as adversaries of Poland and its values was easily accomplished within the ultra-right and Catholic milieu, as since the early 1990s the abortion law conflict in Poland not only showcased diverse societal perspectives on the matter but also became intertwined with the reformation of the Polish post-communist state (Kramer 2009). Advocates for stricter regulations positioned themselves as contributing to the rejection of the communist legacy and a revival of traditional Polish values (Watson 1993), closely associated with Catholicism. As feminist circles advocated for abortion rights, they were immediately positioned on the opposing spectrum. This positioning also implied a stance against traditional Polish Catholic values. This categorisation linked feminists with a perception of being aligned with values deemed anti-Polish.

In 2019, when the Law and Justice party was gearing up for European Parliament elections, this time it is the LGBTQ+ community and anti-gender discourse that is being used to mobilise conservative voters feeling fear of cultural change and socio-economic marginalisation, and the systemic mobilisation against LGBTQ+ people entered a new phase. The main narrative used against LGBTQ+ people was built on the message about the "sexualization of children" and "protection of traditional families". In Jarosław Kaczynski's words, this was "an attack on the family" and "an attack on children". He called "LGBT ideology" an imported "threat to Polish identity, to our nation, to its existence and thus to the Polish state" (Noack 2019). Until the October parliamentary elections, anti-LGBTQ+ attacks became the dominant thread of the pre-election political battle.

The anti-gender mobilisation has also taken on a more local character. Since March some regional and local self – government units – mainly from the historically conservative south-east of Poland – started declaring themselves "LGBT-free zones". A key role in this local mobilisation was played by the Ordo Iuris Foundation, which also reacted quickly to the Mayor of Warsaw's actions and prepared the text of The Local Government Charter of Family Rights, encouraging local governments to adopt it (Graff, Korolczuk 2022). The Charter's propagators describe themselves as a "coalition of pro-family organisations" and warn on the website dedicated to the initiative that "some local governments today are trying to undermine the constitutional rights of families and parents, without whose permission they are implementing permissive sex education classes in schools", therefore it is necessary to take a stand "on the side of the constitutional values under threat – the family, marriage as a union between a man and a woman, motherhood and parenthood" and urgently adopt the "Local Government Charter of Family Rights", reaffirming the constitutional guarantees of the rights of families and the rights of parents and creating real guarantees for their observance" (Samorządowa Karta Praw Rodzin n.d.). In response to these actions, the Atlas of Hate was created on which by 30 March 2020 more than 80 local governments, including five voivodships were marked as being declared as "free zones"

from "LGBT ideology" or/and accepted the Local Government Charter of Family rights (Graff, Karolczuk 2022).

However, international pressure and, above all, the vision of losing funding from the European Union[4] have resulted that shortly thereafter most of the local authorities decided to withdraw from their anti-LGBT declarations. The tense atmosphere of the summer 2019 election campaign was also heated up by the Pro-Life Foundation's campaign, which culminated in August in the submission to the Sejm of a bill "Stop paedophilia", which provided for increased penalties for paedophile acts, but also to criminalise sex education. At the vote on 16th April 2020, the draft was referred to a parliamentary committee for further work.

The Catholic Church has not remained neutral in the anti-LGBTQ+ campaign of 2019 either. The statement from the side of the Catholic Church that caused perhaps the greatest outrage at the time was that of Archbishop Marek Jędraszewski about the "rainbow plague". "Fortunately, the red plague is no longer on our land, but this does not mean that there is not a new plague that wants to take over our souls, hearts, and minds. Not Marxist, Bolshevik, but born of the same spirit, neo-Marxist. Not red, but rainbow", said Archbishop Marek Jędraszewski, the Metropolitan Archbishop of Krakow, on 1 August 2019 (so two months before the parliamentary elections) during a Mass commemorating the 75th anniversary of the outbreak of the Warsaw Uprising (*Arcybiskup Jędraszewski* 2019).

Both during the 2019 parliamentary campaign and the 2020 presidential campaign "gender" and "LGBTQ+" terms have been dehumanised and depersonalised and were called a hostile ideology. PiS described LGBTQ+ as something Western and destructive, a factor that is alien to Polish tradition and culture. For example, President Duda in June 2020 during his second presidential campaign said at a rally: "Ladies and gentlemen, they're trying to make us believe that these are people. But it's just an ideology". He also argued for the need to oppose it, as it is more descriptive of children than communist ideology that Poles have fought against in the past. "It was not for this my parents' generation fought for 40 years to expel communist ideology from schools […] so that we now accept that another ideology should come along, an ideology that is even more destructive to humanity, an ideology which, beneath the platitudes of respect and tolerance, conceals profound intolerance and elimination, the exclusion of all those who do not wish to submit to it" (Gwiazda 2020).

Definitely a turning point for both sides of the political spectrum speaking out on gender issues and above all on women's reproductive rights was the Constitutional Court verdict of 22 October 2020 declaring the rationale allowing the termination

[4] The European Commission withheld funding to five local authorities, calling for the repeal of anti-LGBT declarations, which resulted in the resignation of these declarations in four regions.

of pregnancy in the case of severe foetal abnormalities unconstitutional. This has sparked nationwide and international protests that lasted throughout the winter until the spring of 2021.

The year 2021 brought further legislative initiatives, from the anti-gender and anti-LGBTQ+ environment, such as the "Yes to family, no to gender" project and another homophobic citizens' initiative "Stop LGBT". Both of them have been referred to by the Sejm for further work in committees. The most recent citizens' bill is called "Abortion is Murder" (December 2022). Among other things, the bill provides for a ban on public advocacy of any action regarding the possibility of aborting a pregnancy inside and outside the country and provides for imprisonment for such actions. However, PiS politicians announced that they would not support a bill that would further restrict abortion laws in Poland.

2023 is the year in which the next parliamentary elections in Poland are scheduled (probably for autumn). The ruling party, ultra-conservative environments, and the Catholic Church will probably continue their crusade against "gender ideology" and LGBTQ+. The question that has yet to be answered is who or what the Law and Justice Party will put on the "electoral sacrificial altar" this time. The presentation of the "enemy" to the Poles will officially start the election campaign, full of political tactics and inherent belief systems embedded within the discourse against the designated "enemy".

Anti-gender arguments in the perspective of populist manipulation

According to Teun van Dijk (2000), one of the guiding principles for analysing the ideological aspect of discourse involves manipulation, which hinges on the approach of showcasing oneself positively while presenting others negatively. The central mechanisms characterizing manipulation encompass ideological polarization, positive self-presentation through moral superiority, discrediting the opponent and emotionalizing the argument.

In the Polish case of anti-gender movement ideological polarization is manifested as the juxtaposition of "us", the defenders of traditional values and Polish identity, suggesting that they are the ones safeguarding the natural and divine order (**positive self-presentation through moral superiority**) and "they", whom they label as foreign agents, deviants, or proponents of "civilization of death", etc. (**ideological polarization**). By doing so, they imply that their cause is inherently righteous. The movement often characterizes proponents of gender equality or LGBTQ+ rights as agents of corruption and moral decay (**discrediting the opponent**). This creates a sense of unity within the anti-gender movement. They present their efforts as stemming from a genuine concern for the welfare of society, positioning themselves

as having the moral right to defend traditional Polish culture from external threats. This involves constructing the argument in a manner that employs rhetoric emphasizing threats to the general populace and, more specifically, vulnerable subjects like childhood (**emotionalizing the argument**). Furthermore, it incorporates elements of moral panic, notably the portrayal of homosexual influence as a contagion and the subversion of a universally accepted anthropology rooted in the complementarity of traditional masculinity and femininity codes.

Tracing the history of the anti-gender and anti-feminist movements in Poland, it is possible to identify some of the most important arguments used by their leaders and supporters, which are perfectly consistent with the populist manipulation strategies outlined.

Protecting traditional values and families

In Poland, the defence of what is dubbed as "authentic Polish cultural identity" serves as the cornerstone of anti-gender movements, framing the Polish family as inherently heteronormative, conservative, and Catholic (Graff, Korolczuk 2018). This narrative is not merely rhetorical but manifests in concrete policies and campaigns aimed at protecting the traditional family model from what is perceived as the corrosive influences of "gender and LGBT ideology". For example, the "Stop Paedophilia" bill purportedly aims to protect children but effectively serves to suppress comprehensive sex education and frames it as an attack on traditional family values (Pankowski 2010). Further, public events like the "March of Independence", often turn into platforms where slogans such as "Family is the foundation of the nation" are vociferously advocated, reinforcing the association between national identity and traditional family structures (Kuhar, Paternotte 2017). Even the educational system is not immune; textbooks often portray family in traditional roles, subtly indoctrinating the following generation (Banach 2017; Gajda et al. 2023).

This narrative of protecting traditional family values also dovetails with religious institutions in Poland. The Polish Catholic Church, a significant cultural and political force, often disseminates the same message during sermons and through its educational materials, presenting the traditional family as the bulwark against the alleged moral decay brought on by "gender ideology" (Jędrzejczyk 2013). In this sense, the church not only provides moral justification for the narrative but also mobilizes its vast network to propagate these ideas (Szwed, Zielińska 2017).

Protecting children

The narrative of child protection is intricately woven into the fabric of anti-gender and anti-LGBTQ+ discourses, serving as a potent tool for the perpetuation of heteronormative and conservative ideologies. Within this framework, the main line of argument against LGBTQ+ individuals and associated ideologies hinges on the supposed "sexualization of children" and the need for "protection of traditional families". This rhetoric is often propagated by key politicians of the right-wing, who go to great lengths to establish a spurious connection between homosexuality and paedophilia, thereby exploiting societal fears and prejudices to further their agenda (Kulpa, Mizielińska 2016). This narrative is not merely abstract but manifests in tangible legislative efforts, such as the "Stop Paedophilia" and "Stop LGBT" bills, which ostensibly aim to protect children but effectively serve to stigmatize and marginalize LGBTQ+ communities (Kuhar Paternotte 2017). Another vivid example is the "Yes for Family, No for Gender" campaign, which also leverages the child protection argument to oppose comprehensive sex education and propagate traditional family values (Pankowski 2010).

Moreover, policies like the "LGBT-free zones" and the "Local Government Charter of Family Rights", prepared by Ordo Iuris, are framed as proactive measures to safeguard children and, by extension, the traditional family. These policies and campaigns, often backed by ultra-conservative organizations, not only normalise but institutionalise the narrative, rendering it a mainstay in public discourse and policy-making (Krzyżanowski 2018).

Western demoralisation (Brussels, gender, LGBTQ+) as a source of problems

The narrative of Western demoralization, particularly emanating from Brussels, serves as a powerful rhetorical device in anti-gender and anti-LGBTQ+ discourses. Coined evocatively as "ebola from Brussels", this narrative posits that Western ideologies related to gender and LGBTQ+ rights are infecting and weakening the moral and cultural fabric of Poland (Korolczuk, Graff 2018). This is not an isolated rhetoric but has permeated various facets of Polish society, from political speeches to media coverage, where feminism and LGBTQ+ rights are often framed as the Achilles' heel of Western Europe, allegedly rendering it susceptible to the perceived dangers of mass migration (Krzyżanowski 2018).

A prime example of this narrative in action is the rise of right-wing political parties that have garnered significant support by portraying Poland as both a victim and a potential saviour of Europe in a moral decline. This dual role capitalizes on the pride and historical consciousness of the Polish populace, mobilizing it

against what is portrayed as the corrupting influence of Western liberal ideologies (Pankowski 2010). Such portrayals often appear in public speeches, political manifestos, media articles, and even educational curricula, making the narrative a ubiquitous aspect of Polish social and political life (Synowiec 2022).

Furthermore, the narrative finds support in the form of international alliances with other conservative movements, such as Hungary's Fidesz or Italy's Lega Nord, thereby positioning Poland within a broader network of resistance against Western demoralization (Holesch, Kyriazi 2021). This narrative is also often supported by the Catholic Church in Poland, which frames the struggle against Western ideologies as a form of religious and moral duty, adding an additional layer of existential significance to the discourse.

Gender as an "ideology" like Marxism or even worse

According to this narrative, cultural Marxists, together with members of the LGBTQ+ community, aim to ban opinions dissenting from the liberal mainstream and subvert the basics of the democratic civil society through undermining marriage, family, and the "natural male and female roles". The claims of leading Law and Justice politicians (Suchanow 2020: 4) are in line with those of the Catholic Church hierarchy (Łoziński 2013) who – as archbishop Henryk Hoser, Chairman of the Team of Experts on Bioethics of the Polish Bishops' Conference, Ordinary of Warsaw-Praga (Jędrzejczyk 2013) – derive gender from Marxism, and indirectly also from Stalinism: "Gender ideology is an offshoot of Marxism and it must not be forgotten that it is a new way of class struggle. Except that the classes become women and men. The proletariat are women and men are the holders, the capitalists who oppress the proletariat. The greatest harm that radical feminism does to women is to masculinise them. […] Masculinisation existed in Marxism. It was a very strong feature of Stalinist ideology. […] And this, after all, goes against the vocation of women to give life, not to destroy it". Moreover, gender is far worse than Marxism: "Gender is more dangerous because it goes further than Marxism. [...] The idea is that the older generation has no impact on the upbringing of the younger generation, and that the young are brought up by their peers". In the anti-gender discourse, the reference to human rights is closely linked to human dignity, provided by the rejection of "gender ideology" or "LGBT ideology" and remaining faithful to traditional values. As stated on the website of the ultra-conservative organization Ordo Iuris, its main field of activity is "the protection [...] of human and civil rights", resulting from the "inherent and inalienable dignity of the human being" (Jędrzejczyk 2013).

To bring these topics into the public discourse while simultaneously participating in the manipulation strategies, specific media outlets in Poland have been instrumental. For instance, outlets like "Gazeta Polska" and "wPolityce.pl" often publish sensationalised articles with provocative titles such as *The LGBT Agenda: The End of Polish Families?* or *Gender Ideology: A Threat to Our Children*, thereby creating an atmosphere of fear and urgency. These publications commonly frame LGBTQ+ rights and gender equality as foreign influences that aim to erode core Polish values (Krzyżanowski 2018). Additionally, televised discussions on networks like TVP Info, a public broadcasting company, often feature panels that are disproportionately composed of anti-LGBTQ+ and anti-gender ideology voices. In one such discussion titled "The Dangers of Gender Ideology in Schools", the panel predominantly consisted of figures known for their conservative beliefs, thereby giving weight to the notion that gender ideology is a peril that must be guarded against.

Through these means, these media outlets not only publicise but also become active participants in the manipulation strategies, using fear-inducing narratives to influence public opinion and policy directions (Synowiec 2022).

How can we explain this anti-gender/anti-feminist backlash?

The contemporary ultra-conservatives' success is seen as an offshoot of neoliberal policies, where every sphere of social life is subject to economisation, all institutions are managed according to the logic of profit maximisation and people are defined mainly by their purchasing power. In the process of political transformation initiated in Poland in 1989, strong social pressure and the pursuit of a "thick line" policy, separating all that was associated with the previous system determined the choice of the then Polish elite of the neoliberal option, despite the low theoretical and practical background associated with it (Dąbrowska-Prokopowska 2018). The dominance of egoism and the acceptance of brutal competition have led to the erosion of the ethics of cooperation. *Homo economicus* has triumphed (Witoszek 2020).

