

FAMILY IN THE SYSTEMS-CENTERED PERSPECTIVE THEORY AND RESEARCH

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Introduction

We live in a time of family crisis. For several decades, the number of newly registered marriages has been on the wane, while various cohabitation forms have multiplied, divorce figures have risen and the birth rate has dwindled, leading to a pronounced slump in Poland's demographics. Consequently, the family remains one of the most relevant topics in today's political debate, and a vital realm to explore by numerous social researchers. This book offers a new range of research into the family by psychologists.

The contributors to this book touch upon a variety of topics, although there is one thing they all have in common: they adhere to the family systems theory. Even though it has been around for several decades, the family systems theory still remains unfamiliar to many and, for example, Polish teachers hardly ever apply it in practice. The situation is only slightly better in psychology, where, for a few years now, a conspicuous growth in studies using family systems theory has been observed, which is largely due to the emergence of several standardized tools for family and marriage research. One such tool is provided by a wide range of questionnaires to study couples and families developed by Plopa, some using the Ziemska model, which enjoyed a lot of popularity in the 1970s and has been only slightly modified by its author. Another tool of this kind is the Polish version of FACES IV-SOR based on Olson's Circumplex Model. These new research instruments clearly offer a fresh look at the family and have given new intellectual stimulus to the authors of the articles in this publication. In fact, this is in line with the idea behind this book, which is to collect empirical studies that are both vital and dispersed and therefore not always easily available. Arguably, this is also the main value of this book, as it collects studies on a variety of topics which nonetheless all adhere to one conceptual framework, namely that of family systems theory. I sincerely hope that the strengths of this book will serve as a theoretical inspiration for new research ideas. I will refrain from discussing the contents of each chapter in detail, since all the chapters have relevant abstracts, and I think that the reader will have no difficulty at all in ex-

ploring them on his or her own. In principle, the book contains reports from empirical studies, but my goal as its editor was also to offer a teaching material which is why the first chapter contains a short introduction about the fundamentals of family systems theory. It is my sincere hope that the chapter will be of practical use to academic teachers and students alike.

That being said, the monograph in its entirety is not aimed at the academia. I believe it may attract a much wider readership, be it psychologists and practitioners working at counseling centers, marriage-guidance counselors or family therapists, social workers, professional counselors and many other professional groups dealing with troubled contemporary Polish families.

I would like to extend my thanks to all the contributors to this book for their insights, which I am convinced are bound to attract a wide readership. The publication of this monograph would not be possible if it had not been for the selfless kindness of the Psychological Test Laboratory of the Polish Psychological Association, which gave the green light to publish it, and Professor David H. Olson, whose decision to forgo the royalties from the sales of FACES IV-SOR in Poland proved instrumental in financing the whole initiative. I would also like to wholeheartedly thank Urszula Augustyńska for her selfless and professional advice on statistical data processing, and Professor Mieczysław Radochoński for his review and pertinent suggestions which allowed the authors to improve their contributions. No words can express my gratitude to Professor Anna Matczak for her extremely thorough, even painstaking, commitment to editing this book, which would never have taken its final form had it not been for her remarkable expertise, patience and kindness, together with her insightful comments both as a researcher and editor.

Andrzej Margasiński

Family Systems Theory: Conceptual Framework and Selected Models

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ABSTRACT

This paper outlines the conceptual framework of family systems theory, also known as family therapy. It goes back to the beginnings of the concept, which derive from L. v. Bertalanffy's General Systems Theory, and its further applications in psychology. Notions such as the principle of the whole, feedback loops, homeostasis, structure and boundaries are outlined. Selected family models are described in detail, including the Steinglass, Bowen, Beavers, McMaster and Olson models.

The beginnings of modern family systems theory date back to 1928, when Austrian biologist Ludwig von Bertalanffy initiated a discussion on a new approach to research in biology which later resulted in his General Systems Theory, a methodological paradigm that replaced the existing linear and causal approach. Even though the paradigm shift has never been complete, General Systems Theory triggered a dynamic development in a number of scientific disciplines, including psychology and family therapy. A number of therapeutic schools directly inspired by systems theory emerged (Namysłowska, 1997; Grześniak, Jakubowska, 2005; Goldenberg, Goldenberg, 2006; Tryjarska, 2006), together with a number of theoretical models and tools for research (Plopa, 2005).

1. BASIC CONCEPTS OF FAMILY THERAPY

Traditional theories describe the family as a group of individuals who live together and create their own dynamics, the latter being interpreted in linear and causal categories. Family systems theory not only explores how other people in-

fluence an individual, but also how the latter's behavior influences other people in the family, school, workplace, etc. This is derived from a fundamental epistemological principle whereby an individual is part of numerous systems and sub-systems, and as such is subject to a number of determinants, a disregard of which has a negative effect on human cognition.

Bertalanffy argues that "a system is defined as a complex set of components in interaction" (Bertalanffy, 1967, p. 69). The whole, composed of several parts, is not always enough to create a system, which only emerges if the components are in interaction and are arranged in a particular manner. The criteria for the identification of particular systems are still open for discussion, whereby several different typologies have been formulated in this respect (Radochoński, 1987). Essentially, family systems theory attaches great importance to organization (the relationships between constituent parts), also focuses on relationship paradigms (contrary to linear relationships) and examines events in their context rather than on their own. In brief, family systems theory is based on the following principles:

1. All parts of the family are interrelated.
2. One part of the family cannot be understood in isolation from the rest of the family system.
3. The functioning of a family cannot be fully understood by simply understanding each of the family members or subgroups.
4. A family's structure and organization are important factors that strongly influence and determine the behavior of family members.
5. The transactional patterns of the family system strongly shape the behavior of family members.

2. THE PRINCIPLE OF THE WHOLE AND FEEDBACK LOOPS

Researchers have identified several fundamental characteristics of a system. The **principle of the whole**, which has been briefly mentioned above, stipulates that the system goes beyond the mere sum of its constituent parts. Consequently, not every complex set of components creates a system, e.g. a family or a class do, while a random group of people at a bus stop do not. The family as a whole constitutes a different quality than its individual members, and it functions as an independent system regulated by unique and specific laws, dynamics, structure etc. Accordingly, one cannot examine a family by merely examining each individual member in isolation of the rest of the system.

One of the distinctive features of family systems theory is the **concept of feedback loops**, which is also probably the most instrumental of all principles

in reshaping our thinking, both in theory and in practice, about the individual and the family. The principle stipulates that any change to any of the elements in the system affects other elements, and vice versa. The behavior of a husband affects that of his wife, and vice versa. An illness to the wife can cause disruption to the everyday behaviors of other family members, while their attitude to her illness can have a negative effect on her going through the illness etc. This kind of feedback may involve a number of actors, and it is often subtle, complex and difficult to grasp both by external parties and family members themselves, as it encompasses mutual perceptions and emotions, communication and needs, in other words, all processes of which the family is often unaware. This is directly related to the concept of homeostasis.

