Quarterly Journal Fides et Ratio
Issue 66(2)2026, ISSN 2082-7067, Pages 68-81

Dialogue in crisis intervention: A pragmatic-linguistic analysis of communication mechanisms. A comparative case study[1]

https://doi.org/10.34766/n8g7y228

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Abstract: This article examines the role of communication in crisis intervention, focusing on its regulatory, cognitive, and relational functions. The aim of the study is to identify communication mechanisms that contribute to effective intervention and to analyze factors leading to its failure, with particular emphasis on the linguistic and pragmatic dimensions of dialogue. A qualitative research approach was adopted, based on a comparative analysis of two case studies representing dialogic (effective) and directive (ineffective) communication. The analysis indicates that the dialogical nature of communication, understood as co-creation of meanings and adapting the response to the emotional state of the interlocutor, is an important factor contributing to the effectiveness of the intervention. In the effective case, communication was structured and supportive, enabling emotional regulation, cognitive restructuring, and an increased sense of agency. Techniques such as paraphrasing, emotional reflection, and open-ended questioning facilitated the organization of experience and the gradual reduction of emotional tension. In contrast, the ineffective case was characterized by directive communication, involving imposed interpretations and advice-giving, which triggered psychological reactance, reduced trust, and hindered the intervention process. The results suggest that emotional regulation is a prerequisite for cognitive processing, and its absence prevents meaningful reconstruction of experience. Furthermore, effective communication requires flexibility, responsiveness, and sensitivity to the social context of the individual's narrative. The study highlights the role of language as a tool for meaning-making and offers practical implications for developing communicative competence in crisis intervention.

Keywords: cognitive restructuring, crisis communication, dialogue, discourse analysis, emotional regulation

1. Introduction and research objectives

Communication in crisis situations constitutes one of the key mechanisms regulating both the course of intervention and its ultimate outcomes. The literature emphasizes that a crisis is not merely an objective event, but a subjective experience, strongly shaped by the way it is communicatively processed (Kubacka-Jasiecka, 2010; Schneider et al., 2024). This means that language, understood as a tool of dialogue, not only reflects the emotional state of a person in crisis but also actively co-constructs it. In this sense, communication becomes a space for the regulation of emotions, cognition, and interpersonal relationships.

As noted by Shahi, Clausen, and Stieglitz (2022), communication disseminated by influential actors on social media can shape how crisis situations are perceived and interpreted by the public. Such communication may affect behavioural responses and levels of trust in institutions, underscoring its critical role in crisis management and public engagement (ibidem, cf. Kumalasari et al., 2024).

In the context of crisis intervention, dialogue becomes particularly significant as a form of interaction in which meanings are co-constructed and the psychological reality of the individual in crisis is negotiated. Contemporary research on communication stresses that messages do not function in a cognitive vacuum. Schneider et al. (2024) note that in crisis situations, "numbers do not speak for

1 Article in Polish language: https://stowarzyszeniefidesetratio.pl/fer/66p_Dabr.pdf

themselves" (p. 3), which aligns with earlier findings in risk communication, namely that meaning is not inherently embedded in the structure of a message but emerges through the process of interpretation by the recipient. In crisis situations, where perception is strongly modulated by emotions, this process becomes particularly susceptible to distortion. The authors also point out that "risk is not just a number, it is a feeling as well" (Schneider et al., 2024, p. 6), indicating an inseparable link between communication and the emotional experience of the individual. From a linguistic perspective, this implies that the analysis of dialogue in crisis intervention should consider both the semantic and pragmatic levels of utterances, as well as their regulatory function.

Research on communication in digital environments is also relevant, as it reveals analogous mechanisms through which language influences communicative effectiveness. He et al. (2022) note that help-seeking requests on social media must attract sufficient public attention and be promptly directed to the appropriate recipients in order to receive timely assistance. The authors further argue that the enormous volume and diversity of crisis-related messages may reduce the visibility and effectiveness of help-seeking communication, leading to what they describe as communicative overwhelm (ibidem). Similar mechanisms may occur in direct intervention settings, where a lack of communicative structure or excessive message complexity can hinder understanding and weaken contact with a person in crisis.

The relational dimension of communication is equally important. Research on team communication indicates that effective dialogue requires psychological safety, understood as a shared belief that individuals can express themselves without fear of negative consequences (Edmondson, 1999). When people perceive that their perspectives are acknowledged and respected, communication becomes more open and collaborative (Newman et al., 2017). In crisis intervention, this translates into the need to create a dialogic space grounded in empathy and active listening.

There is also a risk that communication errors may generate significant consequences at both the individual and social levels. Su et al. (2022) indicate that inconsistent messages may weaken trust in institutions and lead to confusion, negatively affecting adherence to safety recommendations. In the context of individual intervention, this can be related to a loss of trust in the intervener (cf. Gollust, Nagler, & Fowler, 2020).