As it is stated by Wendy Brown (2003: 52) it: "erodes the root of democracy in principle at the same time that it raises the status of profit and expediency as the criteria for policy making". The result is the socio-cultural crisis triggered by the rage of those who feel lost in the neoliberal race, further reinforced by insecurity, a sense of loneliness and fear.

The recent intensification of anti-gender movements illuminates the intricate nexus between neoliberalism, social conservatism, and feminist activism, challenging the notion that these movements are merely a product of "neoliberal conservatism". Contrary to popular belief, neoliberalism, primarily an economic doctrine

as outlined by Brown (2003), does not inherently espouse progressive social values. As David Harvey (2005) and Stephanie L. Mudge (2008) argue, neoliberal policies can co-exist and even flourish alongside social conservatism, debunking the misconception that the two are mutually exclusive. This complex co-existence is further complicated by the role of feminism, which has often been accused of insufficiently critiquing neoliberalism. Nancy Fraser (2009) and Catherine Rottenberg (2014) contend that certain feminist discourses, particularly those emphasizing individual choice and empowerment, inadvertently align with neoliberal agendas of market flexibility and consumerism. Such alignment raises critical questions about the ways in which feminist goals can be co-opted to serve neoliberal purposes. Adding another layer of complexity is the resurgence of anti-gender ideologies, particularly in the wake of economic crises. These movements capitalise on social anxieties exacerbated by economic instability but do not offer comprehensive economic alternatives. Instead, as Gunnarson Payne and Tornhill (2023) note, some regimes introduce family-cantered social benefits, reinforcing traditional gender roles while navigating the contradictions of neoliberalism. Furthermore, the assumption that global modernization inevitably leads to progressive social values such as gender equality and sexual rights must be interrogated. Theories of "developmental determinism" overlook the complexities and nuances involved in societal change, as argued by scholars like Arturo Escobar (1995) and Amartya Sen (1999). In summary, the multi-layered landscape shaped by the rise of anti-gender movements underscores the imperative for an interdisciplinary approach that combines insights from sociology, economics, and gender studies to unravel these complexities and develop effective strategies for social change.

The anti-gender mobilization provides a specific response to the undemocratic consequences of neoliberal global governance. In a post-Cold War context where capitalism is largely perceived as lacking any viable alternatives, anti-gender movements have emerged as unexpected critics of the global economic order (Graff, Korolczuk 2022). It aims to reestablish fixed and "natural" concepts of masculinity and femininity, which are viewed as foundational to society and human civilization. Firstly, their persistent focus on cultural and moral concerns tends to overshadow economic inequalities and opportunities for democratic participation, relegating these issues to a supporting role in comparison to the overarching "gender" agenda. The anti-gender discourse predominantly revolves around "natural laws" and Christian morality, relegating both democratic and economic matters to secondary importance. Anti-genderists argue that if we get rid of these dangerous diseases as gender, feminism, LGBTQ+, it will be possible to rebuild a stable, secure world where the family provides lasting support and human bonds are more important than profit. And it is fear that is the most effective emotion used by ultra-conservatives in Poland in the process of political manipulation. "Fear

management" appears as an effective method of controlling or managing entire groups or societies, as it can achieve various political objectives simultaneously (Cywiński et al. 2019).

In addition to "fear management", the ultra-conservatives are also conducting a "dignity revolution" attractive to underprivileged groups. In this revolution, an enemy is needed in order to be able to better build a "tribal dignity" based on national pride and collective fantasies about wronged people and treacherous elites (Witoszek 2020). Using the dichotomy of "we – they", "our – foreign", on the one hand, anti-genderists point to the image of enemies, portraying them as those whose invasion should be feared and defended against (leftist elites, feminists, gender, LGBT, Brussels), while on the other hand, a "safe haven" and the source of dignity can be found in enduring and unchanging values: traditional family and morality, nation, and the Church. Such argumentation is further reinforced by the Catholic Church, which, despite rapid secularisation, is still an important, opinion-forming actor in this game.

Anti-gender movements cannot be simply categorised as mere backlash, expressions of homophobia, manifestations of anti-feminism, or merely strategic endeavours of the Catholic Church. Instead, their multifaceted nature demands a more comprehensive approach. Analysing these movements through a broader lens is essential due to their intricate interplay with global socio-political dynamics. They often share common ideologies and tactics across borders, making it evident that their roots go beyond local circumstances. Their ability to draw strength from international networks, share strategies, and influence one another showcases the necessity of understanding them in a transnational context. By doing so, researchers can unveil the underlying forces that fuel these movements, such as the rise of conservative ideologies and the backlash against progressive values on a global scale. Furthermore, conceptualizing these movements solely as a reaction to gender-related issues overlooks their broader implications. While gender-related concerns are undoubtedly central to their agendas, these movements also connect with larger socio-economic, political, and cultural factors. According to Graff and Korolczuk (2022), it is owing to its wider scope that today anti-gender politics has managed to achieve a greater public appeal, forging alliances across a spectrum of political actors and movements with an authoritarian and illiberal leaning.

Politically, the success of these movements highlights the erosion of trust in established democratic systems. As these movements gain traction, they expose the vulnerability of liberal democratic values in the face of growing populist sentiment. This erosion of trust can lead to a weakening of democratic institutions and a polarization of societies, further exacerbating the crisis. Culturally, anti-gender fundamentalism uses "fear management" and taps into anxieties surrounding cultural identity and perceived threats to traditional norms and values. By presenting

themselves as defenders of a particular way of life, anti-genderists attract individuals who fear the loss of their cultural heritage in the face of globalization and multiculturalism. From a socio-economic standpoint, anti-gender fundamentalism can arise as a response to economic disparities, resulting from neoliberal economy and technological advancements. The anti-gender movement often offers a sense of identity and belonging that resonates with those who feel left behind by rapid changes in the economy. And last but not least, although it may not yet be significantly pronounced or prevalent in Poland, we should conscientiously pinpoint the ideological "gripes" inherent within the anti-gender discourse and uncover its vulnerabilities concerning its criticism of market capitalism and corporate authority. This endeavour will enable them to identify strategic openings for launching effective political challenges (Gunnarsson Payne, Tornhill 2023).

In other words, the rise of anti-gender movements demands a comprehensive analytical approach that transcends the confines of individual country case studies. Such movements are not solely about gender-related concerns or the strategies of particular institutions. Instead, they are intertwined with larger global dynamics, reflecting broader socio-economic, political, and cultural crises faced by liberal democracies. Understanding these movements requires acknowledging their multifaceted nature and recognising their role as symptoms and consequences of these deep-seated challenges.

Conclusion

Examining the ideological foundations and social ramifications of contemporary anti-gender movements in Poland, this article provides a comprehensive and nuanced perspective on the complex dynamics shaping these movements. Using a qualitative research methodology complemented by critical discourse analysis, the article traces the interplay between socio-political developments, the strategic manoeuvres of political entities and the ideological guidance provided by institutions associated with the Catholic Church in the promotion and propagation of anti-gender ideologies. Central to the discourse of these movements is the strategic construction of phantom threats against perceived dangers such as "gender ideology", feminism, and "LGBT ideology". These constructs serve as key tools for reinforcing conservative Catholic sentiments and providing political leverage for ultra-right groups. The victory of the Law and Justice (PiS) party in the 2015 parliamentary elections was instrumental in moving anti-gender ideologies from the periphery to the core of Polish political discourse, highlighting the deeply polarised nature of Polish society on contentious issues such as abortion rights and LGBTQ+ rights.

The article outlines key stages in developing the discourse on gender and LGBTQ+ rights in Poland, each characterised by specific events or policy decisions, demonstrating the adaptability and strategic evolution of the anti-gender movement in response to the changing socio-political landscape. It also highlights the central role of the Catholic Church in shaping and disseminating anti-gender and anti-LGBTQ+ ideologies, illustrating its profound impact on societal norms, values, and the broader discourse on gender rights.

The wider implications of these movements for the Polish society and beyond are critically assessed, highlighting their transformative impact on social norms, public policy and gender rights discourse. Through qualitative and discursive analysis, the article makes a significant contribution to the understanding of gender politics in Poland and provides valuable insights into the global dynamics of anti-gender movements. This analysis not only sheds light on the specific case of Poland, but also contributes to the broader discourse on gender and socio-political movements, highlighting the underlying ideologies that drive anti-gender movements in Poland and beyond.

References

Arcybiskup Jędraszewski o "tęczowej zarazie", 2019, TVN24, https://tvn24.pl/polska/arcybiskup-marek-jedraszewski-teczowa-zaraza-zamiast-czerwonej-ra957818-2308295 (accessed: 7.01.2023).

Banach K., 2017, *Tata pracuje, a mama prasuje? Kulturowe reprezentacje płci, modele rodziny i edukacja równościowa w polskich i hiszpańskich podręcznikach szkolnych*, „Societas/Communitas", no. 23 (1).

Bielecka-Prus J., 2018, *Retoryka lęku przed obcym w dyskursie prasowym*, "Colloquium", vol. 10, no. 1.

Bieńczak E., 2013, *Ks. Kloch o pedofilii: Pewne czynniki zwiększają ryzyko nadużyć*, RMF24, https://www.rmf24.pl/fakty/polska/news-ks-kloch-o-pedofilii-pewne-czynniki-zwiekszaja-ryzyko-naduzy,nId,1043714#crp_state=1 (accessed: 5.01.2023).

Brown W., 2003, *Neoliberalism and the End of Liberal Democracy*, "Theory & Event", vol. 7, no. 1.

Buchowski M., 2016, *Making Anthropology Matter in the Heyday of Islamophobia and the "Refugee Crisis": The Case of Poland*, "Český lid", vol. 103, no. 1.

Chołuj B., 2021, *Gender und LGTBQ: Unbekannte Begriffe als Machtinstrumente in Polen* [in:] S.A. Strube, R. Perintfalvi, R. Hemet, M. Metze, C. Sahbaz (eds.), *Anti-Genderismus in Europa Allianzen von Rechtspopulismus und religiösem Fundamentalismus. Mobilisierung – Vernetzung – Transformation*, Bielefeld: transcript Verlag.

Cywiński P., Katner F., Ziółkowski J., 2019, *Zarządzanie strachem: jak prawica wygrywa debatę publiczną w Polsce*, Warszawa: Fundacja im. Stefana Batorego.

Dąbrowska-Prokopowska E., 2018, *Krytyczna analiza teorii zmian ustrojowych w Polsce w aspekcie rozwoju lokalnego i regionalnego w odniesieniu do teorii systemów złożonych* [in:] E. Gruszewska, K. Karpińska, A. Protasiewicz (eds.), *Współczesne problemy*

ekonomiczne w badaniach młodych naukowców, vol. 1: *Wzrost, rozwój i polityka gospodarcza*, Białystok: Polskie Towarzystwo Ekonomiczne.

Demin I., 2022, *Philosophical and Sociological Perspectives of Consideration of the Problem of Ideology*, "Siberian Journal of Philosophy", vol. 19, no. 4, DOI: 10.25205/2541-7517-2021-19-4-99-116.

Desperak I., 2023, *The Anti-Gender Movement and Its Central and East European Main Actors*, "Polish Political Science Review", vol. 11, no. 2.

Dijk T.A. van, 2000, *Ideology and Discourse. A Multidisciplinary Introduction. English Version of an Internet Course for the Universitat Oberta de Catalunya (UOC)*, http://discourses.org/download/books/ (accessed: 24.10.2024).

Duda M., 2016, *Dogmat płci. Polska wojna z gender*, Gdańsk: Wydawnictwo Naukowe Katedra.

Eagleton T., 1991, *Ideology: An Introduction*, London: Verso.

Escobar A., 1995, *Encountering Development: The Making and Unmaking of the Third World*, Princeton: Princeton University Press.

Fairclough N., 2013, *Critical Discourse Analysis: The Critical Study of Language*, New York: Routledge.

FIERCE, n.d., https://fierce-project.eu (accessed: 20.10.2024).

Fraser N., 2009, *Feminism, Capitalism, and the Cunning of History*, "New Left Review", vol. 56.

Gajda A., Omelańczuk I., Wołowicz A., 2023, *Qualitative Content Analysis of School Textbooks Based on European Gender Equality Index*, "European Educational Research Journal", DOI: 10.1177/14749041231167985.

Gender słowem roku 2013, 2014, Newsweek Polska, https://www.newsweek.pl/polska/slowo-roku-2013-gender-newsweekpl/29g94tm (accessed: 6.01.2023).

Graff A., Korolczuk E., 2018, *Worse Than Communism and Nazism Put Together: War on Gender in Poland* [in:] R. Kuhar, D. Paternotte (eds.), *Anti-Gender Campaigns in Europe. Mobilizations Against Equality*, London: Rowman & Littlefield.

Graff A., Korolczuk E., 2022, *Kto się boi gender? Prawica, populizm i feministyczne strategie oporu*, Warszawa: Wydawnictwo Krytyki Politycznej.

Grochalska M., 2020, *Reprezentacje gender w polskiej sferze publicznej – próba uchwycenia dynamiki dyskursu*, "Kultura – Społeczeństwo – Edukacja", vol. 17, no. 1.

Gunnarsson Payne J., Tornhill S., 2023, *The Enemy's Enemy: Feminism at the Crossroads of Neoliberal Co-Optation and Anti-Gender Conservatism*, "Journal of Political Ideologies", vol. 28, no. 1, DOI: 10.1080/13569317.2021.1921937.

Gwiazda U., 2020, *Andrzej Duda o LGBT: Próbuje się nam wmówić, że to ludzie, a to po prostu ideologia*, RMF24, https://www.rmf24.pl/raporty/raport-wybory-prezydenckie2020/najnowsze-fakty/news-andrzej-duda-o-lgbt-probuje-sie-nam-wmowic-ze-to-ludzie-a-to,nId,4551951#crp_state=1 (accessed: 6.01.2023).

Hall B., 2019, *Gendering Resistance to Right-Wing Populism: Black Protest and a New Wave of Feminist Activism in Poland?*, "American Behavioral Scientist", vol. 63, no. 10.

Harvey D., 2005, *A Brief History of Neoliberalism*, Oxford: Oxford University Press.

Holesch A., Kyriazi A., 2021, *Democratic Backsliding as a Collaborative Project: Understanding the Links Between Fidesz and Law and Justice*, LSE European Politics and Policy (EUROPP), https://blogs.lse.ac.uk/europpblog/2021/02/05/democratic-backsliding-as-a-collaborative-project-understanding-the-links-between-fidesz-and-law-and-justice/ (accessed: 22.10.2024).

Jędrzejczyk M., 2013, *Gender groźniejsze od marksizmu*, Nasz Dziennik, https://nasz-dziennik.pl/wiara-kosciol-w-%20-polsce/24344,gender-grozniejsze-od-marksizmu.html (accessed: 10.01.2024).

Korolczuk E., Graff A., 2018, *Gender as "Ebola from Brussels": The Anticolonial Frame and the Rise of Illiberal Populism*, "Signs: Journal of Women in Culture and Society", vol. 43, no. 4.