The family, which constitutes an open system, is constantly exposed to vast numbers of external stimuli. An excess of the latter may pose a threat to the system's homeostasis and disrupt family life. While researchers identify **negative** (inhibiting, mitigating) and **positive** (reinforcing) **feedback**, neither of the two should be considered good or bad, since both types perform certain tasks in the system depending on its homeostatic tendencies (Goldenberg and Goldenberg, 2006). Negative feedback prevents change, acts as an anchor and counteracts entropy, but in excess can also be harmful to the family dynamics, as it petrifies the system and has a negative effect on its adaptive capacities. Positive feedback brings change to the system, helps embrace new information and modifies the existing roles in the family. The interaction between the family system and its external environment provides the most benefit when an equilibrium between positive and negative feedback is maintained, which in turn leads to homeostasis between the family and the external environment. That being said, this kind of equilibrium is not something permanent or fixed, and it is more akin to an on-going process. A premise whereby a family constantly strives to achieve an equilibrium inside and outside of its own system (in interaction with the external environment) is one of the fundamental paradigms of family therapy. One of the key problems for family therapy is also how to find an inner balance within the system (and its subsystems) and outside of it (in the external environment), since, as it has already been pointed out, a family losing its adaptive capacities (e.g. due to excessive negative feedback) may take a downward spiral into dysfunction.

The principle of **equifinality**, which stipulates that the final effect can be achieved in many different ways, remains of acute importance to practitioners and therapists. The above principle regulates the relationships both within and outside of the system. Protracted marital conflict can be aggravated as a result of many different factors, which does not necessarily mean that the therapist has to study the couple's entire life history. The principle of equifinality implies

flexible psychotherapy, and it also requires that the therapist adjusts to the patient instead of just following his/her dogmatic ways and enforcing favorite goals and techniques.

3. SYSTEM STRUCTURE COMPONENTS

Every system has its own **boundaries**. The same rule applies to the family. Boundaries that are too rigid hinder communication between the family and its external environment, and they are typical of families which are themselves rigid, strongly hierarchical, often xenophobic and have a propensity for anxiety. Boundaries that are too diffuse in turn pose a threat to the identity of a family, and they can often be found in families with little or no hierarchy, a loose structure and weak bonding. Flexible boundaries are considered optimal, since they give family members a sense of belonging, togetherness and identity while helping them to adjust to new situations, tasks and pressures which occur as a result of their interaction with the external environment. The external boundaries between the family and its environment notwithstanding, families also have internal boundaries between various subsystems within a larger family system, e.g. between husband and wife, father and son, mother and daughter(s), grandparents and grandchildren in multi-generational families etc.

The family systems may vary and they perform their tasks through subsystems. Individuals act as subsystems within the family, and a similar rule applies to **dyads** composed of a husband and a wife, or larger subgroups composed by age, gender or role in the family. Depending on the needs, the family system can accommodate to its various subsystems in order to achieve the reciprocity necessary for human interaction. A child must act as son for a father to adopt the role of a father, but the former may also take on executive powers as the older brother in the absence of the parents.

Each family member may (and in fact does) belong to a variety of subsystems. If members of one subsystem share a powerful bond while remaining open to the outside world, this kind of bonding is called an **alliance**, but when the same bond is focused on pursuing individual goals at the expense of other members (or against them), it is defined as a **coalition**. Minuchin (as cited in: Goldenberg & Goldenberg, 2006) identifies cross-generational and detouring coalitions. Cross-generational coalitions usually occur as fixed and rigid relationships which become dominant structures in the family system. Deviating coalitions emerge when family members try to relieve stress by putting the blame on one another. Triangulation, whereby an external party is drawn into a dyadic relationship to reduce stress in the family, is one of the fundamental concepts

in Minuchin's structural therapy, Haley's strategic therapy and Bowen's multi-generational model. The above process generates a variety of family triangles, or power structures, which alleviate anxiety and help resolve conflicts, but do not necessarily relieve stress.

Alliances and coalitions, together with various **role relationships**, are one of the most common family system structures. Apart from roles which derive from the natural position in the family, i.e. the role of a father, wife, son, grandfather, etc., family members perform psychological roles of which they are either partially or completely unaware, e.g. "the enabler", "the lost child", "the mascot" or "the scapegoat" (Wechsneider-Cruse, 2000; Cierpiałkowska, 1997). One of the key family roles for the process of psychotherapy to occur is that of the "patient", i.e. a family member who is officially considered ill, as it were, and who is referred to therapy by the family. It is emphasized that the complementary nature of family roles has a repeated and decisive effect on family structure, e.g. a submissive wife encourages her husband to be dominant, someone who is irresponsible may draw an overly responsible response from their partner, overprotectiveness can serve as a signal to adopt the role of the ill etc. These relationships act as a self-regulating system and often have an adverse effect on family therapy.

4. HOMOEOSTASIS AS A LIFE PRINCIPLE

A system must have a structure to emerge. Its constituent parts should be inter-related in such a way that they are predictable and allow coherent description. The latter is possible if one can understand **homoeostatic** mechanisms in the system. The above notion was introduced by Cannon, the author of the physiological homoeostasis concept, and was later adopted by psychologist Jackson (1957, as cited in: Steinglass et al., 1987).

In his original physiological model, Cannon argued that the environmental constancy of the body is sustained by a host of neurological and hormonal forces known as **homoeostatic mechanisms**. Steinglass (op. cit.) argues that a complex set of peripheral **servomechanisms**, acting as sensors that monitor the external environment and transfer collected data to the central processing unit, namely the brain are instrumental in the process. They take the form of an integrated complex of reactions (responses) which are constantly adjusted or modified by the information about the external world provided by the sensors.

As a consequence, there are three fundamental characteristics of the homoeostatic physiological regulation model:

1. The need to keep the external environment within defined boundaries, since these boundaries (scope) are necessary for the optimal functioning of the body;
2. The existence of sensors which constantly monitor important environmental parameters;
3. The existence of coordinated input-output mechanisms which form a system of radiating loops (also referred to as **feedback loops**).

Jackson (op. cit.) proposed a ground-breaking claim whereby the above model can also serve to describe regulatory behavior in families, whereas the physiological homeostasis concept serves as an ideal metaphor for the regulatory processes in the family. Jackson observed a propensity in families to behave as if they followed hard-wired behavioral mechanisms which are triggered when the family order is disturbed by internal and external forces. These behaviors seem to restore balance in the family.