On this basis, the central research problem of this article can be formulated as follows: why do some crisis interventions lead to emotional regulation and improved functioning of the individual, while others result in the intensification of the crisis? Addressing this question requires viewing communication as a dynamic process in which meanings are not merely transmitted but co-constructed in interaction, and where language fulfils regulatory, cognitive, and relational functions.

In this light, the aim of this article is to provide a pragmatic-linguistic analysis of communication mechanisms manifested in two contrasting forms of dialogue: supportive dialogue, which facilitates emotional regulation and the restoration of a sense of agency, and directive dialogue, which leads to increased tension and cognitive disorganization. The analysis is based on two realistically constructed case studies illustrating differences in meaning-making, the organization of experience, and responses to the emotional state of the interlocutor.

The article is structured as follows: the present introductory section outlines the research objectives and introduces the topic of this cognitive case study. The second section presents key definitions related to emotions and communication in crisis, as well as the theoretical framework for dialogue analysis. The third section describes the research methodology and the case studies. The fourth section is devoted to the analysis of findings, while the fifth section concludes the article with final remarks.

2. Theoretical framework: emotions, communication and dialogue in crisis situations

The analysis of communication in crisis intervention requires grounding in an interdisciplinary theoretical framework encompassing the psychology of emotions, pragmatic linguistics, and crisis communication theory (James & Gilliland, 2020). Contemporary

approaches emphasize that communication in crisis situations is not merely the transmission of information but a complex regulatory process involving dynamic interactions between emotions, cognition, and language (World Health Organization, 2011; James & Gilliland, 2020). Psychological support in crisis situations relies on attentive listening, emotional attunement, and communication adapted to the needs and circumstances of affected individuals (World Health Organization, 2011). Within this perspective, dialogue becomes not only a tool for describing reality but also for constructing and transforming it, as confirmed by both constructivist and dialogic approaches. According to these perspectives, language does not passively reflect the world but actively participates in its creation. From a linguistic standpoint, meaning emerges through social interaction, and discourse itself constitutes a form of social practice ("discourse is a form of social practice"; Fairclough, 2010, p. 63; cf. Wodak & Meyer, 2016). From a socio-cognitive perspective, meaning is not solely a property of the text but arises from the interaction between language, social context, and participants' interpretations (van Dijk, 2016).

One of the key starting points for analysing communication in crisis intervention is the understanding of emotions as factors that directly influence cognitive, attentional, and communicative processes, shaping how individuals perceive, interpret, and respond to stressful situations (Gross, 2015). Schneider et al. (2024) emphasize that "humans are not rational machines: our judgments and decisions are shaped by our emotional reactions" (p. 6). In crisis situations, the reception of a message is strongly modulated by the emotional state of the recipient, which necessitates consideration of its affective dimension. According to these authors, "information that evokes emotions can grab and hold our attention" (ibidem). Thus, emotions perform a selective function, influencing which information is noticed and processed. In the context of crisis intervention, this means that the way utterances are formulated, including their emotional valence, can either enhance or reduce communicative effectiveness. At the same time, excessive emotional intensity in communication may produce counterproductive effects, such as cognitive overload or withdrawal.

At this point, the role of communication as a tool for emotional regulation becomes particularly important. Su et al. (2022) indicate that effective crisis communication should be based on "people-centred and empathetic" strategies. From a linguistic perspective, this entails the use of communicative means that facilitate relationship-building and tension reduction, such as paraphrasing, emotional reflection, and open-ended questions.

Dialogue in crisis intervention thus fulfils a regulatory function, enabling the gradual reduction of emotional arousal and the restoration of cognitive capacities. Evidence suggests that supportive interpersonal communication may buffer the negative psychological consequences of crisis-related stress and facilitate emotional regulation (Elliott et al., 2018; Shao et al., 2021). The role of the intervener is therefore not to solve the problem but to assist the individual in regaining access to rational thinking, bodily awareness, and contact with reality.

This process depends not only on the content of communication but also on its form and the quality of the relationship, as interaction, understood as a space for the expression and co-regulation of emotions, enables the reduction of tension and cognitive reorganization. Research indicates that individuals in stressful situations regulate emotions through communication and the sharing of experiences with others, which constitutes a key adaptive mechanism (Wang, 2026, p. 33; Yao et al., 2024). In this sense, language does not serve solely an informational function but becomes a tool of psychological stabilization, supporting the reduction of tension and the restoration of cognitive-emotional balance. This is further confirmed by studies on crisis communication, which demonstrate that appropriately selected communication strategies can effectively reduce negative emotional impact (Cai et al., 2023), underscoring the role of language as a regulatory tool in crisis situations.

From the perspective of crisis communication theory, it is also important to distinguish between informative and persuasive communication. Schneider et al. (2024, p. 5) note that communication may aim either to inform or to persuade, which is particularly significant in crisis intervention. Excessive persua-

siveness may activate resistance mechanisms known as psychological reactance (Steindl et al., 2015; cf. Doliński, 2005), whereas dialogic communication based on empathy and presence facilitates emotional regulation and relationship-building (Elliott et al., 2018; Jagieła, 2004). In practice, this implies the need to limit directive communication in favour of supportive dialogue.