Kowalska B., Korolczuk E., Snochowska-Gonzalez C., Ramme J., 2019, *Bunt kobiet: czarne protesty i strajki kobiet*, Gdańsk: Europejskie Centrum Solidarności.

Kramer A.M., 2009, *The Polish Parliament and the Making of Politics Through Abortion: Nation, Gender and Democracy in the 1996 Liberalization Amendment Debate*, "International Feminist Journal of Politics", vol. 11, no. 1, DOI: 10.1080/14616740802567824.

Krzyżanowski M., 2018, *Discursive Shifts in Ethno-Nationalist Politics: On Politicization and Mediatization of the 'Refugee Crisis' in Poland*, "Journal of Immigrant & Refugee Studies", vol. 16, no. 1–2.

Kuhar R., Paternotte D. (eds.), 2017, *Anti-Gender Campaigns in Europe: Mobilizing Against Equality*, London: Rowman & Littlefield.

Kulpa R., Mizielinska J. (eds.), 2016, *De-Centring Western Sexualities: Central and Eastern European Perspectives*, Abingdon: Routledge.

Laclau E., 2005, *On Populist Reason*, London: Verso.

Laclau E., 2020, *Populism: What's in a Name* [in:] F. Panizza (ed.), *Populism and the Mirror of Democracy*, London: Verso.

List Pasterski Episkopatu Polski do duszpasterskiego wykorzystania w Niedzielę Świętej Rodziny 2013 roku, 2013, Konferencja Episkopatu Polski, https://episkopat.pl/doc/168164.list-pasterski-na-niedziele-swietej-rodziny-2013-roku (accessed: 6.01.2024).

Łoziński P., 2013, *Gender jak marksizm*, Gość Niedzielny, https://www.gosc.pl/doc/1638197.Gender-jak-marksizm/2 (accessed: 15.01.2024).

Majewska E., 2016, *Słaby opór i siła bezsilnych.# Czarnyprotest kobiet w Polsce 2016*, „Praktyka Teoretyczna", https://www.praktykateoretyczna.pl/artykuly/ewa-majewska-saby-opor-i-sia-bezsilnych-czarnyprotest-kobiet-w-polsce-2016/ (accessed: 9.01.2024).

Martin J.L., 2014, *What Is Ideology?*, "Sociologia", no. 77, DOI: 10.7458/SPP2015776220.

Mayer S., Sauer B., 2017, *Gender Ideology in Austria: Coalitions Around an Empty Signifier* [in:] R. Kuhar, D. Paternotte (eds.), *Anti-Gender Campaigns in Europe. Mobilizations Against Equality*, London: Rowman & Littlefield.

Mishtal J., 2015, *The Politics of Morality: The Church, the State, and Reproductive Rights in Postsocialist Poland*, Athens: Ohio University Press.

Mudge S.L., 2008, *What Is Neo-Liberalism?*, "Socio-Economic Review", vol. 6, no. 4.

Muszel M., Piotrowski G., 2018, *Rocking the Small-Town Boat – Feminist Activists in Small Towns in Poland in Feminist Movements in Central and Eastern Europe*, "Praktyka Teoretyczna", no. 4 (30).

Noack R., 2019, *Polish Towns Advocate "LGBT-Free" Zones While the Ruling Party Cheers Them On*, The Washington Post, https://www.washingtonpost.com/world/europe/polands-right-wing-ruling-party-has-found-a-new-targetlgbt-ideology/2019/07/19/775f25c6-a4ad-11e9-a767-d7ab84aef3e9_story.html (accessed: 10.01.2023).

Obywatelski projekt ustawy o zmianie ustawy o planowaniu rodziny, ochronie płodu ludzkiego i warunkach dopuszczalności przerywania ciąży oraz niektórych innych ustaw, 2011, druk 4222, https://orka.sejm.gov.pl/Druki6ka.nsf/0/23E6F9AA70A2F2DDFC125789B004349F5/$file/4222.pdf (accessed: 15.01.2024).

Pankowski R., 2010, *The Populist Radical Right in Poland: The Patriots*, London: Routledge.
Paternotte D., Kuhar R., 2018, *Disentangling and Locating the "Global Right": Anti-Gender Campaigns in Europe*, "Politics and Governance", vol. 6, no. 3.
Piłka M., 2011, *Upadek Europy*, Salon24, http://lubczasopismo.salon24.pl/glosogospodarce/post/356566,upadek-europy (accessed: 4.01.2023).
Ponce de León J., Rockhill G., 2020, *Towards a Compositional Model of Ideology: Materialism, Aesthetics, and Cultural Revolution*, "Philosophy Today", vol. 64, no. 1, DOI: 10.5840/philtoday202044322.
Ramme J., 2022, *De/Constructing a Polish Nation. On the Entanglements of Gender, Sexuality, Family and Nationalism in Right-Wing Sexual Politics in Poland*, "AG About Gender – International Journal of Gender Studies", vol. 11, no. 21.
Rottenberg C., 2014, *The Rise of Neoliberal Feminism*, "Cultural Studies", vol. 28, no. 3.
Samorządowa Karta Praw Rodzin, n.d., https://kartarodzin.pl/ (accessed: 7.01.2023).
Sauer B., 2024, *Gender as an Analytical Approach to Understanding Authoritarian Right-Wing Populism and Assessing Populism* [in:] P. Diehl, B. Bargetz (eds.), *The Complexity of Populism*, Abingdon: Routledge.
Schull J., 1992, *What Is Ideology? Theoretical Problems and Lessons from Soviet-Type Societies*, "Political Studies", vol. 40, no. 4, DOI: 10.1111/j.1467-9248.1992.tb01795.x.
Schwertner J., 2013, *O co chodzi z ideologią gender? Echa wypowiedzi abpa Michalika*, Onet Wiadomości, https://wiadomosci.onet.pl/tylko-w-onecie/o-co-chodzi-z-ideologia-gender/pmw6 (accessed: 5.01.2023).
Sen A., 1999, *Development as Freedom*, New York: Alfred A. Knopf.
Suchanow K., 2020, *To jest wojna: kobiety, fundamentaliści i nowe średniowiecze*, Warszawa: Wydawnictwo Agora.
Synowiec A., 2022, *The Past, the Memory, and the Polish Media* [in:] D. Uecker, M.C. Minielli, M.R. Finch, M.N. Lukacovic, S.A. Samoilenko, *Communication Theory and Application in Post-Socialist Contexts*, Lanham: Lexington Books.
Szołucha S., Rzeplińska R., 2020, *Kalendarium zmian w prawie o warunkach przerywania ciąży*, MamPrawoWiedzieć.pl, https://mamprawowiedziec.pl/czytelnia/artykul/kalendarium-zmian-w-prawie-o-warunkach-przerywania-ciazy (accessed: 10.01.2024).
Szwed A., 2019, *Typy legitymizacji w wypowiedziach hierarchów Kościoła rzymskokatolickiego w Polsce na temat gender i praw reprodukcyjnych*, „Studia Socjologiczne", no. 3 (234).
Szwed A., Zielińska K., 2017, *A War on Gender? The Roman Catholic Church's Discourse on Gender in Poland* [in:] S. Ramet, I. Borowik (eds.), *Religion, Politics, and Values in Poland*, New York: Palgrave Macmillan.
Thompson J.B., 1990, *Ideology and Modern Culture: Critical Social Theory in the Era of Mass Communication*, Stanford, CA: Stanford University Press.
Watson P., 1993, *Eastern Europe's Silent Revolution: Gender*, "Sociology", vol. 27, no. 3, DOI: 10.1177/0038038593027003008.
Witoszek N., 2020, *Korzenie antyautorytaryzmu*, transl. T. Rawski, Warszawa: Wydawnictwo Naukowe Scholar.

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 118–133

Karol Górski[1]

"I Don't Overburden the Women [But] I Don't Make It Easy for Them". How Martial Arts May Transform Relations Between Men and Women?

The following article is focused on the intersexual sparrings in Brazilian jiu-jitsu. The article reveals the results of the ethnographic research conducted from 2016 to 2019 in one Brazilian jiu-jitsu club in Warsaw, Poland. For the purposes of confronting women, male practitioners created a separate style of fighting, which included limiting physical advantages (such as strength or body weight) and significantly less oriented towards rivalry. The development of such a style, prevents from turning the intersexual sparrings into the ritual acts of "male domination". It is related with the new idea of male identity. However, occasionally the manifestations of hegemonic masculinity appeared: when women were close to defat men or had a discernible advantage during sparring session.

Keywords: Brazilian jiu-jitsu, ethnography of martial arts, gender, intersex sparring, masculinity

Introduction

I would like to begin this article by recalling the description of a sparring fight, carried out during one Brazilian jiu-jitsu training session[2]. I fought a light and few years younger girl. At one point I covered her with my body; she tried to break free but was unable to do so. Apart from keeping her under me, I did not

[1] University of Warsaw, karol_gorski@gazeta.pl.

[2] In Brazilian jiu-jitsu, the emphasis has been based on what is known as ground fighting: the lying down position. Strikes are forbidden, defeating the opponent can be done by applying leverages (on arms, legs, wrists) or choke them (with arms as well as legs). Brazilian jiu-jitsu has been present in Poland since the mid-1990s, although the sport originated in the early 20th century in Brazil. The Gracie family is considered to be its founders, whose members have spread the sport around the world.

do anything. This is how the entire sparring session passed, after which my opponent, angered, accused me of "getting down" on her. That reprimand stuck with me – from that point on, when sparring with women, I tried to be more mobile and not press them down with my body weight and my strength. The argument of the person was an expression of anger, but also a form of sensitising to the principles, prevailing in the club, an opportunity to reproduce a certain vision of a sparring fight. Through her words, my opponent became a kind of guardian of the pattern of sparring between men and women practised at the club. All men very often submit those patterns.

The aim of this paper is to present how the relationship between men and women was shaped in the Brazilian jiu-jitsu club in which I conducted field research for several years, in order to describe the manifestation of a specific gender role for men, to zoom in on the nuances of engagement in sparring fights from the aspect of conditioning, related to gender. The issue under consideration links biological sex (which is determined by the properties of the body: mostly its size) with gender – associated with specific codes of behaviour, identity, and the image of the social world of ground fightening. The adopted analytical perspective is, I believe, typical of an anthropology focused on gender identities and the relations between genders as well as gender identities reproduced and transformed in given social and cultural worlds (see Hryciuk, Kościańska 2007). On the other hand, this text falls within the ethnography of sports and martial arts, which is quite popular in the West, but still little present in Poland[3]. It is a field of knowledge that cuts across such areas as sociology or the anthropology of sport and physical culture sciences. The field of interest of this ethnography remains, among other things, the bodily practices involved in training in specific sports or martial arts, what happens in the social worlds in which trainings take place, how activities affect the collective and individual identities of the trainees, and the undertaken social actions[4]. As Marcin Darmas points out, a boxing club is not just a place to simply acquire fighting skills:

> The gym constitutes also a school of morality [...] it is a forge of discipline, of group bonds, where respect for others is demanded to the same extent as for oneself [...] the training room is a vector for the de-trivialisation of everyday life, where the routine of daily behaviour allows for transforming the body and mind (Darmas 2019: 102).

[3] It is possible to recall the work of Marcin Darmas (2019) or Katarzyna Kolbowska (2010), based on research in the environments of boxers and capoeira dancers respectively.

[4] An overview of works published in the 20th century and the first decade of the 21st century that are located in the field of sports and martial arts ethnography, can be found in a cross-sectional article by Raúl García and Dale Spencer (2013). A detailed list, including more recent publications (up to 2019), can be found in George Jennings (2019).

Some publications focus on the principles and patterns of behaviour developed in sports clubs and training venues as well as on themes related to the ideological underpinnings of training, for example, the use of sports and martial arts activities to promote nationalistic ideas (Cohen 2009), religious concepts, or concrete masculinity patterns absorbed by those who train (Darmas 2019; Wacquant 2004, 2005). The latent function of the classes thus becomes the worldview processing of the participants. In this perspective, sports clubs become particular "worlds of sense" (Cohen 2009: 156), working out the definitions of various events that take place in such places and imposing certain obligations on the practitioners – towards themselves and others. Therefore, a given sports or martial arts club can organise the social relationships between trainees and have an impact on the manner of perceiving various aspects of training.

Martial arts and gender

Sport has been described by many scholars as a sphere of male dominance, a field for shaping distinct male identities, reproducing rules and codes of behaviour that should be assimilated by men (Sheard, Dunning 1973; Bryson 1987). One researcher, conducting an overview of the English-language source literature, notes that contact sports and martial arts have a specific cultural image: "they embody typical masculine traits of aggression, violence, and the cult of strength" (Kluczyńska 2010: 94)[5]. Therefore, training in sports and martial arts constitutes an opportunity for men to internalise and express certain cultural values. Boxing clubs, for example, have been described as totally masculine social worlds in which secondary socialisation of practising individuals took place: fitting into a certain model of gender identities (Wacquant 2004, 2005; Darmas 2019). Boxing turned out to be a cultural island within which patriarchal, masculine identities, linked to expressions of aggression and strength, could operate (Matthews 2015), the last stand where men could learn masculine values (Darmas 2019). The type of wrestling practised in Turkey can be considered from a similar perspective – it combined strands of national identity as well as a specific image of "traditional" masculinity, based on physical strength and fighting ability (Fabian 2020). This constitutes an example of how a particular sport, which could not be participated by women, produced a man endowed with valued qualities of body and character.

[5] Obviously, this concerns the qualities considered masculine and symbolically attributed to (fighting) men.

Over time, the image emerging from the source literature became more nuanced. Some authors included the participation of women in sports and martial arts and have underlined the emphasis that has been placed on relatively harmonious conditions for joint training, integrating men and women, avoiding competition between the sexes, building comfortable training conditions for both sexes (Channon, Jennings 2013; Channon 2014; Green 2015). A study analysing the changes taking place in British karate clubs pointed to shifting away from brutality and violence towards more subtle body work, an element of artistry, less involvement of physical force – also protecting women from overly aggressive men (MacLean 2020). This can be linked to cultural transformations of masculinity patterns, a gradual shift away from a masculine identity with its immanent element being the subordination of the female to the male (sustaining and expressing the cultural primacy of the male over the female), the emergence of different patterns that also model the relationships between men themselves (Anderson 2015). Collaboration and partnership are to emerge in relations between men and women, reflecting and marking cultural and social change (Arcimowicz 2014: 14). Situated in the feminist mainstream is a publication that examines the nuances of women's participation in martial arts activities, presenting in turn that women can acquire identities as "warriors" transcending the gender roles and identities traditionally ascribed to women (Channon, Matthews 2015). Martial arts were framed in the referenced study as a tool of female emancipation, making the gendered "I" so significantly imprinted on the sphere of men an d women interactions. In this case, training in sports or martial arts may have functioned as an aspect of the "techniques of the self" (Foucault 2000) practised by women – forming the identities of strong, capable individuals.