The physiological homeostasis model also identifies three underlying causes of homeostatic mechanisms malfunctioning (Steinglass, op. cit.). The first cause is **peripheral sensor deficiencies**. The sensors can simply wear out for some reason, or they may be unable to work properly. It is also possible that environmental change cannot be detected by the sensors. For instance, biological organisms have no built-in sensors to monitor the level of radiation in their environment. Inefficient or inadequate reaction patterns could be the second underlying cause of the malfunctioning of homeostatic mechanisms. This may be due to the misinterpretation of the data received by the central processing unit, and the correct response is not activated as a result. This may also be due to **response system deficiencies**. A heart disease or peripheral blood vessel illnesses make it impossible to control blood pressure regardless of the signals received. The inadequate calibration of environmental sensors is the third underlying cause, for example the **inadequate calibration of a thermostat** connected to a central heating circuit. Thermostats are set to operate within a defined range of temperatures. When a thermostat detects that a temperature in the home is above its optimal range, the circuit is closed and the central boiler is turned off. When a thermostat is set to temperatures which are either too high or too low, it is no longer of any use. A similar rule can be applied to families whose homeostasis is disturbed by the same three causes. Some families simply cannot detect if their inner environment has exceeded its optimal range to an unacceptable degree. Other families are able to successfully detect if something is wrong, but they respond to stimuli with inadequate or inefficient patterns of behavior. Finally, there are also families whose range of restrictions to the external environment is either too narrow or too wide for homeostatic restorative systems to achieve their desired results.

In summary, one may go as far as to say that homoeostasis appears to be a principle of life. Each system is able to survive as long as it maintains its inner and outer homoeostasis. As soon as external stimuli (stressors) irritate the system they upset its balance. Each system (including families) acts by default and often unwittingly to restore its former homoeostasis. Life continues as long as there is a chance to restore it, but if this chance is heavily reduced, entropy sets in, which in severe cases can trigger off the disintegration of the system or its demise.

5. SELECTED FAMILY FUNCTIONING MODELS

The primary focus of family functioning models is on interaction patterns between family members and on relationships between individuals. The family as a system defines the context to be provided in the description of an individual's functioning. The latter's functioning in various psychological roles can only be understood in a wider family context. The context may explain the fact that individuals behave differently in different groups, e.g. an adolescent son is rigid and vigilant in a devoutly religious family, but he becomes casual and free in the company of his friends. The context cannot be perceived as an utterly deterministic force (Plopa, op.cit, p. 46). Individuals also have transcendental capacities in social contexts, and it is inadmissible and simplistic to deprive them of these capacities.

A brief overview of selected family models based on the family systems theory is provided below, their additional value being that they are also linked with operational tools to measure selected variables.

STEINGLASS' FAMILY SYSTEMS MODEL

In his family systems model (1987), Steinglass identifies three critical forces to understand the functioning of the family: **organization**, **morphogenesis** (controlled development) and **morphostasis** (homoeostasis).

The concept of **organization** lies at the very core of the organismic principles inherent in the family systems theory. The primary idea of the latter is that the organizational characteristics of a system create a unity which goes beyond the mere sum of its parts (the principle of the whole). This means that the way the elements fit the system (i.e. the pattern they create) produces a new quality, i.e. something that cannot be predicted based on the total of its constituent parts. Just as it is impossible to predict the characteristic traits of a chemical compound based on the individual qualities of its components, it is equally impossible to predict behavior in the family based on the individual behavior of its members,

be it a husband, wife or child. On the contrary, the family systems theory stipulates that no system can be adequately understood and completely explained if it has already been resolved into its constituent parts. This offers a clear analogy with Heisenberg's uncertainty principle, which stipulates that the very nature of reality makes it impossible to measure two complementary qualities, e.g. a particle's location and its momentum, time or energy. Moreover, no single element or subgroup of elements within the system can be considered independent. The behavior of each family member in the context of the family is simultaneously shaped and restricted by the behavior of all other family members, either individually or as a group.

The concept of organization is a descriptive one. The family systems theory defines living systems as dynamic entities which respond to the other two forces and their combined effect: the **morphogenetic force**, which implies development, change, growth and a tendency to become an increasingly intricate organism over time, and the **morphostatic (homoeostatic) force**, which is usually defined as a complex of regulatory mechanisms necessary to enforce stability, order and control over the system. Although living systems such as families are believed to respond to both these forces, morphostatic forces, in as much as they perform a regulatory role, tend to balance and shape the weight and direction of morphogenetic traits. The concept of **change** in this context is used to describe all sorts of transformation in the organization of the family system, and each response concerns an event or process which temporarily upsets family homoeostasis. This refers to responses to threats which are powerful enough to upset the inner stability of a family. These threats may be brought about by an externally derived **crisis** (redundancy, sudden death, closing of a school, unexpected promotion and the resulting relocation) or an event derived from internal family processes (mental disorder, extramarital affair and a crisis affecting roles in the family).

Development is a term only applicable to predictable change. It serves as a change pattern which has a recognizable structure, typical sequence of events and typical progress over time. Family development is shaped by a sequence of high system oscillation cycles (expansion phases) and protracted low system oscillation periods (consolidation phases). Although individual deviations from these cycles may be significant, a normative pattern can be identified. Atypical behavioral patterns can therefore be detected as soon as they occur. The sequential arrangement of consolidation and expansion phases each time creates a unique *family life cycle*. The need for stability in some families seems to prevail over the need for change, which only occurs under much pressure from the external environment. Morphostatic mechanisms in these families create a "tyranny" effect, since they stifle developmental aspirations for so long that

they can no longer be restricted, and this leads to eruption which often turns into a serious family crisis. Change seems to be an ongoing process in other families. These families, which many typologies define as chaotic, appear to be disorganized, unregulated and out of control. A healthy and functioning family can be defined as a family that is able to balance between morphogenesis and morphostasis, the key to which is an adequate arrangement of regulatory mechanisms and developmental aspirations. The above observation is shared by both theorists and therapists who draw on the family systems theory, and it also correlates with the Olson Circumplex Model, which is presented in the following sections of the paper.

Steinglass argues that other behavior regulators exist besides homeostatic mechanisms, e.g. family temperament and family identity, which he calls **deep regulatory structures**. According to Steinglass, these mechanisms cannot be directly observed or systematically measured, which is why they are called *deep*. Steinglass defines family temperament as a complex set of permanent family styles and behaviors. Like with the individual temperament, the family temperament is the sum of the typical energy levels in the family, the interactional detachment preferred in the family and its typical range of behavior.

Family **identity**, which is another key term in the Steinglass model, refers to a subjective sense of continuity in time, together with a sense of the present and its nature. Family identity is a latent cognitive structure which encompasses a complex range of fundamental beliefs, attitudes and traits shared by the family. The combination of these traits and qualities makes a family unique in that it helps to distinguish it from other families. Subjective as it is, the family identity is a group psychology phenomenon with a **shared beliefs system** at its core. These systems embrace latent (alleged) premises about the roles, relationships and values which regulate interaction in the family and other groups. Although family identity is a cognitive term deriving from these systems, not all family members are always aware of its existence. They are most often only vaguely aware of their relationships and a sense of belonging, and they fail to identify a specific and intelligible version of their shared beliefs system that lends a unique identity to their particular family. Accordingly, the Steinglass model identifies two separate components in family identity: manifest and latent. These two components also create their own dynamics. As families go through a variety of stages in their development, the relationship between their latent and manifest components changes. Serious crises have an effect on this dynamic. When faced with a crisis, the manifest identity of a family is likely to resurface, which serves as a prelude for the family to take action.