An important component of the theoretical framework is also the Situational Crisis Communication Theory (SCCT), which assumes that the effectiveness of communication depends on the alignment of strategies with the nature of the situation and the perceived level of responsibility for the crisis. As W. Timothy Coombs (2021) states, "crisis managers should match responses to the level of crisis responsibility", which implies the need for flexible adaptation of communication to situational context. From a dialogic perspective, this translates into the intervener's ability to respond not according to rigid schemes but in accordance with the current emotional and cognitive state of the interlocutor. Effective crisis communication requires continuous adaptation of communicative strategies to the needs, perceptions, and emotional reactions of the recipient (Schneider et al., 2024). Such responsiveness is consistent with evidence indicating that empathic attunement and sensitivity to the client's experience facilitate emotional regulation and strengthen the helping relationship (Elliott et al., 2018). Nevertheless, the use of structured communication frameworks and established crisis intervention techniques, such as reflection and paraphrasing, which support emotional regulation, as well as the organization of facts facilitating cognitive restructuring, remains a fundamental mechanism of intervention (Kubacka-Jasiecka, 2010).

An essential element of intervention is enabling the person in crisis to tell their own story. Narrative serves a regulatory function by organizing experience and providing it with cognitive structure, which facilitates more effective understanding and reduces emotional tension (Oleś, 2022; Yao et al., 2024). The concept of dialogicity in communication is also particularly relevant in this context. Research on crisis communication indicates that the process is inherently co-constructive, i.e. participants jointly assign meaning to the situation (Weick, Sutcliffe, & Obstfeld, 2005). This means that dialogue is not a one-way transmission but a process of negotiating meaning in which both the intervener and the individual in crisis co-construct the interpretation of events. Such a model strengthens the sense of agency and supports emotional regulation (Elliott et al., 2018; Oleś, 2022).

The literature also highlights the role of trust as a key component of crisis communication. Studies indicate that dialogic communication based on calmness, transparency, and rational justification can foster a sense of safety and trust, which directly contributes to the effectiveness of intervention efforts (Hyland-Wood, Gardner, Leask, & Ecker, 2021). In the context of individual intervention, this means that the manner of communication—calm, non-judgmental, and grounded in the situation—forms the foundation of the helping relationship.

Trust is closely linked to the social nature of crisis communication. Research shows that in crisis situations, participants engage in processes of shared understanding and mutual support, involving both the exchange of information and the co-construction of meaning and norms of action (Hyland-Wood et al., 2021; Tworzydło, 2022). Effective crisis communication relies not only on the transmission of information but also on the development of credibility, trust, and stakeholder relationships, which are essential elements of crisis management (Tworzydło, 2022). In individual intervention, this is reflected in the presence of multiple "voices" within the narrative of the person in crisis, such as relational experiences, social norms, and cultural beliefs, which jointly shape the interpretation of the situation and the response to it.

In summary, the theoretical framework of this study is based on the assumption that communication in crisis situations is a multidimensional process encompassing emotional, cognitive, and social aspects. Dialogue and active presence constitute key regulatory tools in this process, and their effectiveness depends on the quality of the relationship, the structure of communication, and its alignment with the recipient's state.

3. Methodology and dataset

The aim of this study is to achieve an in-depth understanding of the dynamics of communication in crisis situations and to identify mechanisms that facilitate emotional regulation and the restoration of a helping relationship. A qualitative research approach is adopted, enabling the analysis of complex individual experiences in the context of subjective crisis perception. The study is based on the analysis of two case studies, which allow for capturing the processual and contextual nature of crisis communication, including both effective and less effective communicative practices.

3.1. Methodological approach

For the purpose of the study an exploratory-interpretative case study method was employed. This approach is particularly useful in research on crisis communication, as it allows for the analysis of interactions in their natural context while accounting for both emotional and cognitive dimensions of participants' experiences. The analysis was qualitative in nature and informed by an interpretative perspective, which assumes the co-construction of meaning in communication.

The research material was subjected to thematic analysis, focusing on the identification of key categories such as: the intervener's response strategies, forms of communication (e.g., reflection, paraphrasing), manifestations of emotional regulation, and elements contributing to trust-building and a sense of agency in the person in crisis. Additionally, the analysis included categories of communication errors, such as excessive directiveness, minimization of emotions, and a lack of responsiveness to the interlocutor's state.

Within the adopted methodology, a comparative analysis of two case studies was conducted, aimed at capturing differences in the course and outcomes of crisis intervention depending on the communication strategies employed. The analysis focused on comparing modes of dialogue, including the use of communicative techniques (e.g., reflection, paraphrasing, directive statements), as well as evaluating their potential impact on emotional regulation, participant engagement, and the overall intervention process.