The undertaken analysis of the relationship between men and women in one Brazilian jiu-jitsu club covers a specific time context in which male roles and identities are being remodelled, but also in which one can observe the clear effects of the emancipation of women, creating new identities, playing increasingly subjective roles in many areas: when women's voices, demands, and discourses transcend the cultural margins, are no longer assigned to positions considered culturally and socially subordinated and dominated (cf. Hooks 2008; cf. Arcimowicz 2014). My studies concerning the practice of Brazilian jiu-jitsu show that a sports club may be perceived as a laboratory for studying the social change that is taking place – forming new relationships between men and women as well as forming and maintaining new patterns of gender identities.

Study site and interviewees

The club in which I trained and (at the same time) conducted my research has been in operation for more than a decade, thus being one of the longest functioning clubs in the capital city, with a strong team of athletes, regularly winning medals in Brazilian jiu-jitsu competitions (including those of international rank), and at the same time with a fairly large group of people training in a casual manner and a relatively high attendance at individual classes (even over 20 people at a single training session). The area I chose comprised the material site of regular gatherings of those practising the aforementioned martial art, the field of bodily practices, and the interaction of people indulging in these practices (Cohen 2009: 154; Amit 2000: 6; cf. Jakubowska 2009: 147–148; Wacquant 2004, 2005). I chose a significant point on the map of Polish clubs teaching Brazilian jiu-jitsu, a place with a certain tradition and reputation, well known among people interested in Brazilian jiu-jitsu. Additionally, the relatively long duration of the club's operation (since 2012) may have been conducive to establishing certain social practices, as well as developing lasting habits and patterns of behaviour.

Training took place in the evenings: in fact, the club began working at 6 o'clock in the afternoon, when the advanced group started classes. Sometimes training ended at 10 in the evening (Monday), sometimes at 8 in the evening (Friday). Training took place earlier only on Saturdays: there were sparring sessions at 10am (and for a period of time at 11am), open to any club member, regardless of level. Such a schedule meant that a given space for only a few hours during the day, with the influx of practitioners and the formal start of training (classes for each group were held at a specific time, lasting either an hour or an hour and a half – depending on the day), could become a field of ethnographic exploration (Dalsgaard 2013: 215); during the remaining time, being a form of non-field[6]: a space barren to an ethnographer interested in Brazilian jiu-jitsu, as it was occupied by a completely different institution that organised completely different classes for a different human collective. I carried out the research for the dissertation from October 2016 to September 2019. This particular time frame was somewhat forced: at the end of August 2019, the club ceased to operate in its current location and moved to a different space – becoming part of a multi-purpose sports complex, a commercial structure that offered training not only in terms of Brazilian jiu-jitsu, but also taking

[6] A non-terrain is something fundamentally different from a "non-place", a concept introduced to the social sciences by Marc Augé. Non-terrain refers to a place in the physical and cultural sense, but one that loses the characteristics and properties of anthropologically perceived terrain: a space in which events and processes meaningful to the anthropologist take place and that need to be included into the field notes (Hastrup 2006: 92–95; cf. Rakowski 2013).

advantage of a gym or classes in other martial arts and was oriented towards a much wider range of potential customers interested in physical activity.

Representatives of the middle class constituted the majority of the interviewees – if higher education and white-collar jobs can be regarded as elementary markers of belonging to this social class[7] (as declared by my interviewees). The group included a significant number of people employed as well-educated professionals – however, there were no people, occupying director and managerial positions, people who could be clearly assigned to the upper class (cf. Gdula, Sadura 2012). Therefore, the interviewees were distinguished by a certain economic and educational capital and the social position they held or aspired to. The middle class is described as fractionated and heterogeneous (Sadura 2012). However, out of necessity I must avoid this kind of nuance – the data pool collected is too small to further divide interviewees into subgroups and fractions. Moreover, assigning individuals to a class can be considered a form of essentialism, which I would also like to avoid.

The positive meaning of physical activity and the daily experienced imperative to train, if only occasionally, one sport or another is supposed to be typical for members of this social class (Olko 2018). As well as a significant number of social practices and activities directed at maintaining a healthy and good-looking body, activities situated in the field of the **healthism** ideology (Borowiec, Lignowska 2012; Olko 2018). In my opinion, the middle class is particularly prone to spending economic capital on keeping the body healthy and fit, but also making those efforts socially recognizable. **Healthism** ideology become, thus, one of the elements of the public image of the middle-class representatives.

It should be emphasised that the interviewees were predominantly male, which resulted from the composition of the training community, in which the majority were male. I am absolutely positive that the women I interviewed would have been inclined to be more frank if the questions were asked by a female anthropologist. I believe they would have been more open about issues relating to corporeality – female and male bodies, their own limitations or emotions arising in situations of fighting with men. I have not managed to avoid a male-centric perspective: this results from the fact that I myself am a (heterosexual) male, and the publication is also based on my bodily experiences and observations I made.

[7] I am aware that the two indicated aspects do not exhaust the question of the class affiliation of the interviewees. My interviewees were predominantly university graduates doing white-collar jobs: engineers, an IT specialist, an art gallery worker, an employee of a state-owned financial institution, and a police officer (psychology graduate). Students of the following courses also attended the training sessions: medicine, physiotherapy, management, and a high school student who, after I finished my research, started studying Spanish language and culture. However, I did not provide the interviewed people with questionnaires to fill in, which would clearly allow them to be assigned to a particular social class.

However, even with these kinds of limitations, it is possible to define some aspects of the relationship between men and women from the club[8].

How did men fight women?

As noted by sport and body sociologist Honorata Jakubowska, martial arts constitute one area of competition in which the separation of men and women is strictly enforced. This is to be motivated mainly by cultural considerations:

> The arguments against this include most often men's greater strength, contact ability, and the fear of hurting a woman [...]. However, in the vast majority of cases they [women – KG] are protected from direct competition with men due to the belief, on the one hand, that a stronger man could hurt a woman and, on the other hand, that as a gentleman he could not hurt and, in the case of boxing, simply beat a woman. Protectionism is the result of a belief that women are the weaker sex and must be protected against male, physical domination (Jakubowska 2014: 223–224).

This is to be the reality of professional sport. However, co-education constitutes the norm in many sports and martial arts trained in a casual manner: a great number of activities bring together both men and women (although it does happen that a given martial arts class is attended, for example, only by men, which constitutes a social, informal act of "gender colonisation" of particular activities)[9]. I have observed such coeducation in recreational aikido, judo or krav maga classes I have attended over the last ten years. This is also mentioned by other authors conducting research in communities of martial arts practitioners (see Channon, Jennings 2013; Channon 2014; Green 2015). At the Brazilian jiu-jitsu club where I had the opportunity to train, both men and women attended the classes. The latter were, as I mentioned, far fewer in number, but every man taking part in a ground fighting class occasionally faced a woman. Such a situation modified the rules for fighting, forcing a transformation of the practices of using (one's) own body.

The fact that women are fought under different rules was mentioned to me several times during the interviews. Rafał said that when sparring with women he reorganises his fighting style in the following way:

[8] In the course of the following argument, I will take advantage of information from open-ended interviews conducted at the club (throughout the entire research period I conducted 28 open-ended interviews and several much shorter interviews of a few minutes with people from the club), data from participant observation performed during training sessions and my own physical participation (see Samudra 2008; Wacquant 2004) in Brazilian jiu-jitsu training.

[9] For example, the wrestling classes I occasionally attended from 2020 onwards included virtually only men; the presence of women was sporadic.

> I don't put weight on them, I don't make it easy for them, I don't jerk them, of course, some of my techniques, like the sweeps that I like, I do them, the backsteps I like I do berimbolo [form of technique – KG], the ones I have the possibility to use, I try, nothing changes really, I just don't use my body weight, I try to fight from the bottom. For example, if it is a lighter girl because I try a sweep or something, on a little lighter person it is easier for me just... to try during a fight with a girl some sweeps which are not my best side. I try but I don't press them.

Rafał's minimisation of the importance of weight and strength factors was accompanied by creating conditions that were left to the woman during the fight. Fighting a woman did not fit, however, into the mode of intense competition. It required a different approach to the fight – developing a cultural formula for playing it out, which was both a formula for building gender relations and, I believe, for constructing the gendered identity of the man involved in the fight. This identity was linked to a cultural set of responsibilities and rules of conduct in the relationship with the woman, in the case under consideration concealing a certain subtle patriarchalism – geared towards setting a pattern of conduct for oneself, but also for the woman in the struggle.

Another interviewee emphasised that "my weight also predestines me to [...] easily hurt someone. At least I think so. I definitely fight differently with girls. I try to move more, not base on my strength at all" [Piotr]. The awareness of one's own qualities created attentiveness to the health of others and thus removed the danger of causing injury to those training with him. There was an underlying element of concern for other, smaller and slimmer people. For this interviewee, fighting a woman meant a shift to a different register of operating the body – it created a different demand for the "presence" and activity of male physicality. However, the male body remained a potentially dangerous body, of which my interlocutor was well aware.

Sometimes stories were told about properly dosing an offensive attitude and the muscle power put into the fight – when the fight was carried out with a woman. When I asked my friend from the club, Mateusz, if he fights women differently to men, he suggested that "it's certainly lighter and I try to be careful where I put my hands". When I asked what he meant by "lighter" he replied as follows:

> Less force, less aggressively.
> **But not completely without force?**
> No, of course not. The force should be there.

The reluctance of men to fight sparring matches with women on the same terms as with other men is a theme that appears in the research of Alex Channon and George Jennings (2013) and is associated with certain cultural barriers (men should not hurt women) experienced by men. However, the aforementioned authors also

pointed out that while men initially limited their use of force against women, after some time they broke through the psychological and cultural barrier and were ready to exchange regular blows with women during sparring fights (Channon 2014: 595–596). The cited study shows that certain codes and patterns of (masculine) behaviour can only seemingly have a status of permanence and inviolability – they can be subject to far-reaching transformations and grassroots remodelling. In the case of men training in the club, the cultural barrier factor may also have played a role, but I believe that developing a particular way of fighting with women was fundamentally rooted in recognising women's preferences, listening to their expectations, and intersecting male and female horizons concerning practising Brazilian jiu-jitsu. It was not about paternalism, but about cooperation, a kind of responsiveness, manifested in a peculiar way the male body works. Therefore, the discussed variety of masculinity can be described as "responsive masculinity", shaped as a result of the needs expressed by the women training at the club. "Responsive masculinity" is a non-dominant, but "dialectical" masculinity not apodictic, but cooperative (see Arcimowicz 2014: 14; Kluczyńska 2021). The male body could not become a smaller, physically weaker, lighter. However, it was able to, and should, imitate this kind of body, partially and for a period of time "losing" some of its seemingly immanent properties. By fine-tuning the workings of their bodies, men learned to respond to women's needs and demands.

Ultimately, what did the women expect from their male sparring partners? According to Samanta's opinion, the outcome of a fight was to be determined by the difference in knowledge resources: a man should not develop an advantage (over a woman) by physical force. When I asked another practitioner, Anna, what sparring between a woman and a man should look like, my interviewee replied briefly: "so that they don't use force [with me]". Yet another club member, unknown to me by name, emphasised that a man should not use too much force when sparring with her, but that he should also not overdo it with the gentle treatment of a woman's body. Therefore, men were expected to take special care and express sensitivity in order to be able to fit in with the cultural expectations of women – to fight in a way that would be accepted by the female members of the club. Zuzanna trained in the ground together with her partner, who held a black belt in Brazilian jiu-jitsu. The interviewee told me that she was irritated when her partner fought her, engaging his full strength and skills, but she was really angry when she was patronised and treated with too much gentleness. As she put it:

> It's not a surprise that I'm losing to him, like there's also a big gap between us in terms of skills, which I understand... the conflict consists in the basis of the fighting attitude itself, so if I felt, for example, that he was too aggressive towards me or vice versa or completely disregarded me, which makes me even more angry, because it's like I also

> work very hard and I don't want anyone to disregard me, because I really [push] a huge amount of sweat, blood, limbs, everything into this mat...

Protectionism negated the particular sacrifice "of the body" that Zuzanna made during the classes she took. Therefore, fights between men and women became an art of careful and appropriate engagement of the physical parameters and skills possessed by men, as their actions shaped women's perception of the fight. The men had to face a task that was more difficult than it might appear at first glance – even though the recalled accounts show that men did, nevertheless, sometimes treat the fighting women in a patronising, unaccepting manner (I believe, however, that such moments were immediately recognized by the women).

Observing boxing sparring at one club in Chicago, the sociologist Loïc Wacquant noticed that when the fight was carried out between people of unequal physical qualities or levels of advancement, a kind of *equilibrium* was sought: so that the fight was neither too intense nor too gentle (Wacquant 2004: 81). Body work was modelled in relation to the opponent's level of advancement. I believe that something similar occurred in many cases of women's sparring fights with men at the Brazilian jiu-jitsu club: the men's body work had to situate itself within a framework that was set by the expectations and needs of the women, and required a fine-tuning of the opponents. The work of the male body involved remodelling the space of competition – it was a duty, imposed on men by women, although, a duty willingly fulfilled. The sparring between men and women was becoming a sphere for manifesting masculinity open to the needs and expectations of women, resulting from an adaptation of male behaviour to a specific social context, co-created also by womens' demands. "Male dominance" was something from which one (usually) tried to distance oneself. Brazilian jiu-jitsu, trained at the studied club, was a space of relatively harmonious coexistence, with a generally accepted belief in the physical superiority of men over women, rather than an area of conflict or competition between the sexes. The aim was to avoid (female) skills being overwhelmed by (male) physicality (Jakubowska 2014: 224; cf. Channon 2014: 597). The male superiority in the physical sphere was not ignored, but it was sought to practically invalidate, or perhaps better said, suspend this superiority (as much as possible) in a socially acceptable way. This shaped the space for effective learning by women – ensuring that they could freely build their skills and enjoy practicing Brazilian jiu-jitsu.

Manifestations of hegemonic masculinity

During interviews two female members of the club talked about situations in which, during a sparring session, there had an advantage – in such a situation the fighting

style of the men changed meaningly. According to Karolina's account: "it happens [that] that guys told me "cool, cool, cool, we'll fight in a right way", but when the girl is supposed to gain points, took good position or finish them, then all of a sudden [the man] turns on the force and [aims to] knock her off brutally". If the previously indicated courtesy on the part of men, manifested during sparring fights with women, is distinguished in the world of sports and martial arts (Channon 2014; Channon, Jennings 2013), the quoted statement indicates the boundary of this courtesy (in relation to sparring in Brazilian jiu-jitsu at the studied club): the woman could fight for victory, but she could not come close to the point where her advantage over the man would be marked. Brutality was a form of male resistance to the raising skill of women. As Pierre Bourdieu wrote: "femininity threatening masculinity reinforces vigilance, leading, paradoxically, to over-involvement" (2004: 56), in the analysed context – engagement in fighting a woman, outlining the informal framework that the woman was not allowed to cross. Another club member, Małgorzata, emphasised that the very fact of sparring with a woman made the body work of some of the men visible in a unique motivation that filled the interviewee with horror and could be perceived as a desire to put "male dominance" into practice:

> There are a couple of smaller ones [men at the club] that I am actually afraid of. They know that even if we are proportionally similarly built and they just seem to get so amped up on straight away that they can't lose to me and for [it] not to happen, they have to go to their physical limits.