The majority of people belong to and are influenced by two family identities: the family they were raised in and the family they have created by marriage and

procreation. The degree to which components derived from the family of origin, i.e. attitudes, values and behavioral patterns, are transmitted into a newly established nuclear family is instrumental in defining whether the latter family has adopted a particular **heritage**. Heritage is a measure of continuity. Thus, each generational transition period presents a family identity with three different lines for development: a family identity may continue unchanged from one generation to the other, but it can also mingle with the family identity of a spouse, or it can even disappear as the newly established family assumes the family identity of a spouse or develops a new and completely different identity of its own.

In his model, Steinglass attaches greater importance to family identity than to family temperament in regulating the transmission of key family system characteristics from one generation to the other. Family identity is a powerful term to explain the issue of continuity/discontinuity in an alcoholic family. Its focus is on transmission between two generations. The above assumptions lie at the core of transgenerational family concepts (Boszormenyi-Nagy context therapy, Whitaker symbol therapy, Bowen theory).

BEAVERS' FAMILY SYSTEM MODEL

Beavers and Hampston (1993) argue that health/competence and the style are two key aspects of the family. **Competence** refers to the degree to which a family system is able to manage and organize family life. In general, the term means family health defined both as an equilibrium (as in the Olson Circumplex Model) and continuity. High competence levels can be found in families with egalitarian leadership, strong parenthood, constructive alliances and clearly defined generational boundaries. A weak parental coalition, coalitions between a parent and a child, and ineffective leadership suggest poor system competence. **Style** refers to bonding and detachment in the family. Two basic trends are identified: centripetal and centrifugal. Style is very much akin to cohesion in the Olson Circumplex Model.

Beavers and Hampston (2000) identify 5 family types: optimal, adequate, midrange, borderline and severely dysfunctional, with competence and style as the differentiating factors. In **optimal** families, family members focus on their family system, they engage in a lot of interaction with one another and they can also share their particular family tasks and goals. Individual intimacy is nonetheless preserved. Family dialogue is open to a variety of standpoints, and individual perceptions and choices are respected by other family members. Individual boundaries and individuation can lead to conflict, although this is resolved quickly. Optimal families are able to negotiate between centrifugal and

centripetal forces. They have the capacity to preserve a sense of individuality, and they are also open to the external world. They are able to maintain rewarding relationships within their family system, exude a positive atmosphere on the outside and assimilate good contacts with people outside the family.

Adequate families differ from their optimal counterparts in that, as an analysis of their past suggests, they would lean more toward controlling the individual behavior of their members, and they are also more likely to resolve conflict by force or intimidation. These families remain relatively effective despite their large share of authoritarian measures and lower satisfaction levels of the parents. Nevertheless, adequate family systems show lower family satisfaction and intimacy levels than their optimal counterparts, and they are also less likely to play together and are less spontaneous, while remaining more stereotypical in performing family roles, both natural and psychological.

The three next family types are **midrange families**. These families are still functional, even though both parents and children are more vulnerable. Much of their focus is on exerting control and influence over individual family members, which to a large extent may be derived from a premise that the world is hostile and other people are unfriendly, and as a result it is necessary to exert control over the immediate environment. Midrange families tend to bond in a stereotypical way: mothers prefer their sons, whereas fathers are more fond of their daughters. They exhibit noticeable differences with regards to style, the latter's possible configurations being centripetal, centrifugal or mixed. **Midrange centripetal** families tend to exert control which is both open and authoritarian as well as effective and approved, and it is also felt as rewarding over a long time period. Parents hardly ever resort to manipulation, and their attitudes as caregivers are accepted by their children. Family members usually adopt stereotypical gender roles: women tend to be more childish and need more care, while men are taciturn and strong. Individuals in centripetal family systems seek satisfaction within the family rather than outside of it, and adolescent children are not particularly willing to leave their family home. Family members in these systems show a lot of trust in the external world and have good communication skills. They express constructive attitudes and are mutually supportive when in conflict. **Centrifugal midrange** families have a tendency to control, sometimes by intimidation, but it is neither as effective nor as accepted as in centripetal family systems. Open hostility, acts of aggression and a sense of guilt tend to prevail. Negative emotions are easily discharged, which may nonetheless lead to attempts at rectifying this behavior. Family members in centrifugal families seek satisfaction outside of the family in their external environment. Children tend to leave their family home early. Family members trust external relationships more than those in their family, communication levels

tend to be rather low, feelings are expressed both scarcely and rarely, and when they are, negative emotions (anger and aggression) usually dominate. Centrifugal and centripetal tendencies alternate in **mixed midrange** families, and it is difficult to say which of the two prevails.

Borderline families are yet another type in the Beavers model. They are highly chaotic, which applies particularly with regards to domination and submission. Individual family members have few or no skills to express their own needs, and they also find it difficult to show empathy. These families are not as dysfunctional as the last group in the model, but they are less effective in their attempts to foster stability than midrange families. Chaos in **centripetal borderline** families is verbal rather than behavioral in nature, and the struggle for control is usually intense but underhand. Open rebellion or expressions of anger tend to face standard disapproval, and they are not treated as a privilege assigned to any of the roles in the family. A large number of people with anorexia or compulsive disorders grow up in such families. Open anger is more commonly expressed in **centrifugal borderline** families. Parental coalitions are particularly weak, while family conflict occurs on a regular basis. Children learn how to manipulate their parents and play them off against each other, which often leads to borderline personality disorders.

The last group in the model encompasses **severely dysfunctional families**. Individual family members show severe communication deficiencies while expressing a high need for interpersonal cohesion. As a result, they find it particularly difficult to negotiate and adjust as a group. Particular individuals have few or no skills to resolve ambiguity or to set themselves goals and pursue them on a regular basis. No person in the family is able to take as the role of a leader. Chaos tends to prevail in these families, while attempts at restoring control are usually made in an underhand and indirect manner. External boundaries in **centripetal dysfunctional** families are virtually impermeable, which is why these families may be perceived as atypical by their neighbors. Children in these families may have difficulty developing harmoniously in certain areas, especially those connected to social interaction. A powerful conflict may occur in these systems between the need for individuality/separation and the pressure for loyalty. Boundaries between the family and its external environment are weak in **centrifugal dysfunctional** family systems. Family members are often active outside their family home, permanent and open hostility can often be observed between particular members, emotional dependencies are ignored and warm and tender feelings are hardly ever expressed. Centrifugal dysfunctional families stand in contrast to their centripetal counterparts, but these differences can sometimes be merely ostensible, since both types share dysfunctional rela-

tionships and low levels of adaptation. Children in both types of families are prone to emotional and social disorders.