The comparison of cases was qualitative and interpretative, aiming to identify key analytical categories such as dialogicity, adequacy of the intervener's responses, the presence or absence of elements supporting emotional regulation, and potential communication barriers. A detailed analysis of these aspects, with reference to the adopted theoretical framework, is presented in Section 4.

3.2. Characteristics of the case studies

The study includes two realistically constructed cases of students enrolled in Applied Linguistics at Maria Curie-Skłodowska University in Lublin, experiencing psychological crisis. These cases do not represent individual real-life interventions but rather analytical reconstructions of typical crisis situations reported in the academic environment. They were developed based on relevant literature, teaching experience, and recurrent communicative patterns observed in practice, which allows them to be treated as representative models of specific types of interaction. A contrastive selection was applied to enable a comparison between more dialogic and more directive communication styles.

Case 1 – adaptation crisis and academic overload (effective intervention)

The first case concerns a 21-year-old first-year Applied Linguistics student who sought help due to an increasing sense of being overwhelmed by academic demands. She experienced difficulties adapting to a new environment, high academic expectations, and performance pressure. Symptoms included chronic stress, sleep disturbances, low mood, and a sense of losing control over the situation.

During the conversation, she also revealed strong beliefs about the necessity of meeting high standards and a fear of failure. The intervention communication focused on enabling the student to narrate her experience, organize her thoughts, and identify sources of tension. Techniques such as reflection and paraphrasing were applied, which contributed to reducing emotional tension and enhancing cognitive clarity.

Case 2 – relational crisis and social isolation (less effective intervention)

The second case concerns a 24-year-old final-year Applied Linguistics student who experienced a crisis related to the breakup of a long-term relationship and a sense of social isolation. He reported symptoms such as low mood, difficulty concentrating, and decreased motivation for academic work. Additionally, he experienced difficulties in re-establishing social connections after the end of the relationship.

In this case, the intervention process was suboptimal. The intervener adopted a directive communication style, focusing on giving advice and suggesting quick solutions ("you should focus on your studies", "you need to go out and meet people"), rather than exploring the student's experiences and emotions. There were also instances of emotional minimization ("it's normal after a breakup"), which limited the student's ability to fully express his feelings.

As a result, the communication lacked a dialogic character, rather than co-constructing meaning, it became one-sided. The student responded with withdrawal and reduced verbal engagement, indicating a decline in perceived safety and trust within the interaction. No significant emotional regulation or cognitive restructuring of the experience occurred.

3.3. Data selection and characteristics

The research data are qualitative in nature and include reconstructed transcripts of intervention conversations, the researcher's notes, and analytical reflections. Due to the sensitive nature of the topic, the cases were anonymized and modified to protect participants' privacy while maintaining situational realism.

The cases were selected purposively, based on the presence of a crisis situation and the availability of material suitable for communication analysis. The two cases represent different types of crises, i.e. adaptation-related and relational, as well as different levels of intervention adequacy, enabling meaningful comparison.

3.4. Study limitations

The case study method employed does not allow for generalization of findings to the broader student population. However, the aim of the study is not statistical generalization but an in-depth understanding of communication mechanisms in crisis situations. A further limitation may be the subjective nature of data interpretation; however, this was partially mitigated through systematic analysis and grounding in established theories of communication and crisis intervention. Despite these limitations, the adopted approach enables the identification of recurring communication mechanisms of both theoretical and practical significance.

4. Discussion of the research findings – comparative case analysis

The analysis of the two case studies enables an in-depth identification of the communication mechanisms determining the course of crisis intervention. As indicated in the previous sections of the article, communication in crisis situations does not serve merely an informational function but acts as a regulatory tool that may either stabilize or destabilize an individual's functioning. The findings reveal a clear tendency, highlighting a significant contrast between dialogic and directive intervention.

The extended analysis makes it possible to distinguish six key dimensions differentiating the two cases: (1) dialogue structure, (2) emotional regulation, (3) cognitive processing, (4) level of trust, (5) the presence of psychological reactance, and (6) the adequacy of the communication strategy to the situation.

4.1. Dialogue structure as the organizing axis of intervention

The structure of dialogue in crisis intervention serves an organizing function at both the cognitive and emotional levels. In crisis situations, individuals often experience internal disorganization, manifested in

chaotic thinking, difficulty identifying problems, and fragmented narratives. In such a context, structured intervention communication becomes a form of "cognitive scaffolding" that enables the gradual restoration of coherence in experience.

In the first case, the presence of such scaffolding was clearly observable. The intervener not only followed the student's narrative but also structured it through summaries, paraphrasing, and guiding questions. For example, following the student's statement describing a general sense of being overwhelmed, the intervener might respond in an organizing manner: "I understand that you feel overloaded with responsibilities and that you have the impression of losing control over the situation – is that an accurate way of putting it?" Such paraphrasing not only reflects emotions but also condenses the content of the utterance, enhancing its coherence.

At a later stage of the dialogue, guiding questions appeared that facilitated the differentiation of experience, for example: "Which of these situations feels most burdensome for you right now – time pressure, expectations, or something else?" These questions do not impose interpretation but help the student gradually organize her experience, moving from general feelings to more concrete elements of the situation.