Such behaviour may have been implied by similar body sizes: as if, in the men's perspective, this alone approximates the possibility of defeat in a sparring match with a woman. Such a turn of events was unacceptable to some men. Admittedly, there were also club members suggesting that a victory, earned in a fight with them by a woman, would not pose a great emotional or identity problem for them[10]. However, the situations evoked in Karolina's and Małgorzata's accounts demonstrate that occasionally in men's behaviour it is possible to identify the desire to gain advantage over women at all costs, to dominate them ruthlessly – which can be considered as manifestations of "hegemonic masculinity", according

[10] This was emphasised, for example, by my friend from the club, Mateusz, suggesting that the differences between men and women are now diminishing: both in the sports space and in other areas of social life. Consequently, certain physical attributes (like strength) are no longer the domain of one gender: "No, I don't know, if someone is better, or bigger, and so on, is able to win. Well, that's great, right? Today the division between men and women is so small when it comes to life, when it comes to sport, that... pff. But no, I don't have a problem. There are strong chicks, there are strong dudes, and it's cool. Some diversity". Mateusz was inclined to appreciate rather than depreciate such an image of the modern world (in which the feminine equals the masculine). It is a vision of a relatively egalitarian world (in terms of possessing certain physical attributes and therefore the implied outcomes of intersex competition).

to a perspective outlined by Australian researcher Raewyn Connell (Skoczylas 2011; Connell, Messerschmidt 2005). In the studied case, "hegemonic masculinity" constitutes a body practice that reinforces the image of martial arts training as an area in which a woman will not be able to gain an advantage over a man. This shows that certain patriarchal beliefs shape men's reactions and behaviour towards women. I believe that the idea of suffering defeat at the hands of a woman may have been regarded by some of the men training at the club as something culturally and socially undesirable, something to be avoided, at all costs. Brutality became a tool for controlling women and the progress they made in mastering Brazilian jiu-jitsu, but above all – a form of maintaining a certain cultural order in which a woman could not achieve victory over a man in hand-to-hand combat. However, the very noticing of such situations by women and the critical tone that accompanied their discussion were, in my opinion, a form of disagreement with male domination, a disagreement expressed not only on a discursive level. The story I recalled at the beginning exemplified the practice of a social resistance from the women. There were more such activities. During one class, I saw that Magda suddenly stopped the fight – leaving her male sparring partner alone (and somewhat confused) on the mat. She later explained to me that her opponent was pushing her neck very hard with his hands, causing it to hurt. Resigning to participate in the sparring constituted an expressive act of blocking male dominance (achieved through physical force). In this way, men who fought too violently could be excluded from joint training. If hand-to-hand combat training resulted in occasional manifestations of male dominance, there were also expressive acts of resistance on the part of women: these were ways of disciplining the men, sensitising them to the club's rules and proper body practices. Attempts of male dominance did not go unpunished.

Summary: What happened between men and women?

A variety of socio-cultural contexts can work in favour of forming diverse gender roles and regulate relations between women and men. Social sciences track the manifestations and transformations of gender patterns and identities in many areas of social life: education, medicine, work, recreation. Sports and martial arts clubs are just one of the spaces in which relationships between men and women are built and transformed. However, it is a special area where physical contact and confrontations between trainers of both sexes take place – which may create conditions forming new patterns of masculinity and femininity as well as articulating specific needs and regulating interpersonal interactions. The research I conducted shows that martial arts training can be associated with specific, ambiguous expressions and manifestations of gender identities, implying specific ways of using

the body (cf. Mauss 1973) by men, and also social relations between men and women. On the one hand, I can reject the view that sport can be categorically regarded as an area for creating and reproducing competitively oriented and dominantly (*vis-à-vis* women) expressive masculine identities. Sports clubs are no longer "men's worlds" where women are not allowed to enter. On the contrary – women are full-fledged participants, accepted by men and able to shape joint training. At the same time, in contrast to Alex Channon's research among people training sports and martial arts (2014), I believe that the differences between men and women did not disappear in the course of training together. They were constantly present in the interactions taking place and shaped the gender identity of men training Brazilian jiu-jitsu.

The interviews conducted with club members and the observations made by me, result in a conclusion about the considerable openness of the men to women's demands, a willingness to adopt the considered area of body practices according to women's needs. I believe that, to some extent, this reflects the scale of the changes in gender relations that can be observed in contemporary society (at least in some areas): the emphasis on egalitarianism between the sexes and the openness of men to female discourses (cf. Arcimowicz 2014), but also the power and significance of women's demands, which were able to have an impact on men's behaviour and practices. The female voice is currently not coming from an area of cultural margin, but from a space occupied equally with men and intentionally constructed by women.

However, on the other hand, it would be difficult to conclude that the elements of "hegemonic masculinity", which are supposed to be inscribed in the world of sport and reproduced through sport, have completely disappeared among the surveyed men. Manifestations of this masculinity appeared in concretised moments that were well remembered by the women – when the men experienced, or were able to experience, a woman's superiority during the sparring. "Hegemonic masculinity" formed a kind of residuum of bodily practices, manifested irregularly and therefore sometimes difficult to grasp, but – from the perspective of the men involved in the sparring sessions – performing an important psychological and identity function. It is possible to interpret this state of affairs through the concept of "hybrid masculinity". It emphasises the shifting of men between the vectors of domination and egalitarianism, power and cooperation, hierarchy and emancipation, which, as a result, serves to maintain elements of patriarchalism in society (Kluczyńska 2021). However, I believe that many situations and cases I described reflected a positive social change in relations between men and women. Men's practices marked a departure from patriarchalism. Hence the framing of the described social actions using the concept of "responsive masculinity". At the studied Brazilian jiu-jitsu club, "hegemonic masculinity" was sometimes difficult to eradicate (and this eradication can be considered an important aspect of normalising social relations between

men and women, but also in groups made up of men alone), even though it was overshadowed by cooperative practices and interventions related to the care of the female body and the sense of comfort of the women training Brazilian jiu-jitsu.

References

Amit V., 2000, *Introduction* [in:] V. Amit (ed.), *Constructing the Field: Ethnographic Field-Work in Contemporary World*, London – New York: Routledge.

Anderson E., 2015, *Teoria męskości inkluzywnej*, transl. P. Sobolczyk, "Teksty Drugie", vol. 2.

Arcimowicz K., 2014, *Kryzys męskości czy szansa dla mężczyzn? Przegląd problematyki badań*, "Ars Educandi", no. 11.

Borowiec A., Lignowska I., 2012, *Czy ideologa healthismu jest cechą dystynktywną klasy średniej w Polsce?*, „Kultura i Społeczeństwo", no. 3.

Bourdieu P., 2004, *Męska dominacja*, transl. L. Kopciewicz, Warszawa: Oficyna Naukowa.

Bryson L., 1987, *Sport and the Maintenance of Masculine Hegemony*, "Women's Studies International Forum", vol. 10, no. 4.

Channon A., 2014, *Towards the "Undoing" Gender in Mixed-Sex Martial Arts and Combat Sports*, "Societies", vol. 4, no. 4.

Channon A., Jennings G., 2013, *The Rules of Engagement: Negotiating Painful and "Intimate" Touch in Mixes-Sexed Martial Arts*, "Sociology of Sport Journal", vol. 30, no. 4.

Channon A., Matthews Ch., 2015, *Approaching the Gendered Phenomenon of Women Warriors* [in:] A. Channon, Ch. Matthews (eds.), *Global Perspectives on Women in Combat Sports: Women Warriors around the World*, Basingstoke: Palgrave Macmillan.

Cohen E.B., 2009, *Survival an Israeli Jiu-Jitsu School of Martial Arts. Violence, Body, Practice and the National*, "Ethnography", vol. 10, no. 2.

Connell R.W., Messerschmidt J.W., 2005, *Hegemonic Masculinity. Rethinking the Concept*, "Gender & Society", vol. 19, no. 6.

Dalsgaard S., 2013, *The Field as a Temporal Entity and the Challenges of the Contemporary*, "Social Anthropology / Anthropologie Sociale", vol. 21, no. 2.

Darmas M., 2019, *Na dystans. Rozważania socjologiczne o boksie*, Warszawa: Wydawnictwa Uniwersytetu Warszawskiego.

Dinkovici A., 2012, *Globalization and Shared Practices: On Brazilian Jiu-Jitsu and Pain Communities*, "Annuaire Roumain d'Anthropologie", vol. 49, no. 1.

Fabian T., 2020, *Turkish Oil Wrestling and the Western Gaze: Hegemonic Heteronormativity, Islamic Body Culture and Folk Wrestling Masculinities* [in:] R. Magrath, J. Cleland, E. Anderson (eds.), *The Palgrave Handbook of Masculinity and Sport*, Cham: Palgrave Macmillan.

Foucault M., 2000, *Techniki siebie* [in:] idem, *Historia. Filozofia. Polityka. Wybór pism*, transl. D. Leszczyński, L. Rasiński, Warszawa–Wrocław: Wydawnictwo Naukowe PWN.

García R., Spencer D., 2013, *Introduction: Carnal Ethnography as Path to Embodied Knowledge* [in:] R. García, D. Spencer (eds.), *Fighting Scholars. Habitus and Ethnographies of Martial Arts and Combat Sports*, London – New York – Delhi: Anthem Press.

Gdula M., Sadura P., 2012, *Style życia jako rywalizujące uniwersalności* [in:] M. Gdula, P. Sadura (eds.), *Style życia i porządek klasowy w Polsce*, Warszawa: Wydawnictwo Naukowe Scholar.

Green K., 2015, *Tales from the Mat: Narrating Men and Meaning Making in the Mixed Martial Arts Gym*, "Journal of Contemporary Ethnography", vol. 45, no. 4.

Hannerz U., 2006, *Studying Down, Up, Sideways, Through, Backwards, Forwards, Away and at Home: Reflections on the Field Worries of an Expansive Discipline* [in:] S. Coleman, P. Collins (eds.), *Locating the Field. Space, Place and the Context in Anthropology*, Oxford – New York: Berg.

Hastrup K., 2006, *O ugruntowaniu się światów – podstawy empiryczne antropologii* [in:] E. Nowicka, M. Kempny (eds.), *Badanie kultury. Elementy teorii antropologicznej. Kontynuacje*, transl. M. Bucholc, Warszawa: Wydawnictwo Naukowe PWN.

Hooks B., 2008, *Margines jako miejsce radykalnego otwarcia*, transl. E. Domańska, "Literatura na Świecie", no. 1–2.

Hryciuk R., Kościańska A. (eds.), 2007, *Gender. Perspektywa antropologiczna,* vol. 2: *Kobiecość, męskość, seksualność*, Warszawa: Wydawnictwa Uniwersytetu Warszawskiego.

Jakubowska H., 2009, *Socjologia ciała*, Poznań: Wydawnictwo Naukowe UAM.

Jakubowska H., 2014, *Gra ciałem. Praktyki i dyskursy różnicowania płci w sporcie*, Warszawa: Wydawnictwo Naukowe PWN.

Jennings G., 2019, *Ethnography in Martial Arts Studies*, Academia, https://www.academia.edu/35720934/Ethnography_in_Martial_Arts_Studies (accessed: 16.06.2022).

Kluczyńska U., 2010, *Sport jako obszar konstruowania tożsamości mężczyzn. Znaczenia wpisane w sport i możliwości ich redefiniowania* [in:] M. Dąbrowska, A. Radomski (eds.), *Męskość jako kategoria kulturowa. Praktyki męskości*, Lublin: Wydawnictwo Portalu Wiedza i Edukacja.

Kluczyńska U., 2021, *Męskości hybrydowe, czyli wilk w owczej skórze. Definiowanie konceptu*, "Przegląd Krytyczny", vol. 3, no. 2.

Kolbowska K., 2010, *Capoeira w Polsce. Wędrowanie wątków kulturowych*, Warszawa: Wydawnictwo Trio.

Maclean Ch., 2020, *"It Used to Be Brutal, Now It's an Art": Changing Negotiations of Violence and Masculinity in British Karate* [in:] R. Magrath, J. Cleland, E. Anderson (eds.), *The Palgrave Handbook of Masculinity and Sport*, Cham: Palgrave Macmillan.

Matthews Ch., 2015, *The Tyranny of a Male Preserve*, "Gender & Society", vol. 30, no. 2.

Mauss M., 1973, *Sposoby posługiwania się ciałem* [in:] idem, *Socjologia i antropologia*, transl. M. Król, K. Pomian, J. Szacki, Warszawa: Państwowe Wydawnictwo Naukowe.

Olko D., 2018, *Praktyki cielesne w codziennym doświadczeniu klas ludowych w Polsce*, "Kultura Współczesna", vol. 103, no. 4.

Rakowski T., 2013, *Teren, czas, doświadczenie: o specyfice wiedzy antropologicznej po zwrocie krytycznym* [in:] T. Buliński, M. Kairski (eds.), *Teren w antropologii. Praktyka badawcza we współczesnej antropologii kulturowej*, Poznań: Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza.

Sadura P., 2012, *Wielość w jedności: klasa średnia i jej zróżnicowanie* [in:] M. Gdula, P. Sadura (eds.), *Style życia i porządek klasowy w Polsce*, Warszawa: Wydawnictwo Naukowe Scholar.

Samudra J., 2008, *Memory in Our Body: Thick Participation and the Translation of the Kinetic Experience*, "American Ethnologist", vol. 35, no. 4.

Sheard K., Dunning E., 1973, *The Rugby Club as a Type of a "Male Preserve". Some Sociological Notes*, "International Review for the Sociology of Sport", vol. 8, no. 3.

Skoczylas Ł., 2011, *Hegemoniczna męskość i dywidenda patriarchatu. O społecznej teorii płci kulturowej Raewyn Connell*, "Refleksje. Pismo naukowe studentów i doktorantów UAM", no. 4.

Wacquant L., 2004, *Body & Soul: Notebooks of an Apprentice Boxer*, New York: Oxford University Press.

Wacquant L., 2005, *Carnal Connections: On Embodiment, Apprenticeship and Membership*, "Qualitative Sociology", vol. 28, no. 4.

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 134–151

Michał Szewczyk[1]

New Dimensions of Emotional Labour – a Case Study of the "Smile Counter"

The paper is a case study of the Quantum CX company's "Smile Counter" in terms of the techno-optimistic beliefs of the device's designers and the doubts expressed by the public about it. The system for measuring smiles and rewarding for their total time of duration, which is the product under study, is framed in the paper as an "affect detection system" in the sense of "agents in influencing behaviour and training people to perform in recognizable ways". Analysing nine sources available online, the author presents the development of the product itself, its marketing representations, and public perception. The results are finally related to the category of emotional labour and the discourse on approaches to the latest technologies, particularly the use of artificial intelligence in management.

Keywords: digital Taylorism, emotional labour, measuring emotions, Quantum CX, "Smile Counter", techno-optimism

Digital surveillance of employees

In the contemporary capitalist world-economy (Wallerstein 2007), the development of artificial intelligence has led to the transformation of the earlier scientific management, or Taylorism, into digital Taylorism (Park, Ryoo 2023). This time, it is artificial intelligence, not managers, that is supposed to combat employees' inefficient practices by observing, analysing and, consequently, amplifying their performance at work. However, the progressive datafication of the work environment, makes it possible to measure the increasingly private and minute behaviour of employees and, consequently, to fetishise it. The "Smile Counter", due to its

[1] University of Warsaw, College of Interdisciplinary Individual Studies in Humanities and Social Sciences, mj.szewczyk7@student.uw.edu.pl.

function of supervising work by verifying and assessing the facial expressions of employees, will be presented as the result of digital Taylorism and datafication.