Beavers developed two family interaction measurement tools: the *Beavers Interactional Competence Scale*, *Beavers Interactional Style Scale* and *Self-Report Family Inventory*, all of which correlate with Olson's FACES III (op. cit.). Sadly, no Polish version of these tools is available.

MCMASTER UNIVERSITY MODEL

The foundations of the McMaster University Family Model were formulated in the 1970s by three researchers: Nathan B. Epstein, Duane S. Bishop, and Sol Levin (1978). The McMaster model states (Miller et al., 2000) that healthy families should be able to perform three fundamental tasks: basic tasks which are instrumental in nature, e.g. the provision of food and shelter; developmental tasks i.e. to foster each and every member of the family in their development at each and every stage of their lives; hazardous events, i.e. to prevent or manage crises resulting from illness, accidents, redundancy etc.

The McMaster model provides six different dimensions of family functioning:

- problem solving,
- communication,
- roles,
- emotional responsiveness,
- emotional involvement,
- behavior control.

Problem solving marks the family members' ability to respond on time when faced with individual or shared difficulties. Effective families can quickly and easily diagnose problems, analyze how to solve them, adopt certain measures and monitor their effects. Dysfunctional families are deprived of such skills and problems are left hanging, which only aggravates and escalates each crisis. **Communication** refers to the ability to exchange information in a clear and open way. **Roles** refer to the ability to assign and perform tasks in the family. Instrumental tasks are performed to meet the biological and psychological needs of each family member. **Emotional responsiveness** refers to the ability to interact with other family members in a committed and emotional way.

Healthy families have the ability to express a wide range of emotions according to the occasion. Dysfunctional families express emotions too rarely or too often according to the occasion. **Emotional involvement** is defined by emotional relationships with other family members. This particular dimension creates a continuum which ranges from full involvement to the utter lack thereof. The lack of involvement is reflected in selfish attitudes and ignoring others. The

other end of the continuum includes involvement which is so powerful that it obliterates individual boundaries and makes it impossible to define the identity of each family member. This dimension is analogous to cohesion in the Olson Circumplex Model and style in the Beavers Family System Model. **Behavior control** refers to competences developed in the family to manage individual behaviors of its members. Four different behavior control strategies are identified: at one end of the spectrum they are rigid strategies where no room for negotiation is permitted, the other is dominated by chaos, making life virtually unpredictable. Flexible strategies, which are the most effective, and “free rein” strategies, which offer no clear rules to follow, can be found between these two extremes.

Dysfunctional behavioral patterns are defined as individual or shared interaction patterns between family members which affect the family life dimensions presented above. These patterns emerge at the expense of the overall functioning of the family to reduce anxiety in the family as a whole or in its selected subsystems. This produces complex dynamics, since some dysfunctional behavioral patterns can have a negative effect on all family life dimensions, while others can act in a more selective way by improving some areas and aggravating others.

Several measurement tools were developed using the McMaster model: the *Family Assessment Device*, *McMaster Clinical Rating Scale* and *McMaster Structured Interview of Family Functioning*, none of which are available in Polish.

BOWEN'S FAMILY SYSTEMS THEORY

Bowen (1976), who derived his insights from working with families affected by schizophrenia, has largely contributed to progress concerning the family systems theory offered by Goldenberg and Goldenberg (2006) and is even believed to be its author. In his theory, Bowen elaborates on eight interlocking concepts: the differentiation of the self, triangulation, nuclear family emotional system, family projection process, emotional cutoff, multigenerational transmission process, the position amongst siblings, and the societal emotional process.

Each family has to negotiate between two forces which strive for either individuality or togetherness both on intrapsychic and interpersonal levels. Individuals achieve maturity when they learn how to distinguish between feelings and intellect on the intrapsychic level. Only then can their behavior reflect their conscious choices between these two areas. On interpersonal level, individuals have to learn how to experience a sense of intimacy and togetherness with other family members as autonomous individuals who are in control of their own boundaries. Individuals achieve maturity through a process whereby they define which

desired family relationships require that an equilibrium is maintained between their own emotional expression and community life. Someone who learns how to do this becomes a **differentiated self**, who does not easily yield to pressure or other people's emotions. "The ideal here is not to be emotionally detached or fiercely objective or without feelings, but rather to strive for balance, achieving self-definition but not at the expense of losing the capacity for spontaneous emotional expression. The theory does not assume that rational behavior should be pursued at the expense of feeling, nor that it is necessary to suppress emotional expression. Rather, individuals should not be driven by feelings they do not understand. Family systems theory uses the term differentiation to refer more to a process than an achievable goal – a direction in life rather than a state of being" (Friedman, 1991, as cited in: Goldenberg & Goldenberg, 2006). Individuation is a process which carries on throughout childhood and adolescence as new relationships between a child and his or her parents are developed. Adolescents have to learn how to recognize their financial and functional dependencies on parents, how to meet the demands of adult life and how to take responsibility for their own behavior. Normal individuation leads to a discovery that there must be a balance between an adolescent's own needs and family requirements, and both parties must be aware of these dynamics.

Adolescence is a process through which autonomy is achieved, but it does not always bring successful results. If a family system exerts too strong an influence on an individual, the individual may enter into excessive symbiosis with other family members, the extreme form of which Bowen defines as **fusion**, a phenomenon often observed in relationships between schizoid patients and their families. This differentiation creates a spectrum in which fusion, or the utter lack of differentiation, lies at one end of the spectrum, with the **differentiated self**, or **solid self**, at the other. Fusion implies the emergence of **pseudo-self**, which happens in weak individuals who are easily influenced by other family members both on the emotional and intellectual level (Fagan-Pryor & Haber, 1992).

Bowen uses the **fusion-differentiation** continuum to replace his previous concept of **undifferentiated family ego**, thereby supplanting psychoanalytic terminology with notions derived from family systems theory (Goldenberg & Goldenberg, 2006). Individuals reach maturity and appropriate self-differentiation levels as they free themselves from the emotional fetters imposed by their families of origin, which only underlines the multigenerational nature of the relationships which are necessary to achieve it.

Bowen believes that the mean individual chronic anxiety levels, the term being very much akin to what Horney describes as primary anxiety, run parallel to differentiation levels and the ability to find an equilibrium between individ-

uality and togetherness. A conflict between these two forces is a measure of the anxiety experienced. This is where adaptive mechanisms come into play to reduce it. One of the ways to do so is to create emotional detachment. Another way is to forgo some part of one's self to accommodate somebody else's anxiety, which in turn helps to maintain harmony and equilibrium in the system. However, this solution leads to the emergence of **pseudo-self**, an identity dominated by the beliefs and values of other people rather than by one's own.

All families develop particular strategies which protect them from being excessively separated or enmeshed. Well-differentiated families grant a certain degree of freedom to their members, which in turn fosters their development and autonomy. Individual rights and privacy are respected in these systems. Each family member has the right to think, feel and express their opinion by themselves. Poorly differentiated families have little tolerance for individuality. They can show powerful tendencies to stifle any signs of individuality, which can be treated as disloyal and a threat to the family's stability. Poorly differentiated families tend to be highly sensitive to the emotional problems of their members. The anxiety, tension, stress or happiness experienced by one family member are powerfully experienced by his or her household. Well-differentiated families foster mutual respect and a sense of integration and cohesion. Poorly differentiated families are unable to foster an atmosphere of this kind.