An important role was also played by interim summaries, which structured the course of the conversation, for example: "From what you are saying, it seems that the greatest challenge is combining your studies with the pressure you place on yourself – would you like to focus on that for a moment?" Such utterances perform a metacommunicative function, signalling the structure of the conversation and enabling the collaborative management of meaning-making processes. In Anderson's (2012) terms, therapist responses are offered "as a way of participating in the conversation" rather than directing it (p. 16).

As a result, the student's statements became more coherent, and the conversation itself assumed a progressive character – the successive stages of dialogue led to an increasingly structured understanding of experience. The student moved from general, emotionally charged statements ("I can't cope", "everything feels overwhelming") to more differentiated and cognitively organized reflections ("what is most difficult for me is that I don't know where to start and I'm afraid I won't meet expectations").

From a linguistic perspective, the intervener can be seen as a moderator of discourse who does not impose meanings but supports their emergence in a sequential and logical manner. The intervener's utterances supported the interpretative process without determining its outcome. This approach aligns with the understanding of discourse as a social practice (Fairclough, 2010), in which meaning is negotiated rather than unilaterally transmitted.

In the second case, the absence of such structure led to a situation in which the dialogue did not fulfil an organizing function. The intervener did not attempt to structure the student's statements but instead introduced new topics and solutions that were not grounded in the student's experience. As a result, the communication became incoherent and difficult to process, which may have further contributed to cognitive disorganization.

An important element is also the pace of communication. In the first case, the intervener adjusted the pace of the conversation to the student's processing capacities, allowing for the gradual integration of content. In the second case, the pace proved too fast for the recipient and was strongly solution-oriented, potentially exceeding the student's cognitive capacities in a state of crisis.

The structure of dialogue should not imply rigidity but rather a flexible organization of communication. In line with the assumptions of SCCT (Coombs, 2021), effective communication requires adaptation to the situation, meaning that structure should be dynamic and responsive to the interlocutor's reactions. In the first case, such flexibility was present, whereas in the second case a fixed interactional pattern dominated, inadvertently overlooking the recipient's state.

In conclusion, the structure of dialogue constitutes a key element of effective intervention, as it enables the organization of experience, the reduction of cognitive chaos, and the building of a sense of safety. Its absence, by contrast, may lead to communicative disorganization and limit the effectiveness of supportive intervention (cf. Claeys & Coombs, 2020).

4.2. Emotional regulation as a central mechanism of intervention

Emotional regulation constitutes one of the fundamental goals of crisis intervention, as a high level of emotional arousal limits an individual's capacity for rational information processing and decision-making. In the analysed cases, a clear relationship was observed between the quality of communication and the possibility of regulating emotions.

In the first case, the intervener consistently employed techniques that supported the identification and labelling of emotions. Reflection ("I can see that you feel overwhelmed") and paraphrasing enabled the student to gain distance from her own experiences. This process can be interpreted as a form of "external emotion regulation", in which another person assists in organizing and integrating emotional states.

According to the literature, labelling emotions reduces their intensity by activating cognitive processes (so-called *affect labelling*). In the analysed case, this was reflected in a gradual shift from emotionally charged statements to more reflective and structured expressions. The intervener did not avoid emotions but treated them as a central element of communication. This approach aligns with the concept of "people-centred" communication (Su et al., 2022), which assumes that addressing the recipient's emotions increases communicative effectiveness. In practice, this was manifested through direct reference to the student's emotional states and their verbal reflection. For example, in response to the statement "I feel like everything is overwhelming", the intervener might say: "I can see that this is really difficult for you and involves a lot of tension." Such an utterance performs a validating function, it not only names emotions but also affirms their legitimacy.

As the conversation progressed, the intervener could deepen the exploration of emotions through open-ended questions, such as "What exactly makes you feel this way?" These questions are not diagnostic in a narrow sense but serve to facilitate a more direct connection with the individual's experience. It is also important that the intervener did not attempt to immediately reduce emotions but allowed them to be expressed within a safe dialogic space.

In the second case, the lack of an adequate emotional response resulted in the persistence of a relatively high level of tension. Minimizing statements ("it's normal", "others go through this too") may have been interpreted by the student as a lack of understanding, which in turn intensified the sense of emotional isolation. In this situation, the intervener responded in a way that effectively closed the dialogue, for example: "You just need to focus on your studies" or "It would be best if you kept yourself busy so you don't think about it." Such statements typically shift attention from experience to action, bypassing the stage of emotional processing.

In response to emotionally charged statements such as "I feel completely alone" or "nothing makes sense", the lack of further exploration led to a disruption of the processing process. Instead of responses such as "That sounds like a very strong sense of loneliness, can you tell me more about where that comes from?", neutralizing or solution-oriented statements were used that did not directly address the experienced emotions. As a result, the student did not receive validation of his experiences, which prevented their integration.