Adopting a broad perspective of working conditions in a capitalist system, I would also like to emphasise the significance of the subject I am discussing, not ending with the described product. Currently, from a technological point of view, measuring smiles based on facial recordings is something trivial. Both Microsoft (Microsoft Azure) and Amazon (Amazon Rekognition), as well as a number of smaller companies, have released their software enabling such assessments. The only obstacles against the widespread use of such a solution consist in the still high cost of implementation, potential legal regulations and internal company policies that sometimes deliberately limit the use of their solutions (Crampton 2022). Therefore, there is a growing need for ethical reflection in terms of the consequences of using software to supervise employees' emotions, as reflected in the growing opposition between techno-optimism and techno-scepticism in the technological discourse.

Researchers, simple workers, developers of new solutions, companies, and other entities with vested interests in the specific direction of the development of AI-based systems need to respond to the upcoming transformation of the working environment. I will analyse their positions along the axis of the aforementioned techno-optimism and techno-scepticism, which I will define, following Peter Königs (2022), as a position based on the belief that the likely impact of technology on the world is favourable in the initial variant and unfavourable in the second variant. In the context of this work, I take advantage of both categories exclusively in relation to the use of AI in management, abstracting from its other uses. The background to the problem consists also in the question of whether psychological states can be accurately described from facial photographs. In responding negatively, out of necessity, we also reject the effectiveness of current smart video surveillance systems to take such conditions into account. The rewarding of behaviours identified (but not necessarily correlating) with a certain internal state by the "Smile Counter" will be analysed by me in terms of the issue of personal dignity of employees.

Outlining the manner in which the Quantum CX product violates the wellbeing of working people requires an explanation of the connotations of smiles present in its marketing. They can be reduced to two levels:

1. Emotional expression, perhaps operating on the principle of feedback loop, i.e. enabling the forcing of feelings on someone, if we force a person to play out his or her culturally accepted manifestation.
2. A signal for others, carrying positive emotions, so valued in customer service.

Both understandings are closely linked and refer to each other; by forcing a smile on an employee in order to change their mood, we are also forcing it with the hope of evoking a positive perception in those around us, and vice versa. For

this reason, I emphasise this matter already in the introduction, as it does not have any sense to look for a motive with further specific statements, given the inseparability of the two effects in the producer's assumptions.

"Detecting affects" as an expression of techno-optimism

The aim of this article is to describe the "Smile Counter" as an expression of the techno-optimism and digital Taylorism characteristic of technology start-ups and to explore related themes in its marketing message.

The issue of counting smiles has been widely discussed in the press but has not yet received a solid description. The Quantum CX company, significantly tarnished in terms of image by the media backlash against controlling the smiles of employees, eventually suspended its operations due to the pandemic and the imposed obligation to wear masks in public places. This turn of events has not led to a broader reflection concerning such solutions (Rychlicki 2021a). The business community (including the creators of the device) reduced public criticism to demonisation fuelled by cheap sensationalism (Rychlicki 2021a), and the media lost interest in the topic after the Ombudsman's inspection of banking facilities where Quantum CX found its customers (Starzewski 2019).

A separate discourse concerning the response of technology to social problems, in which the marketing of the "Smile Counter" is embedded, emerged in the 1960s (Johnston 2020: 5). Of the ideas conceptualised at that time, the category of technological rationality proposed by Herbert Marcuse (1941) is of particular value for this analysis. Determining the most efficient (i.e. producing the most desirable good) activity as an end in itself is also symptomatic of the discussed product, which is supposed to "produce" as many smiles as possible.

Actually, it would be a mistake to view the "Smile Counter" through the prism of the now classic category of the panopticon proposed by Michel Foucault (2020). It already seems exhausted as a result of excessive exploitation and the consequent progressive unreflective use of this metaphor (Haggerty 2006) and, more importantly, it does not reflect the social change that Gilles Deleuze (1972) describes as the transition to a society of control. It is not so much that we are now in the cells of a prison where we **can** be watched, but that we wear an electronic band on our leg that certainly monitors our location and behaviour. What is significantly lacking in the concept of the control society due to the timing of its emergence is a reflection on the new possibilities of processing big data, as was already written about by, for example, Zygmunt Bauman and David Lyon (2013). Today's means of surveillance constantly record each monitored object, and the data collected in this way is continuously stored and can be processed almost freely in the future.

The datafication of employee experiences, understood as their reduction from the broad context of life to the dimension of data, poses risks, the most important of which, in the context of the "Smile Counter", seems to be the fetishisation of data (Iwasiński 2016) concerning the smiles of employees.

In its conception, the device counts the smiles which, according to the developers, constitute an observable sign of good customer service and stimulates an increase in their number. In relation to products depicting the percentile probability of implied feelings (Przygody Przedsiębiorców 2020), the "Smile Counter" nominally tries to count something easier to detect, i.e. a specific facial expression. However, it in fact acts as a device for "affect detection", i.e. it is "agent in influencing behavior and training people to perform in recognizable ways" (Crawford 2021: 153–154). The findings suggest scepticism concerning the relationship between our expression of emotions and actually experiencing them (Barrett et al. 2019). The "Smile Counter", while not directly addressing the issue of emotions, nevertheless constitutes a part of the "emotion meter" sector due to its origins, assumptions, advertising message, and assumed effects.

Describing the use of such approaches to employees requires an additional theoretical framework encapsulating the role of emotions (or rather, their enforcing) at work. For this purpose, I will use the category of **emotional labour** understood, following Arlie R. Hochschild, as labour, "requiring one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (2009: 7). In this light, even if we have already denied the correlation of smiling and happiness, inducing a smile that does not result from internal feelings will count as a form of emotional effort. I will consider the "Smile Counter", as a digital device for supervising the performance of emotional labour, as a tool of digital Taylorism in the sense of Sangcheol Park and Sungyul Ryoo (2023). However unusual they may be, the collected smile data becomes part of broader mechanisms focusing on maximising efficiency through digital analysis and optimisation of work.

The main original value of this article consists in the systematic description of the marketing and assumptions of the device itself combining a number of trends specific to the selected theoretical framework. They did not exhaust the specific nature of the product, which automatically, based on AI, forces an intensification of emotional work. This combination highlighted the ethical problems of both phenomena and raised the question of which aspect of the device was more strongly emphasised in the promotional message. By juxtaposing the trajectory of Quantum CX's own activities with its marketing, it is possible to propose an explanation for reaching for specific narratives as a response to the needs arising from the market positioning of the device and the controversy growing around it.

The most important research question concerned the relationship between techno-optimistic or techno-sceptical beliefs in the discourse concerning the "Smile Counter". The significance of this dichotomy in the technology media is pointed out, for example, by Marta Kołodziejska and Michał Paliński (2023). This implies both specific research hypotheses, i.e. (1) the environment associated with Quantum CX or other tech start-ups will be techno-optimistic, while (2) voices not associated with them will be techno-sceptical.

The obtained responses address a gap in Polish research concerning the media reaction to AI-based scientific management tools interfering in the emotional sphere of employees.

What was the "Smile Counter"?

Bartosz Rychlicki, CEO of Quantum CX[2] , the company responsible for the "Smile Counter", has repeatedly mentioned in interviews that he considers his mission to consist in giving back to the world, solving large-scale problems, etc. (Przygody Przedsiębiorców 2020). Also consistent with this is what he himself later wrote about the media criticism he was subjected to: "I was close to breaking down, I wanted to give the world something good, to bring a little smile into everyday life, and now I was rather likened to Satan's spawn" (Rychlicki 2021a). Therefore, let us reflect on the history and technological solutions of Quantum CX, which formed the basis for the continued infamy of the "Smile Counter".

Initially, the entire product was based on a sensor that counts smiles (a connected small camera and an algorithm that assesses whether the person in the footage is smiling) and an interface that processes these results and rewards them with contributions to charities, vouchers for the monitored employees, etc. At the final stage of the project, the sensor (pictured on Photo 1.) was dubbed, "Miłek", dressed in a teddy-bear-shaped package and equipped with an e-ink screen on which, in response to at least a 10-second smile from an employee, a smile was also displayed (Jurczak 2020).

Photo 1. Final version of "Miłek"

Source: (Jurczak 2020).

[2] In individual places, the company itself is also named as Quantum Lab (Ellen Technology n.d.) rather than Quantum CX (LinkedIn. Bartosz Rychlicki n.d.; Przygody Przedsiębiorców 2020). For the sake of clarity, I will describe the device itself either directly as the "Smile Counter" or, to avoid excessive repetition, as the product of Quantum CX.

An important element in favour of the logic for counting smiles also consists in the assumptions about the human psyche made by the developers of the device. In an interview for the Bizblog website, the CEO of Quantum CX said that "You won't become a runner if you don't force yourself to run. The same is true here. If you want to be a friendly and kind person, there is no other way than to start smiling. Even by force. Only then will it get into our bloodstream. Hormones will jump into the body, change behaviour, and behaviour will change attitude" (Kopańko 2019), which refers to the psychological feedback theory between showing feelings and experiencing them. "Miłek" in this light takes on the proper context of a supervisory tool for performing emotional work to enhance customer service.

The history of products earlier than the "Smile Counter", which consequently led to its development, can also tell us just as much about Quantum CX. These were, respectively:

- The "30 Days" app (Przygody Przedsiębiorców 2020), which was intended to teach the user habits in a non-declarative way, i.e. by monitoring their fulfilment. For example, in order to learn punctuality, it read the GPS location of the phone to confirm that we were at the location we had previously set for ourselves.
- The "How Are You?" app, used to measure mood based on users' declarative responses (questionnaires). Showing the links between the user's responses and other declared events it intended to lead to a greater awareness of what their mood depends on.
- "Ellen"[3] or facial emotion recognition technology. It was originally used to provide opinions concerning advertising, but after a while it was used to supervise employees at a restaurant chain in the United States. We do not have information concerning the details of its technological background, but according to the device's website, it is based on the proprietary micro-expression reading technology "XpressEngine" (Ellen Technology n.d.). As we can guess in practice, this meant machine learning algorithms like those in other competing solutions.

The most important common feature of all these projects was aptly put by the Quantum CX CEO himself in the statement:

> How can I make people feel better? Dude, you have knowledge of technology, you're a programmer, you know how it works? Suddenly it appears how psychology more or less works. Combine it somehow and give it to others. Perhaps you can help them a little. Because generally when we think of psychology, we immediately think of research, volumes, a professor at an academy, or a couch. And when we

[3] I have borrowed the description of the operation and its use following the interview (Przygody Przedsiębiorców 2020), where its name does not appear, which I took from Ellen Technology website, which is referred to by Bartosz Rychlicki's LinkedIn profile (n.d.).

> think technology, we think, you know, systems, processes and so on. A simple John Doe, to benefit from psychology, will either buy a book or go to therapy. Most often, he does neither. And I think that technology is a great applicator of certain knowledge to life, and that is because suddenly something very complicated becomes simple, I have it on my phone and I can do it sitting on a toilet, right? (Przygody Przedsiębiorców 2020)

All of these solutions seek to introduce psychological knowledge into management processes, initially of the self and then also of others, in a techno-optimistic, maximally simple way. However, psychological solutions do not seem to be so easily scalable to broad applications.

Techno-optimism of the creators of the "Smile Counter"

Presenting the technical background and history of the device does not give us a complete answer as to the ideological assumptions behind it[4]. The motivations of the creators and business users of the "Smile Counter" emerged as a result of an abductive thematic analysis of the Quantum CX material that remains available on the Internet. These statements were largely created as marketing content and I will discuss them as such. However, noting the small scale of the start-up, which does not allow external specialised marketing companies to construct the narrative, I assume its link to the beliefs of the creators themselves. I am reassured in this decision by the strong positioning of Quantum CX CEO Bartosz Rychlicki as a spokesperson for his project, which he talks about in the context of his personal mission to bring smiles to the world (and by implication, through it, good) (Dzierżyński 2019). Further confirmation of the kind of authenticity behind Quantum CX's marketing is its inconsistency and flexibility towards the narrative suggested by the interviewers. Depending on the interview, the presented vision of the purpose of using the "Smile Counter" differs significantly in the distribution of emphasis between its functions, which partly correspond to the accumulation regimes presented in Table 1:

- Business – where the "Smile Counter" is presented as a tool to measure and improve customer service. It is geared towards improving the performance of the company using the solution. The device seems tailor-made for scientific management under industrial capitalism, by its measurability and ability to screw up employee performance.

[4] The famous definition of ideology by Louis Althusser (1983: 18) stating that, "Ideology represents the imaginary relationship of individuals to their real conditions of existence" seems to be extremely accurate in this context.

- Educational – where the "Smile Counter" is presented as a tool to nurture employees using feedback mechanisms and gamification. It responds to the needs of the discourse of paternalistic capitalism, depicting the employer as a "parent" who extends a kind of care to an infantilised employee who wants to achieve success in life in the future just like his current employer (Niedziółka 2022).
- Wellbeing[5] – where the "Smile Counter" is presented as a tool for making the world a place that is smiling more, happier and, consequently, a better place. It provides happiness to both employees and customers. In doing so, it responds to the therapeutic capitalism that has been flourishing since the beginning of the 21st century, working on the emotions of workers in order to bring them as close as possible to market conditions.

Table 1. Intensifications of power/knowledge in 20th and 21st century corporate culture

Years	**1900–1930**	**1930–1970**	**1970–2000**	**2000–**
Accumulation regime	Industrial capitalism	Bureaucratic capitalism	Postindustrial capitalism	Therapeutic capitalism
Form of power	Sovereign/ disciplinary	Juridical/ governmentality	Governmentality/ biopower	Performance
Main target	Body of a labourer	Body of a manager	Societal body of a corporation	Nosologic body
Main practice	Production	Consumption and construction of gender	Reproduction	Therapy
Basis	Actions	Image	Culture	Emotions
Discourse of management	Taylorism/ Fordism	Management by objectives / human resources (HR)	Corporate culture / organizational development (OD)	Wellness / personal development (PD)

Source: (Szarecki 2017: 300).

The tension between these fundamentally different goals will constitute one of the leading axes of the narrative in this work. The function of jacking up results based on controlling the worker's body fits with the assumptions of classical scientific management, while educating workers and subjecting them to "training in positive emotions" for their (and not only their) benefit, fits with the more contemporary trends of therapeutic capitalism. In this context, Quantum CX combines the simple idea of close supervision to eliminate "unproductive" habits of employees with pushing them to solve the problems that limit their efficiency themselves.

[5] I take advantage of the term "wellbeing" to refer to the growing sector of wellbeing solutions aimed at corporate employees in relation to the mentally exhausting nature of their work.

By monitoring and rewarding those working for something they themselves should want[6], we are both exerting external pressure and reinforcing the internal mechanisms that induce employees to behave in the way we want them to.