These two family types differ in the way they cope with conflict and adversity. Poorly differentiated families tend to resort to triangulation. If there is a conflict between two family members and one of them draws a third into it, the resulting phenomenon is called **triangulation (family triangles)**. Triangles emerge in an attempt to resolve conflict, but it is generally accepted that they usually restrict family members, inhibit their spontaneity, petrify their roles, and preclude them from expressing positive emotions. Additionally, a number of conflicts may be left unresolved. Triangulation usually produces a family system in which conflicted parents tend to draw a child into a fight. Bowen argues that those children who are mentally weakest and prone to family fusion are also most susceptible to triangulation.

Immature parents, who are poorly differentiated themselves, tend to choose their weakest children (not necessarily the youngest) as the objects of their utmost care. As a result, a **family projection mechanism** occurs: poorly-differentiated parents create a mother-father-child triangle and transmit their poorly differentiated selves onto the next generation. "Generally speaking, the probability of triangulation within the family is heightened by the poor differentiation of family members, conversely, the reliance on triangulation to solve problems helps maintain the poor differentiation of certain family members" (Goldenberg & Goldenberg, 2006, p. 200).

Some poorly-differentiated children remain enmeshed in their family relationships. Others attempt to break free from the fetters of their family home by choosing to live far away from it, by becoming emotionally cold and detached from their family, or by separating from their family affairs. Bowen defines this mechanism as **emotional cutoff**, which only helps detach oneself from the direct influence of one's family of origin instead of resolving one's problems or fostering genuine autonomy and self-differentiation. Emotional cutoff mechanisms are in fact an obstacle in the process of developing one's self.

Bowen mainly focused on his work as a therapist, which is perhaps why he has never managed to develop any research instruments to his model.

OLSON'S CIRCUMPLEX MODEL OF MARITAL FAMILY SYSTEMS

The Olson Circumplex Model of Marital Family Systems, which has been widely referenced in Poland recently (Margasiński, 2006, 2009, 2010, 2011), may be safely said to have resonated with researchers, which is best evidenced by the sheer number of studies in this book. The studies presented furnish a number of analyses based on the model, which is why a few fundamental premises of Olson's theory must be outlined.

Olson formulated the main principles for his family model at the end of the 1970s, and he later consistently developed and improved the relevant measurement tools (Margasiński, 2011). At the end of 2004, a heavily revised version of both the model and a basic research questionnaire known as FACES IV (*Family Adaptability and Cohesion Scales*) was published.

This new and renamed version in which the term "Circumplex model" has been preserved purely for historical or sentimental reasons, adopts the major theoretical framework inherent in the previous versions with cohesion, flexibility and communication as the main variables. **Cohesion** is defined as the emotional bond that family members have towards one another (Olson & Gorall, 2006). Cohesion levels in the family are measured using the following specific indicators: emotional connections between family members, boundaries (closed or open), coalitions, time spent together, shared interests and forms of leisure, shared circles of friends and the degree to which other family members are consulted in the decision-making process.

The definition of **flexibility** in the Circumplex Model has evolved over time. Since its formulation in 1979 and up until the mid-1990s, Olson used the term adaptability, which was defined as a family system's ability to change leadership, role relationships and family rules. There were reservations concerning its focus on the potential, instead of actual, efforts for change. It was emphasized that the term runs contrary to the curvilinear dynamics between the family func-

tioning and a given cohesion aspect, since there is no saying that it is “excessively possible” to do something. As they decided to change terminology and replace adaptability with flexibility, Olson and Gorall (2003) shifted their focus from the potential for change to the actual amount of change that occurred in family systems. Conclusions on flexibility should be made *post-factum* based on the degree of change observed in the system. Accordingly, FACES IV was constructed to reflect this new definition. The new definition describes flexibility as the quality of change and the degree to which it takes place in the family system regarding leadership, role relationships and family rules as a result of the negotiation processes among family members (op. cit.). The new definition places greater emphasis on the amount of change in the family (with regards to leadership, roles and rules) rather than the potential for change in the presented family system aspects.

The flexibility levels in the family are measured using the following specific indicators: leadership, negotiation styles, role relationships and family rules.

The third dimension of the Circumplex Model is **communication** (op. cit.). Communication is considered a “facilitating” skill, since it enables all marital, partnership and family systems to alter their levels of cohesion and flexibility.

The main hypothesis in the revised Circumplex Model is that family functioning demonstrates a curvilinear correlation with cohesion and flexibility, while remaining in direct correlation to communication.

Healthy families have moderate cohesion and flexibility levels (far from any of the extremes) and high communication quality. Balanced cohesion and flexibility (ranging from low to high) levels are conducive to the adequate functioning of the family system, while undifferentiated levels (extremely low and extremely high) disrupt the functioning of the family.

The model encompasses three family cohesion scales (which also feature as subscales in FACES IV-SOR¹): *Disengagement*, *Balanced Cohesion*, and *Enmeshment*; and three flexibility scales: *Rigidity*, *Balanced Flexibility* and *Chaos*.

In concluding, cohesion creates a continuum ranging from disengagement at one extreme through balanced cohesion (weak, moderate or strong emotional bonding, but regarding cohesion (sic!)) to enmeshment at the other.



¹ The Polish questionnaire was given the name *Skale Oceny Rodziny* (English: *Family Rating Scales*) to emphasize its utility for family research. However, Olson suggested that the abbreviated name FACES IV-SOR should be used to highlight its links to the original and promote research outcomes. The latter name is consistently used in this book.

Similarly, flexibility creates a spectrum ranging from rigidity at one end through balanced flexibility (low, moderate or strong) to chaos at the other.



Communication is the third key dimension of family life. It is generally accepted that communication is instrumental in human interaction, and in the context of the Olson Circumplex Model it facilitates families in adjusting their flexibility and cohesion levels to situational or developmental demands. Its central position in theoretical works on human and family interaction only goes to show how important it is for scientific enquiry. Various family researchers and theorists focus their studies on this particular category. Despite a general agreement that communication is key for human interaction, it still remains a challenge to provide a detailed study about communication in the family. One of the main problems is its complexity and the sheer number of aspects on which to concentrate in research.

In their seminal *Pragmatics of Human Communication* (1967), Watzlawick, Beavin, and Jackson define the family as a rule-governed system in which family members constantly negotiate and shape the nature of their relationships. Olson and Barnes (2004) describe communication in the family as an activity whereby family members exchange information, plans, thoughts and feelings. Communication in the family may range from weak to very effective.