It can therefore be observed that the difference between the analysed cases did not lie solely in the presence or absence of communication, but in the quality of emotional response. In the first case, emotions were treated as a starting point for further cognitive work, whereas in the second case they were partially overlooked and reduced, leading to the interruption of the intervention process at a superficial level.

An important aspect is also emotional attunement, that is, the intervener's ability to "tune in" to the interlocutor's emotional state. In the first case, this was present, i.e. the intervener responded appropriately to changes in the student's emotions. In the second case, the lack of such attunement led to a discrepancy between the message and the recipient's experience. It is worth noting that emotional regulation does not consist in eliminating emotions but in transforming them into a form that can be cognitively processed. This process was evident in the first case but was blocked in the second.

In conclusion, emotional regulation is not only an outcome but also a precondition of effective intervention. Communication that fails to address emotions loses its regulatory function and may contribute to the intensification of the crisis.

4.3. Cognitive reconstruction and the organization of experience

Cognitive reconstruction constitutes one of the key mechanisms enabling individuals to move out of a crisis situation. It involves a change in the interpretation of experience, leading to a reduction in its emotional burden and an increased sense of control.

In the first case, this process unfolded gradually and was closely linked to the quality of communication. The intervener did not impose interpretations but supported the student in developing them independently. As a result, the cognitive change was internal and enduring. The student began to differentiate between facts and interpretations, which is a fundamental element of cognitive reconstruction. For example, instead of perceiving the situation as "I can't cope", she started identifying specific difficulties, which allowed for a more realistic assessment of the situation.

A similar process can be observed when the student initially expressed a generalized belief: "I'm failing my studies", which was gradually transformed through dialogue. Through questions such as "Are there areas where you are actually managing well?", the student began to differentiate her experiences, arriving at a more nuanced understanding: "I'm struggling with one subject, but I'm doing fine in others." This shift reflects a transition from a global, negative self-assessment to a more accurate and fact-based interpretation.

At another point in the conversation, the student expressed the belief: "Everyone else is doing better than me", which had an interpretative and comparative character. Instead of confirming or denying it, the intervener asked: "What is this belief based on?" In response, the student began to recognize that her judgment was based on fragmented observations, leading to the reflection: "Actually, I don't know how others are doing, I just see that they seem more confident." This process enabled the deconstruction of maladaptive beliefs and their replacement with more realistic evaluations.

This process can be related to the concept of sense making (Weick et al., 2005), according to which individuals actively construct the meaning of events in situations of uncertainty. Dialogue functions as a medium that facilitates the organization of experience, while the intervener, through questions and paraphrasing, supports its gradual structuring and reinterpretation.

In the second case, the lack of dialogic communication prevented cognitive reconstruction. The intervener introduced ready-made interpretations that were not grounded in the student's experience. As a result, no change in thinking occurred, only superficial communicative contact. For example, in response to the statement "I don't see any point in what I'm doing", the intervener responded in a directive manner: "You should approach this more rationally." Such a statement imposes an interpretation ("it's temporary", "it's just a matter of perspective") that does not emerge from the speaker's narrative but is externally imposed.

Similarly, when the student said "I feel completely lost", the intervener replied: "That's because you lack a plan, you just need to organize your time better." In this case, a complex emotional experience was reduced to a single, oversimplified explanation. Instead of exploring meaning, the process was prematurely closed, preventing reinterpretation. As a result, no cognitive change occurred, and the interaction remained superficial, with the student positioned as a passive recipient of communication.

In contrast, dialogic communication would involve responses that open space for reflection, such as: "What makes you perceive the situation in this way?" The absence of such questions in the analysed case indicates that the cognitive process was limited already at the level of interaction.

An important component of cognitive reconstruction is also the sense of agency, understood as the individual's belief in their ability to influence

their own situation. In the first case, the student gradually began to identify areas within her control. For example, after organizing her experience, she could state: "I can see that the main problem is that I postpone studying." Such statements indicate a shift from global negative evaluations to more specific and actionable understandings of the situation.

In the second case, this effect was absent. The student did not formulate his own conclusions or identify possible actions. Instead, he remained in the position of a recipient of the intervener's suggestions, which were not internalized. For example, in response to the statement "you should try to motivate yourself more", he reacted with silence and a brief "maybe", indicating a lack of genuine cognitive engagement. The absence of a sense of agency reinforced his belief that he had no control over the situation, which is characteristic of crisis states.

A high level of emotional tension limits the capacity for reflection and reinterpretation. In the second case, the student functioned under conditions of heightened emotional arousal, as reflected in generalized statements ("I can't cope", "everything feels overwhelming") and difficulty elaborating on them. The intervener, bypassing the stage of emotional processing, attempted to move directly to solutions, which proved ineffective.

For example, instead of a regulating response such as: "It sounds like you are really overwhelmed, let's pause for a moment and stay with that feeling", task-oriented statements were used: "Make a plan and stick to it." Such a sequence of communication bypasses a crucial stage of emotional processing, resulting in a lack of readiness for cognitive work. Consequently, the student remains at the level of emotional experience without the possibility of its reorganization.