A fundamental manifestation of the techno-optimism behind Quantum CX's activities consists in the assumption that the function of nurturing a customer service atmosphere is possible to be partially automated by a smile recognition system. In the "The more smiles the better?" chapter I will try to prove that the "Smile Counter" advertises itself as supporting the personal development of employees, which in a business perspective is supposed to translate into better staff providing better services, while in reality in terms of an employee it represents callousness and insensitivity towards the other person characteristic of scientific management. A separate issue, which I will also address, consists in the ethical implications of the assumptions behind the very way in which the marketing of the "Smile Counter" responds. For the purpose of analysing the ethical issues contained in this matter, I will refer to the category of human rights. I motivate this both by adopting them by all UN countries[7] as well as by my own beliefs on the matter.

The more smiles the better?

Smiling doesn't cost a thing (provided no one is forcing anyone to smile by force).
Bartosz Rychlicki (Dzierżyński 2019)

The final commodity [*of emotional labour – MS*] *is not a certain number of smiles to be counted like rolls of wallpaper.*
Arlie Russell Hochschild (2009: 8)

Smiling, according to the device's authors, both does not have to be sincere ("I encourage people to fake a smile because it comes naturally later" (Kopańko 2019)) and cannot be forced ("We prefer to spread smiles where there is no loser in the business equation and everyone smiles because they want to, not because they have to"). The "Smile Counter" has a uniquely coherent role as a motivator for gestures that neither flow from the internal state of the employee nor are the result of direct pressure from superiors. However, introducing a system that measures **something** introduces pressure to optimise the performance of **that something**.

[6] The obligatory nature of taking care of oneself, described so far many times since Foucault, is particularly deserving of emphasis here.

[7] Without going into the legal nuances of the embodiment of the Declaration of Human Rights in life in all UN states, I am referring to the more general sense of the word, "adoption".

Only that which is recorded then becomes relevant. Things that do not fit into the table of recorded data, the camera lens, etc., are not taken into account throughout the system because they never appear in it. The fact of collecting precisely such data always isolates it from the meaningful[8] totality of human experience and places it in the position of a fetish (Iwasiński 2016). The fact that penalties for low scores are not introduced, nor that there is no mandate to participate in the measurement programme, does not remove the oppressive situation of introducing the entire system. The employee is well aware of the fact of being observed as well as of the existence of data concerning his or her behaviour. Therefore, that person is put in a situation of either already being assessed for this on an ongoing basis by the superiors, or it could be introduced at any time, with or without that person's consent.

The CEO of Quantum CX referred to allegations concerning the oppressiveness of the "Smile Counter" as follows: "The employee **decided individually. That person had to turn it on consciously every day for it to work, and decided to turn it on**" (Przygody Przedsiębiorców 2020 – emphasis MS). This constitutes a transfer of responsibility to the employee who is otherwise already placed in a situation of evaluation by superiors. Refusing to turn on the device (where this practice has taken hold) or turning it on every day (if the majority of employees are sceptical about it) will always attract additional attention. It is up to the working person whether he or she prefers to submit to the monitoring of smiling and communicate individual motivation to develop for the benefit of the company, or whether he or she prefers to refuse and, as a person suspected of not meeting smile standards, accept increased observation from superiors. Another interesting aspect of this dilemma is that it was also never stated that, if the system proves its effectiveness after optional trials, it will not become mandatory over time. In such a situation, it is clear that refusal would be, non-strategic at best and, in a situation where one fears for one's position at work, almost impossible. An additional significant factor regarding the voluntariness of the employee's agreement to implement the "Smile Counter" consists also in the fundamental power disparity between the employee and the employer. The superior, even without issuing an official order, by his or her suggestion or proposal exerts a "soft coercion" on the subordinate. An additional advantage of this mode of management consists in that responsibility can later

[8] By the "meaningful totality of human experience", I mean the reality that can be understood through the hermeneutic process described by, for example, Wilhelm Dilthey, of which he himself wrote, "The process by which, on the basis of external signs supplied by the senses, we come to understand the inner sphere is called understanding" (Markowska 2007: 64). A smile subjected to technical quantification, i.e. recorded as a number, ceases to enable us to reconstruct the inner sphere (experiences, emotions, experiences) of the smiling person, and therefore becomes detached from the overall, contextually comprehensible experience and becomes meaningless.

be removed from the referrer and placed on the subordinate, as we see expressed in the Quantum CX narrative. An analogous soft coercion is also to some extent present behind many other formally non-mandatory practices, such as working overtime before a product launch (crunch)[9] or responding to work messages while on holiday (Kryczka 2021). The lack of a hard coercion allows in these situations to wash their hands of responsibility for the quality of management, rather than realistically addressing the problems of the "Smile Counter". That partially provides us with an answer to the question from the Photo 2 taken from Quantum CX Facebook account.

Photo 2. Profile photograph of the Quantum CX profile

Source: (Rychlicki 2021b).

However, the oppressive nature of introducing the sole system in the workplace is hardly specific to the Quantum CX product and is only the beginning of the device's problems. I consider the phenomenon of the objectification and fetishisation of smiling in itself and therefore the inevitable (1) loss of meaning behind the sole required activity and (2) psychological strain resulting from the forcing of emotional labour (Hochschild 2009) carried out on the working person to be the more relevant area for criticism.

I perceive the inability to convey the complexity of the world through digital solutions as the main cause of the first problem. Of course, there is a growing and successful sector of increasingly sophisticated commercial tools that allow the automatic analysis of video, audio, and text. It is on the basis of such systems that autonomous cars, cashless stores, and citizen social credit system are being developed (Bartoszewicz 2020). So why should not the same kind of solutions allow for the automation of managerial work? If we do not properly recognise

[9] The phenomenon, or actually the entire culture of crunch (overtime before a product release) in the games industry is so common that studio heads admit to practising it even in media releases (Małysa 2019).

the differences between driving a motor vehicle and leading a team of people, we are in danger of taking an instrumental and shallow approach to employees that overlooks the entire realm of making sense of their actions.

Quantum CX attempted to apply hard criteria to the evaluation of people's work that were multilevel not in keeping with the nature of the contact on which customer service is based. Continuous observation can indeed provide a great deal of valuable information, the best illustration of which consists in the widespread use of continuous measurement in mechanical matters. When baking bread, indeed, the baker wishes the oven to maintain a constant temperature and for it to be displayed in a form that is readable to the baker, so that it is possible to maintain full control over creating the product. However, the relationships that are created between people (whether between vendor and customer or employee and employer) are more complicated and attempts to control them are of a different nature to controlling the physical phenomenon of baking. Contact is established between two conscious subjects who respond to each other in the context of both their interests, experiences, and only partially conscious perceptions (Iwasiński 2016). Measuring smiles does not provide us enough insight into the entire situation to be able and say anything on this basis about the quality of customer service or the general friendliness of the employees. In fact, instead of a smile, we could substitute here any other pleasantly or unpleasantly perceived behaviour. Only the imagination of managers limits the possibilities of evaluating the work of those employed by quantifying their human reflexes.

The fundamental difference between live supervisors and digital systems designed to facilitate their work consists in understanding what they see. A smile as a message is always set in context and a person standing on the sidelines can guess it in a large proportion of cases. Artificial intelligence that distinguishes between smiles based on a set of photos does not anticipate understanding when a smile is out of place, when it is ironic, and when it is actually kind and professional. The CEO of Quantum CX said on the subject: "If your smile is consistent with the social perception that it is a smile, the system will count it" (Dzierżyński 2019). "Sticking" such an artificial, averaged smile to an employee's face causes stress, burnout, and a sense of derealisation (Lisdero 2019). It seems that a "living boss" can lead to coercion at the digital system level, or even higher, but this is behaviour that illustrates that person's lack of soft skills and, in extreme cases, verges on mobbing.

An example of this form of violence, and at the same time an elaboration of point (2), would be a situation described here by Pedro Lisdero (2019). He depicts how the wellbeing of working people is affected by a position that includes very specific norms and protocols for disposing of one's emotions. In his analysis, Lisdero took an extreme environment, i.e. a call centre, where employees carried out the entire conversation with the customer according to detailed scripts that included

an uninterrupted digital smile. Thus, their fundamental human autonomy in conversation, the course of which has been top-down imposed, has been restricted in the workplace. Preventing "saying or feeling something different (about-myself or by-myself)" (Lisdero 2019: 123) constitutes an oppressive and psychologically exhausting situation. This fact is best illustrated by the image constructed by former employees of these companies as "meat grinders" (Lisdero 2019: 124). Quantum CX's plans to apply its product specifically to telemarketing companies seemed extremely worrying in this context (Przygody Przedsiębiorców 2020). Of course, one should not equate the situation of measuring the smiles of employees with a fully scripted service activity. It would be inadequate to describe the product itself as a more modern version of the "meat grinder". However, given what systems involving an extreme form of emphasis on emotional labour lead to, for ethical reasons we should strive away from them rather than automate their mechanisms.

Apart from ethical concerns, did the "Smile Counter" at least materially improve the quality of customer service? In an interview, Bartosz Rychlicki spoke about the effectiveness of his proposed solution:

> In this case, I can talk about the numbers first at four sites. It turned out that we've improved the results. Mystery Shopper results, these were very good sites. In terms of quality, some of the best have been selected and, if I'm not mistaken, out of 85 points on a scale of zero to one hundred, all four had a complete set. So, out of such super sites, we've made perfect ones and I think they've broken the chains' record. So that was great. Out of 50,000 customer interactions – not a single problem with measuring smiling. There was nothing like that and then we've installed ourselves at probably 16 sites. Then around 20 including franchises and there we singled out such, let's say, average outlets in terms of the quality of the results and the Mystery Shopper survey from 57 to 80 (Przygody Przedsiębiorców 2020).

Therefore, the solution appears to be effective and, by no means, do I intend to argue with this. On the other hand, in this leap in effectiveness I would see the very well-described impact of the very conduct of measurement concerning employee behaviour (Foucault 2020). A camera placed on the desk disciplines the employee, which in turn forces that person to work harder. We would only be able to examine the role of smiling itself by comparing the recorded increase in scores with a control sample, where monitoring is introduced in an analogous form, but measuring, for example, blinks or cheek redness.

Summary

Hypotheses (1) concerning the techno-optimism of the Quantum CX community and tech start-ups in general and (2) about the techno-scepticism of commentators unrelated to new technologies were found to be consistent with the results. Such conclusions emerged from an abductive thematic analysis (Thompson 2022) of the collected source material. In accordance with the established methodology, the original content was interpreted critically against the adopted theoretical framework.

The obtained results are nonconflicting with the conclusions of the studies described in the literature review. The single significant properties of the "Smile Counter" (e.g. forcing emotional labour, "measuring emotions", and continuously disciplining the subjects under observation) are explainable on the assumed theoretical ground. The conducted case study has made it possible to fill the research gap in terms of describing the combination and interplay of the aspects described earlier.

The confirmed techno-optimism of the tech start-up community and the techno-scepticism of those outside the industry suggest an increase in the risks indicated by the accepted theoretical framework. Digital supervision extended to employee facial expressions (and, as an assumption, their emotions) is business efficient, i.e. profitable, and possible to implement with the official aim of caring for the atmosphere in the workplace, or even the generalised social good. Therefore, the intensification of emotional labour through the mechanisms of digital Taylorism (Park, Ryoo 2023) may occur as a result of the pro-social efforts of those involved in the start-up industry. A significant limitation of this mechanism consists in the highly sceptical response of non-affiliated persons alerting them to potential abuse. The research did not observe an in-depth discussion between representatives of the two communities. These conclusions are not surprising in the light of the studies cited in the literature review.

It is possible to generalise the responses obtained concerning the "Smile Counter" itself to other devices in the category of "affect detection system" used for supervising working people. However, it is important to bear in mind the potential problems of extrapolating the results to companies much larger than Quantum CX, which included up to 10 people according to the Crunchbase (2023) service, which may translate into a completely different way of building marketing. In the case of a media message created by an external advertising agency, it will be more difficult to infer from it the beliefs of the people behind a particular product. Moreover, in companies with many more male and female employees, there are more chances for a diversity of views concerning technology to occur. The question remains to what extent does this translate into criticality towards the consequences of implementing solutions that a particular larger company is developing.

Conclusion

Such a bit of smile inception.
Bartosz Rychlicki (Dzierżyński 2019)

Given the capabilities of contemporary technological solutions, their falling prices and increasing simplicity of application, the analysis I have carried out does not only apply to the "Smile Counter". Smile recognition software from camera images can nowadays be made very easily individually with the help of one of the dozens of tutorials available for free on the Internet. The problem, which I would like to emphasise once again at this point, does not consist in the development of sole management technologies, but the lack of analysis of the consequences of making them available and promoting them. The World Benchmarking Alliance's 2021 study showed that out of 150 digital leadership companies, only 20 were committed to publicly available ethical AI principles. Five less have conducted due diligence analysis concerning their impact on implementing human rights (World Benchmarking Alliance 2022).

The clash between the techno-optimism of companies based on building innovative solutions (especially start-ups) and the mundane lives of users, potentially forced to use their solutions, seems to provoke outrage and a sense of misunderstanding on both sides. The analysed interviews show that those speaking on behalf of Quantum CX, through the assumptions they make about the beneficial impact of technology on people, do not understand the implications and assumptions of their proposed solutions. However, the fear of potential recipients is compounded by the fact that projects like the "Smile Counter", wanting to provide smiles, are setting a precedent for the return of scientific management techniques. After all, they origin from the same conviction of jacking up the financial results through the pressure of constantly closer control of the employee. In turn, this often becomes a reason for violating workers' rights (e.g. depriving employees of their due breaks) (Mazurkiewicz 2022). This fact, which is very well known to many ordinary employees, is easy to overlook when looking in a techno-optimistic manner. The scale of abuse, of which both the hiring parties and the hired are aware of, is enormous[10]. Therefore, it would be hard to be surprised today at the sceptics criticising the implementation of systems that deepen the supervision over working people.

[10] Lists like Slate (2020) seem to constitute interesting evidence in the context of awareness of widespread human rights violations.

Methodology

In order to gather material to research the relationship between techno-optimistic or techno-sceptical beliefs in the discourse surrounding Quantum CX, I used the desk research analysis (Bednarowska 2015). The content search was done manually, via Google, between October and December 2022. All publicly available found sources in which the main theme consisted in the "Smile Counter", were included in the study. This pool ultimately included seven web articles, one video interview and the website of another Quantum CX product. The only source requiring transcription was the Przygody Przedsiębiorców (2020) interview; this was carried out in Trint and then manually corrected. The sources were processed to text only (excluding photos, recordings, etc.) and uploaded to MAXQDA 2023, where the encoding took place.

The materials extracted were examined using abductive thematic analysis (Thompson 2022). The codes relating to techno-optimism, techno-scepticism, and emotion, as flowing directly from the adopted theoretical framework, were included in the codebook from the beginning of the analysis, while the others (especially those relating to the narrative on using the "Smile Counter") were added *ad hoc*, in subsequent rounds of coding. The selected topics are presented in the form of described functions of the "Smile Counter" and the objectives of the developers of this device. Every citation from online sources was translated to English after an acceptance of the final article, originally written in Polish.