The authors of the Circumplex Model formulated the following hypotheses regarding communication:

1. Effective communication in the family demonstrates a positive correlation with balanced family systems and a negative correlation with their unbalanced counterparts. Balanced family systems are characterized by increasingly better communication levels than their unbalanced counterparts.
2. Effective communication in the family implies higher family life satisfaction levels.

Families with good and effective communication will have significantly higher life satisfaction levels than their unsuccessful counterparts.

FACES IV-SOR provides a separate **family life satisfaction** scale. This is hardly reflected in the graphic representation of the Model, and although its authors fail to expressly say this, they seem to treat family life satisfaction as an important variable. Olson (2004) defines family life satisfaction as the degree to which family members feel happy and fulfilled together.

Detailed hypotheses elaborate on the main hypothesis of the Circumplex Model which says that balanced cohesion and flexibility levels are conducive to adequate family functioning.

1. Families with higher scores on the *Balanced cohesion* and *Balanced flexibility* scales derive more satisfaction from life. Correspondingly, families with higher scores on the *Unbalanced cohesion* and *Unbalanced flexibility* scales score lower on the *Family life satisfaction* scale. This suggests that balanced families should be significantly happier with their family life than their unbalanced counterparts.
2. Satisfaction with family life exhibits a positive correlation with communication in the family. This suggests that families with high family life satisfaction levels should be enjoying better communication than their less fulfilled counterparts.

Consequently, the Circumplex Model of Marital and Family Systems encompasses the following variables: balanced cohesion, balanced flexibility, disengagement, enmeshment, rigidity, chaos, communication and family life satisfaction. These variables are measured by the scales included in FACES IV, which reveal satisfactory psychometric parameters in both Polish and American versions (Margasiński, 2009).

A normalizing study conducted in the US allowed the identification of 6 family types to be described with FACES IV: Balanced, Cohesively Rigid, Midrange, Flexibly Unbalanced, Chaotically Disengaged, Unbalanced (for a more detailed description, see: Margasiński, 2006; Olson, 2009). A normalizing study in Poland (Margasiński, 2009) has confirmed the fundamental similarities between the profiles: substantial similarities occur between extreme profiles, and selected similarities between their midrange counterparts. Six family types were identified as a result:

Profile 1: Balanced is characterized by the highest scores on *Balanced cohesion* and *Balanced flexibility* scales and low scores on all *Unbalanced* scales. The combination of high scores on *Balanced* scales and low scores on *Unbalanced* scales suggests a family model characterized by high healthy-functioning levels and low disturbed-functioning levels. The resulting family type is described as able to cope with daily stressors and emotional tensions. Families of this kind are the least likely to undergo therapy.

Profile 2: Cohesively Rigid is characterized by high scores on the *Balanced cohesion* scale, high scores on the *Rigidity* scale, higher scores on the *Enmeshment* scale and average scores on the *Chaos* and *Disengagement* scales. The resulting family type is characterized by high emotional bonding and rigidity. Due to the high degree of closeness, it is assumed that these families generally func-

tion well. However, family members may have difficulty initiating situational or developmental changes due to the high rigidity.

Profile 3: Flexibly Disengaged is characterized by high scores on the *Balanced flexibility* scale and high scores on the *Disengagement* scale while the remaining scales show average scores. The lowest score is recorded on the *Rigidity* scale. This kind of arrangement suggests that family members can cope with difficulties if the necessity arises, but on a daily basis they tend to mind their own business and live separate lives. As a result, individuality prevails over togetherness.

Profile 4: Midrange is characterized by average scores on all scales, with the exception of the low score on the *Disengagement* scale. Scores on the *Balanced cohesion* scale, somewhat higher than those on the *Disengagement* and *Enmeshment* scales, indicate high emotional bonding. This family type should generally function well, although scores on the *Chaos* scale suggest that in difficult situations a family may have trouble undertaking joint initiatives and choosing a leader due to protracted negotiations, vague rules and both inconsistent and ineffective actions.

Profile 5: Rigidly Disengaged is characterized by low scores on the *Balanced* scale and average scores on the remaining scales. Low scores on the *Balanced cohesion* and *Balanced flexibility* scales indicate problematic families, although the intensity of these problems will be lower than in unbalanced families. Higher scores on the *Disengagement* and *Rigidity* scales suggest that, when faced with difficulty, family members may tend to stiffen their attitudes at the expense of family cohesion.

Profile 6: Unbalanced is almost the exact opposite of the balanced family type. It is characterized by high scores on all four *Unbalanced* scales and low scores on two *Balanced* scales. This family type is believed to be the most vulnerable of all. Its maladaptive way of functioning is best indicated by high scores on the *Unbalanced* scales, and it also lacks the strengths and protective factors included in the *Balanced* scales. This family type is estimated to be the most likely to undergo therapy.

The Olson theory, together with Beavers and McMaster models, is one of the most prolific in terms of applications for both research and psychotherapy evaluation. The previous FACES III test tools have enjoyed enormous popularity and inspired nearly one thousand different studies (Kouneski, 2000), thereby promising similar interest in its newly revised version.

6. CONCLUSION

This overview cannot list all the theories and family models due to the limited space available, and only insights were presented which are deemed to offer the most options for research applications. Other suggestions were ignored because they are already familiar to Polish researchers, e.g., the Field model (1999), described by Ryś, or Ziemska's theory, which dates back to the 1970s and has recently been elaborated on by Plopa (2005).

Considering the last several decades in psychology, one can safely conclude that the family systems theory has turned out to be extremely inspiring. This remains valid both for psychotherapy and research models and tools. This paper aims to provide a concise overview of the theoretical foundations and practical applications of family therapy, and it is designed to serve as a useful and synthetic introduction into family systems theory. Other valuable works on the topic are easily available (e.g. Radochoński, 1984; Braun-Gałkowska, 1992; de Barbaro, 1994; Cierpiałkowska, 1997; Goldenberg and Goldenberg 2006; Namyśłowska, 1997; Grzesiuk and Jakubowska, 2005; Tryjarska, 2006; Stepulak, 2010).

Regardless of the therapeutic schools or selected research models available, family systems theory is different from causal approaches in that it provides a more comprehensive description of both individuals and entire family systems.

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Characteristics of the Family of Origin and the Socio-Emotional Adjustment of Young Women

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ABSTRACT

The starting point of the considerations is the thesis that social and emotional adjustment depends on the functioning of the family system. The chapter presents four studies that focused on searching for a relationship between dimensions of family systems and social and emotional adjustment. *Rotter Incomplete Sentences Blank* RISB (Polish adaptation by A. Jaworowska and A. Matczak), the *Emotional Intelligence Questionnaire* INTE (N.S. Schutte et al., Polish adaptation by A. Jaworowska and A. Matczak), the *Social Competencies Profile* PROKOS (A. Matczak and K. Martowska) and *Well-being Questionnaire* (KS, A. Matczak and K. Martowska) were used in the research, along with a tool for examining the dimensions of family systems: *Circumplex Model of Family Systems* FACES IV (D.H. Olson). The results of the research confirmed the relationship between the characteristics of family systems and social and emotional adjustment.