In conclusion, this analysis demonstrates that cognitive reconstruction is a multi-stage process requiring dialogic communication, prior emotional regulation, and the development of a sense of agency. The absence of any of these elements limits the effectiveness of intervention and contributes to the persistence of the crisis state.

4.4. Psychological reactance, trust, and safety as interrelated mechanisms of communication effectiveness

The analysis of the second case allows for a deeper understanding of one of the key mechanisms limiting the effectiveness of crisis intervention, namely psychological reactance. This phenomenon, described in the literature as a response to perceived restrictions on individual autonomy, constitutes a significant barrier in supportive communication. According to Steindl et al. (2015), individuals tend to resist messages that are perceived as imposing specific actions or interpretations of reality. In the context of crisis intervention, this mechanism becomes particularly relevant, as individuals in crisis often already experience a diminished sense of control, and additional communicative pressure may intensify resistance.

In the analysed second case, directive statements by the intervener ("you should", "you must") represented a clear example of prescriptive communication. Although such statements are often motivated by a desire to help, they may be perceived as attempts to take control over the situation of the person in crisis. As a result, instead of supporting emotional regulation, they activate defensive mechanisms manifested in withdrawal, reduced expression, and decreased engagement in dialogue.

In this case, psychological reactance manifested in several characteristic ways. First, the student shortened his responses, limiting them to the minimum necessary to sustain the interaction. Second, he avoided elaborating on topics, indicating a lack of readiness to explore his experience. Third, there was a noticeable decline in emotional engagement, which can be interpreted as a protective strategy against further infringement on autonomy. These elements point to a disruption of the fundamental function of communication, namely the co-construction of meaning and the regulation of experience.

In contrast, no signs of reactance were observed in the first case. The intervener employed supportive communication based on open-ended questions, reflection, and paraphrasing, which allowed the student

to maintain a sense of control over the interaction. The absence of directive statements supported the preservation of autonomy, thereby enabling greater engagement in the communicative process.

Psychological reactance is closely linked to the level of trust and perceived safety within the communicative relationship. Trust is a necessary condition for openness and willingness to disclose personal experiences. As Hyland-Wood et al. (2021) indicate, communication characterized by calmness, transparency, and rational justification fosters a sense of safety, which in turn enables effective interaction.

In the first case, trust was gradually built through a series of subtle yet significant communicative elements. The intervener avoided evaluative judgments, allowing the student to express emotions freely without fear of negative assessment. A calm tone of voice and an appropriate pace of interaction contributed to reducing emotional tension. Acknowledging the student's emotions functioned as validation, reinforcing her sense of being understood and accepted.

In the second case, the absence of these elements weakened the communicative relationship. The student did not experience being truly heard, which limited his willingness to continue the interaction. The lack of emotional validation and the presence of evaluative statements were interpreted as a lack of understanding, further intensifying the sense of isolation. Consequently, communication failed to fulfil its regulatory function, and the helping relationship was not fully established.

An important aspect is the inverse relationship between trust and reactance, the higher the level of trust, the lower the likelihood of reactance. This relationship was clearly visible in the analysed cases. In the first case, a high level of trust facilitated openness and engagement, whereas in the second case, its absence led to resistance and withdrawal.

A key element of the social nature of communication is the presence of multiple "voices" within the narrative of a person in crisis, shaped by relational experiences, social norms, and cultural factors. In the first case, the intervener created a space that allowed these voices to emerge and integrate, leading to a more complex and realistic understanding of the situation. In the second case, the absence of such space limited the narrative to a superficial description of events. In this context, communicative alignment should be understood not only as adjusting the form of the message but also as the ability to actively participate in the co-construction of meaning. The intervener is not merely a sender of messages but a co-participant in dialogue, influencing how the individual in crisis interprets reality.

Table 1. Comparison of communication mechanisms in the analysed cases (own elaboration)

Dimension of analysis	Case 1 – dialogic intervention (effective)	Case 2 – directive intervention (less effective)
Dialogue structure	Structured, progressive; use of paraphrasing, summaries, and guiding questions	Chaotic, lack of structure; introduction of new topics without reference to the narrative
Nature of communication	Dialogic, co-construction of meaning	One-sided, prescriptive
Emotional regulation	Present; reflection and validation of emotions	Absent; minimization and neglect of emotions
Level of emotional tension	Gradually decreasing	Persistent or increasing
Cognitive reconstruction	Gradual, based on self-reflection	Absent; imposed interpretations
Sense of agency	Increased; identification of areas of influence	Absent; maintenance of helplessness
Psychological reactance	Absent	Present; withdrawal and resistance
Trust and safety	High; supportive relationship	Low; lack of feeling heard
Participant engagement	High; elaborated responses	Low; shortened responses
Outcome of intervention	Emotional regulation and cognitive reorganization	No change; persistence of crisis

In conclusion, the effectiveness of intervention communication depends on its flexibility, dialogic nature, and sensitivity to the social context of experience. The absence of these elements limits its regulatory function and hinders the process of overcoming crisis.