A significant limitation of the study consisted in the removal by Quantum CX of its website and Facebook profile, where its own marketing material was published. The collected texts, excluding Ellen's website (n.d.), are therefore only from sources external to the company, which may translate into the sample being unrepresentative in terms of the total product information it makes available.

Acknowledgments

The article was written under the direction of Prof. UW Renata Włoch, dr hab. whom I thank very much for her support at every stage of this work.

References

Althusser L., 1983, *Ideologia i ideologiczne aparaty państwa*, transl. B. Ponikowski, J. Gajda, Warszawa: Komisja Kształcenia i Wydawnictw RN ZSP.

Barrett L.F., Adolphs R., Marsella S., Martinez A.M., Pollak S.D., 2019, *Emotional Expressions Reconsidered: Challenges to Inferring Emotion from Human Facial Movements*, "Psychological Science in the Public Interest", vol. 20, no. 1.

Bartoszewicz M., 2020, *Chiński system zaufania społecznego*, "Przegląd Geopolityczny", vol. 32.
Bauman Z., Lyon D., 2013. *Liquid Surveillance: A Conversation*, Oxford: John Wiley & Sons.
Bednarowska Z., 2015, *Desk research: wykorzystanie potencjału danych zastanych w prowadzeniu badań marketingowych i społecznych*, "Marketing i Rynek", no. 7.
Crampton N., 2022, *Microsoft's Framework for Building AI Systems Responsibly*, Microsoft, https://Blogs.Microsoft.Com/on-theIssues/2022/06/21/Microsofts-Framework-for-Building-Ai-Systems-Responsibly/ (accessed: 29.05.2023).
Crawford K., 2021, *The Atlas of AI: Power, Politics, and the Planetary Costs of Artificial Intelligence*, New Haven: Yale University Press.
Crunchbase, 2023, *Quantum CX – Crunchbase Company Profile & Funding*, https://www.crunchbase.com/organization/quantum-lab-co (accessed: 25.03.2024).
Deleuze G., 1972, *Postscriptum o społeczeństwach kontroli*, https://mirror.anarhija.net/pl.anarchistlibraries.net/mirror/g/gd/gilles-deleuze-postscriptum-o-spoleczenstwach-kontroli.pdf (accessed: 29.05.2023).
Dzierżyński J., 2019, *Serducho rośnie, kiedy widzimy uśmiechnięte osoby w placówkach, w których zainstalowano nasz produkt – Bartosz Rychlicki (Quantum CX)*, MS/Fintech, https://mamstartup.pl/usmiech-liczony-w-punktach-quantum-cx-chce-zadowolonych-ludzi-na-ulicach/ (accessed: 29.05.2023).
Ellen Technology, n.d., https://ellen.technology/ (accessed: 7.04.2024).
Foucault M., 2020, *Nadzorować i karać. Narodziny więzienia*, transl. T. Komendant, Warszawa: Aletheia.
Haggerty K.D., 2006, *Tear Down the Walls: On Demolishing the Panopticon* [in:] D. Lyon (ed.), *Theorizing Surveillance: The Panopticon and Beyond*, Cullompton: Willan.
Hochschild A.R., 2009, *Zarządzanie emocjami. Komercjalizacja ludzkich uczuć*, transl. J. Konieczny, Warszawa: Wydawnictwo Naukowe PWN.
Iwasiński Ł., 2016, *Społeczne zagrożenia danetyzacji rzeczywistości* [in:] B. Sosińska-Klata (ed.), *Nauka o informacji w okresie zmian. Informatologia i humanistyka cyfrowa*, Warszawa: Wydawnictwo SBP, https://depot.ceon.pl/handle/123456789/12960 (accessed: 29.05.2023).
Johnston S.F., 2020, *Techno-Fixers: Origins and Implications of Technological Faith*, Montreal: McGill-Queen's University Press.
Jurczak T., 2020, *Osobisty trener życzliwości od szefa*, Sztuczna Inteligencja, https://www.sztucznainteligencja.org.pl/osobisty-trener-zyczliwosci-od-szefa/ (accessed: 29.05.2023).
Kołodziejska M., Paliński M., 2023, *Between Techno-Optimism and Techno-Skepticism: The Narratives of Digital Pioneers on the Impact of Key Digital Technologies*, "DELab Digital Working Studies", no. 1.
Königs P., 2022, *What Is Techno-Optimism?*, "Philosophy & Technology", vol. 35, no. 63, DOI: 10.1007/s13347-022-00555-x.
Kopańko K., 2019, *Niesłychane, startup z kraju wiecznych ponuraków (tak, chodzi o Polskę) zachęca ludzi do uśmiechu. I jeszcze na tym zarabia*, Spider's Web, https://spidersweb.pl/bizblog/quantum-cx-usmiech-pracownika/ (accessed: 29.05.2023).
Kryczka S., 2021, *Wykonywanie pracy podczas urlopu wypoczynkowego*, Wolters Kluwer, https://sip.lex.pl/komentarze-i-publikacje/linie-orzecznicze/wykonywanie-pracy-podczas-urlopu-wypoczynkowego-419838121 (accessed: 29.05.2023).
LinkedIn. Bartosz Rychlicki, n.d., *Projekty*, https://www.linkedin.com/in/bartoszrychlicki/details/projects/ (accessed: 7.04.2024).

Lisdero P., 2019, *Labour, Body, and Social Conflict: The „Digital Smile" and Emotional Work in Call Centres* [in:] A. Scribano, P. Lisdero (eds.), *Digital Labour, Society and the Politics of Sensibilities*, Cham: Springer International Publishing.

Małysa M., 2019, *CD Projekt: crunch przed premierą Cyberpunk 2077 ma być "ludzki"*, Zagrano.pl, https://zagrano.pl/cd-projekt-crunch/ (accessed: 29.05.2023).

Marcuse H., 1941, *Some Social Implications of Modern Technology*, "Zeitschrift für Sozialforschung" vol. 9, no. 3.

Markowska M., 2007, *Interpretacja jako rozumienie w ujęciu Wilhelma Diltheya*. "Czasopismo Filozoficzne", no. 2.

Mazurkiewicz P., 2022, *Masowe dyscyplinarki w Amazonie. Bo przekroczył czas przerwy o 4 minuty*, Rzeczpospolita, https://cyfrowa.rp.pl/globalne-interesy/art36690781-masowe-dyscyplinarki-w-amazonie-bo-przekroczyl-czas-przerwy-o-4-minuty (accessed: 29.05.2023).

Niedziółka P., 2022, *Między troską a biowładzą – krytyczna analiza dyskursu wokół well-beingu w organizacji* [Master's thesis made available by the supervisor].

Park S., Ryoo S., 2023, *How Does Algorithm Control Affect Platform Workers Responses? Algorithm as a Digital Taylorism*, "Journal of Theoretical and Applied Electronic Commerce Research", vol. 18, no. 1, https://www.mdpi.com/0718-1876/18/1/15 (accessed: 29.05.2023).

Przygody Przedsiębiorców, 2020, *Motywują do życzliwości w obsłudze KLIENTA | Bartosz Rychlicki – Quantum CX*, YouTube, https://www.youtube.com/watch?v=pNswpOLRAcs (accessed: 29.05.2023).

Rychlicki B., 2021a, *Kończy się moja przygoda z Quantum CX – czemu, jakie są wnioski, co dalej*, Medium, https://quantumceo.medium.com/co-si%C4%99-dzieje-quantum-cx-caaa23976b31 (accessed: 29.05.2023).

Rychlicki B., 2021b, *Pandemia zakończyła moją przygodę z Quantum CX. Bartosz Rychlicki*, Dobra Porażka, https://dobraporazka.pl/quantum-cx/ (accessed: 29.05.2023).

Slate, 2020, *The Evil List. Which Tech Companies Are Really Doing the Most Harm,* https://slate.com/technology/2020/01/evil-list-tech-companies-dangerous-amazon-facebook-google-palantir.html (accessed: 29.05.2023).

Starzewski Ł., 2019, *Liczenie uśmiechów pracowników banku PKO BP budzi wątpliwości RPO,* http://bip.brpo.gov.pl/pl/content/liczenie-usmiechow-pracownikow-banku-pko-bp-budzi-watpliwosci-rpo (accessed: 29.05.2023).

Szarecki A., 2017, *Kapitalizm somatyczny. Ciało i władza w kulturze korporacyjnej*, Warszawa: Wydawnictwa Drugie.

Thompson J., 2022, *A Guide to Abductive Thematic Analysis*, "The Qualitative Report", vol. 27, no. 5, DOI: 10.46743/2160-3715/2022.5340.

Wallerstein I., 2007, *Analiza systemów-światów. Wprowadzenie*, transl. K. Gawlicz, M. Starnawski, Warszawa: Wydawnictwo Akademickie Dialog.

World Benchmarking Alliance, 2022, *Digital Inclusion Benchmark 2021. Insights Report*, https://assets.worldbenchmarkingalliance.org/app/uploads/2022/03/2021-Digital-Inclusion-Benchmark-Insights-Report-March-2022.pdf (accessed: 29.05.2023).

Reviews

Miscellanea Anthropologica et Sociologica 2023, 24(2–3): 155–157

Karol Górski[1]

Review of the Book by Marco Marzano *The Caste of the Unsullied. Priests, Love, Sex*

Marco Marzano, 2022, *The Caste of the Unsullied. Priests, Love, Sex*, transl. K. Żaboklicki, Warszawa: Wydawnictwo Czarna Owca, pp. 272.

The book by Marco Marzano, an Italian sociologist who deals with religion and the Catholic Church, is published in terms of the trend of publications containing the memoirs of former priests and seminarians (as an example, there are two volumes by Robert Samborski: *Sakrament obłudy. Wspomnienia z seminarium* and *Kościoła nie ma. Wspomnienia po seminarium* or Frederick Martel's *In the Closet of the Vatican: Power, Homosexuality, Hypocrisy*). The work includes narratives concerning the sexual lives of priests and seminarians: the sexual lives that took place behind the walls of the seminary, as well as after leaving it, when the process of finding oneself in the social role of a priest took place. The author emphasises that the book constitutes a form of opposition against the hypocrisy of the clergy – it is intended to reveal what is carefully hidden from the faithful, what does not get into the public sphere, but forms the backstage of life in the seminary and the clergy house. Therefore, it constitutes a sociology of unmasking, revealing the actual lifestyles of a significant number of priests, as well as the institutional patterns of clerical socialisation and relationships within the clergy community. Unlike many journalistic positions, Marzano's publication is distinguished by conducting lengthy field research and a group of interviewees comprising dozens of former and current priests. How can the effects of this research be assessed?

[1] University of Warsaw, karol_gorski@gazeta.pl.

Because of the way it is written, it seems to be located between scientific literature and social reportage. The language is firm and vivid, excerpts from the interviewees' narratives are often recalled – the reader is swept away by the told stories, delves into them, absorbs personal confessions and piquant details. Extensive portions of the referenced interviews are very rarely analysed – it is a "collective confession", the content of which in itself is meant to carry the answers to the research questions posed by the author. The confessions are so captivating and poignant, the author might say, that there is no need for additional analytical encapsulation. However, such practice may come as a surprise to more academically-inclined readers expecting a more thorough treatment of the interviewees' narratives.

The author declares the use of the Goffmanian category of a total institution and Michel Foucault's concept of pastoral power. However, the former category appears much more frequently. The description of a seminary as a total institution is not new; discussions on the issue have already appeared in the Polish media (formulated, for example, by the former monk and philosophy professor Tadeusz Bartoś). The seminary channels sexuality – not always effectively as evidenced by affairs between clergymen – which later erupts with redoubled force when ordained priests enter into further sexual relationships (with men and women). After reading Marzano's work, it is possible to come to the conclusion that the seminary does not establish any superego, guarding virtue, but instils mutual loyalty, forms an organisational culture that builds the cohesiveness of the social category of priests. However, this loyalty is not absolute and unwavering, as evidenced by the willingness of interviewees to share their personal (sometimes traumatic) stories with the author and cases of resigning from the priesthood. The impact of the total institution is therefore problematic, although the description of a seminary's functioning makes it possible to understand the meanderings of priests' sexual lives as they leave the seminary walls and settle into parishes.

The reviewed work also constitutes a study of the perfidy of churchmen – their perversity, their deliberate exploitation of the symbolic capital associated with the position of a priest; this capital allows for further sexual conquests. The practised profession becomes a sexual magnet – paradoxically making it easier rather than more difficult to break the principles of celibacy. There is a certain aporia in the functioning of the church institution: sometimes the church threatens sanctions and removes from its ranks clerics and priests who break celibacy, sometimes it scrupulously conceals and lets go of their sexual misconducts. Interestingly, according to the Italian sociologist, it is heterosexual, not homosexual infidelities that are stigmatised more strongly and they actually pose a threat for the church. That is because, the Church's social structures are supposed to be filled with homosexuals, which, another paradox, works in favour of the functioning of the institution of the Catholic Church, protects its stability and reputation (p. 175). Stigmatising homosexuality, as emphasised by

Marzano, makes it possible to discipline not only the faithful, but also the homosexual priests themselves, who know completely well that they should hide their orientation and their views concerning homosexual relations. This is the latent function of the discourse on (homo)sexuality actively reproduced by the Church's agendas.

In my opinion, this is the most interesting element of the reviewed publication, but the category of total institution does not exhaust the topic In order to develop it, concepts would be needed that put a stronger emphasis on interpersonal relations, on hidden alliances, on a culture of collusion and silence, on lying as a form of social action, and on tabooing certain social facts and practices. Single references to Anselm Strauss and Barney Glaser as well as Orwell's *1984* cannot explore the topic. Perhaps introducing micro-sociological and anthropological categories, and following them consistently, would better illuminate the described culture, bringing out its nuances and dimensions.

I believe that treating also other themes in a more analytical manner, sharpening them and encapsulating them with literature would have increased the book's scientific value. I mean, for example, the aspect of psychosexual immaturity of church people. Marzano emphasises that a significant proportion of clerics are individuals unprepared for independent life, having problems in establishing social contacts, with little ontological security. This is supposed to result from family relationships – mainly disturbed contact with mothers. This psychoanalytic trail begs to be developed further, for instance to evoke the work of Sigmund Freud or Melanie Klein (for whom the figure of the mother was significant). Not going into details may give fuel to those who proclaim that pathologies of the family structure are responsible for developing a homosexual orientation.

It is also significant that the author often highlights the similarities of findings and conclusions made by other authors writing concerning the sexual lives of priests or the organisational culture of the church. What I miss is a clear indication and emphasis on what makes Marzano's publication different from other academic works, what goes beyond the research undertaken so far – underlining in which points does the book open up new threads and plots. In the current situation, the reviewed work solidifies a certain image rather than sharpening and expanding it. It recapitulates but does not create a new quality. However, one of the advantages of the revised book is that it is able to present the results of social research in a form that is digestible for people outside the academic field. Like Martel's *In the Closet of the Vatican: Power, Homosexuality, Hypocrisy*, it reveals the dark secrets of the sexual lives of priests, although it constitutes only a starting point for reflecting on the moral condition of this group and the structures of power and solidarity inside the Catholic Church. Such publications are able to have an impact on the public opinion, shining a light on the institutional mechanisms that produce a caste of seemingly impeccable people.