5. Conclusion and final remarks

The comparative analysis of the two case studies enabled a deeper understanding of the role of communication in crisis intervention and the identification of key mechanisms determining its effectiveness. The findings indicate that communication fulfils regulatory, organizational, and relational functions, directly influencing the process of recovery from crisis.

To provide a synthetic overview of the most important differences between the analysed cases, the key dimensions of intervention communication are presented in tabular form (see Table 1).

The comparison presented in Table 1 indicates that the effectiveness of intervention results from the interaction of multiple interrelated mechanisms rather than from a single communicative factor. One of the main conclusions is the significant role of dialogicity as a factor facilitating effective intervention. In the first case, communication had a co-constructive character, the intervener did not impose interpretations but supported the student in developing them independently. This made it possible to gradually organize experience, reduce emotional tension, and foster cognitive reflection. Dialogue functioned here as a space in which emotions and cognition were integrated, as well as a means of restoring a sense of control over the situation. In contrast, in the second case communication was one-sided and directive, which prevented the activation of regulatory and cognitive processes.

Another important aspect is the role of dialogue structure as a form of "cognitive scaffolding." In crisis situations, characterized by disorganized thinking and fragmented narratives, structured communication enables the gradual restoration of coherence in experience. In the first case, the intervener used paraphrasing, summaries, and guiding questions that supported the organization of the student's statements. As a result, the communication process was progressive and led to increasing cognitive clarity. In the second case, the absence of such structure resulted in a chaotic dialogue and further cognitive disorganization.

The analysis confirms the importance of emotional regulation as a necessary condition for subsequent cognitive processes. In the first case, the intervener actively engaged with the student's emotions, using techniques such as reflection and validation, which enabled a reduction in tension and the restoration of reflective capacity. In the second case, emotions were minimized or overlooked, leading to sustained high arousal and blocking cognitive processing. This finding confirms that attempts to move directly to solutions without prior emotional processing are ineffective.

Closely related to emotional regulation is cognitive reconstruction, which constitutes one of the primary mechanisms for overcoming crisis. In the first case, the student gradually moved from global negative evaluations ("I can't cope") to more differentiated and realistic interpretations of the situation. This process was enabled by dialogic communication, which allowed for the exploration and gradual reorganization of meaning. In the second case, the lack of dialogicity and the presence of imposed interpretations prevented changes in thinking, highlighting the crucial role of the individual's active participation in the interpretative process.

Another important conclusion concerns the role of the sense of agency as an outcome of effective communication. In the first case, the student began to identify areas within her control, as reflected in the formulation of concrete conclusions and action plans. In the second case, the absence of this effect indicated the persistence of helplessness and dependence on external suggestions. This suggests that intervention communication should not only reduce tension but also support the restoration of individual agency.

The analysis also demonstrated the significant role of psychological reactance as a mechanism limiting communication effectiveness. Directive messages containing prescriptive language ("you should", "you must") led to resistance, withdrawal, and decreased

engagement in dialogue. In contrast, communication based on open-ended questions and reflection supported the maintenance of autonomy and increased willingness to engage. This finding highlights the importance of linguistic forms as factors shaping the course of interaction.

Closely related to this is the role of trust and a sense of safety as foundations of the helping relationship. In the first case, trust was built through communicative consistency, the absence of judgment, and appropriate responses to emotions. In the second case, its absence led to reduced interaction and the interruption of the intervention process. The analysis confirms that without a sense of safety, communication loses its regulatory function and cannot lead to lasting change.

It is also important to emphasize the social nature of crisis communication. The presence of multiple "voices" in the narrative of a person in crisis, arising from relational experiences, social norms, and cultural context, indicates that the process of interpretation is not purely individual but embedded in a broader social framework. In the first case, the intervener enabled their expression and integration, leading to a more complex understanding of the situation. In the second case, the absence of such space limited the narrative to a superficial level.

The findings have important practical implications. First, they highlight the need for training interveners in dialogic communication, including the ability to ask open-ended questions, reflect emotions, and avoid directive language. Second, they emphasize the importance of communicative flexibility and adapting strategies to the emotional state of the interlocutor. Third, they point to the need to consider cognitive and emotional processes as interrelated components of intervention.

However, the limitations of the study should be acknowledged. The case study method does not allow for generalization to a broader population, and the interpretative nature of the analysis involves a degree of subjectivity. Additionally, the data were reconstructed, which may affect their precision. Nevertheless, the findings provide valuable insights into communication mechanisms in crisis situations.

In conclusion, communication in crisis intervention is a multidimensional process in which dialogicity, emotional regulation, message structure, and the relationship between participants play a central role. Effective intervention requires not only theoretical knowledge but, above all, communicative competence that enables the creation of a dialogic space conducive to restoring psychological balance and a sense of agency.

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