1. INTRODUCTION

Many definitions of socio-emotional adjustment exist in psychological literature, which may be understood in different ways depending on the adopted theoretical approach or sources of inspiration. What the authors dealing with this subject have in common is the belief that social and emotional adjustment on the

one hand enables the person to function successfully among other people following social standards, and on the other hand prevents the development of psychopathological symptoms (Rotter, Lah, Rafferty, 1992; Jaworowska, Matczak, 2003; Sękowska, 1991; Zubrzycka, 2010).

Apart from biological factors which greatly determine a person's mental makeup (especially their temperament) and capabilities (intelligence and abilities), environmental factors, including family ones, are undoubtedly vital for socio-emotional adjustment. Research in this field provides rich evidence about the relationship between family characteristics and the child's socio-emotional adjustment. Many scholars (Cassidy et al., 1992; Davies, Cummings, 1994; Denham, 1993; 1997; Eisenberg, Fabes, Schaller, Carlo and Miller, 1991; Henry and Lovelace, 1995; Henry, Sager and Plunkett, 1996; King, 1989; Martowska, 2007, 2009, 2012; Piekarska, 2004; Plopa, 1983; Radochoński, 2009a, 2009b; Szmigielska, 1993; Zhou et al., 1992) emphasize the importance of family intimacy for social and emotional development, as well as the acquisition, formation and development of various socio-emotional abilities and skills. Others point to the role of autonomy in upbringing (Borecka-Biernat, 1995; Plopa, 1983, Radochoński, 2009b; Szmigielska, 1993). An appropriate amount of freedom suitable for the child's age promotes the child's activity, motivates them to establish contacts with other people and develop passions, and therefore enables the development of abilities and skills crucial for socio-emotional adjustment. The quality of socio-emotional adjustment is also determined by the level of demands the child faces and their adequacy to the child's current capabilities. What is absolutely necessary in the process of imparting social norms and standards is the discourse about emotions and feelings, their reasons and consequences, which helps the child acquire emotional knowledge and competencies (Denham and Auerbach, 1995; Dunn and Brown, 1994; Nelson, 1993).

These three characteristics of the family environment – intimacy, autonomy and adequate demands – may be decisive for the child's socio-emotional adjustment. Both an excess and shortage of intimacy, autonomy and demands may generate difficulties in social functioning, e.g. affective or anxiety disorders (Amato and Keith, 1991; Cummings and Davies, 1994; Warner, Mufson and Weissman, 1995), aggressive or avoidance behaviors (Patterson, 1980; Schaffer, 2008) or anti-social behaviors (Denham, 1998; Radochoński, 2009a). In this context it is worth remembering that the degree of socio-emotional adjustment is a result of a complex interaction between individual dispositions and environmental influences. Still, functioning in a “healthy” family minimizes the risk of difficulties and problems with adjustment.

The characteristics of family environment identified above (intimacy, autonomy and adequate demands) are usually understood in a similar way in various

concepts of family, although different words are used to refer to them. For example, David Olson (2010) identified two basic dimensions of family life: cohesion and flexibility, and one auxiliary dimension: communication, which is understood as the ability to communicate in a positive way within the family system. An important dimension (which the model, however, does not emphasize directly) is satisfaction, which could also be considered as an auxiliary dimension (cf. Margasiński, 2011). The author understands cohesion as an emotional bond between family members, and its indicators are e.g. mutual closeness, the quality of psychological boundaries, coalition, cooperation, and the degree of consulting decisions with others. The three levels of cohesion are: disengaged, balanced cohesion, and enmeshed. Flexibility, in turn, refers to the degree and quality of changes occurring in a family system. Flexibility indicators include the rules of relationships between family members, the roles they assume, the scope of leadership and negotiation styles. This dimension also has three levels: rigid, balanced flexibility and chaotic (cf. Margasiński, 2011). The possibility of modifications in flexibility and cohesion is conditioned by positive communication between family members (the auxiliary dimension). The more balanced flexibility and cohesion in a family are, the greater the satisfaction from family life. It is also worth adding that Olson and Gorall (2000), drawing on the concept of parenting styles developed by Diana Baumrind (1991), identify balanced cohesion and flexibility in a family with the democratic/authoritative parenting style. It may be concluded that intimacy, autonomy and adequate requirements are characteristic of this style (Martowska, 2012).

The studies presented further in the article illustrate relationships between the characteristics of the family environment identified by Olson (2010) and the indicators which may show socio-emotional adjustment. The first study measured adjustments directly, using the *Rotter Incomplete Sentence Blank*, and in the second and third studies, emotional and social competencies were used as adjustment indicators, as they allow the individual to function successfully among other people. In the last study, adjustment was studied by measuring the participants' well-being, since it was assumed that mental well-being may be a good indicator of socio-emotional adjustment.

In all the presented studies, FACES IV by David H. Olson (Polish adaptation by Andrzej Margasiński) (2013) were used and referred to as *Family Evaluation Scales* (FACES IV-FES). This tool allows the study of both individuals and whole families. The result is scores on eight scales: *Balanced cohesion*, *Balanced flexibility*, *Disengaged*, *Enmeshed*, *Rigid*, *Chaotic*, *Communication*, and *Satisfaction*. In addition, two ratios can also be calculated, of cohesion and of flexibility, as well as the global score, which illustrates the general functioning of the family. It can assume values of 0 or more whereby the higher the global ratio (higher

than 1) the more balanced the family system is. The participants of the studies presented below were female students who evaluated their own family systems and completed the Polish adaptation (Jaworowska and Matczak, 2003) of the *Rotter Incomplete Sentence Blank* (RISB) by Julian B. Rotter, the Polish version of the *Emotional Intelligence Questionnaire* (INTE) by Nicola S. Schutte et al. (Jaworowska and Matczak, 2001), *Social Competencies Profile* (PROKOS) by Anna Matczak and Katarzyna Martowska (2013), as well as the *Well-being Questionnaire* (KS) by Anna Matczak and Katarzyna Martowska (2011). Not all the participants filled in all the questionnaires and the Rotter test.

2. STUDY 1.

Family environment characteristics versus the results of *Rotter Incomplete Sentence Blank*

The first study aimed at checking the nature of relationships between family system characteristics and maladjustment, defined by Julian B. Rotter as long-term dejection or a sense of misery, difficulties or the inability to cope with frustration, the lack of constructive activity or disturbances in taking or continuing action, as well as the inability to establish or maintain interpersonal relations (cf. Jaworowska, Matczak, 2003, p. 9). On the basis of the previous research results mentioned in the *Introduction*, a negative relationship between the scores in FES scales reflecting good family functioning and maladjustment was expected, and a positive one between maladjustment and the scores in the scales where high scores indicate problems in the family system.

Methodology

Participants

The study involved 52 full-time female students aged 19-25 ($M = 20.42$; $SD = 1.11$), living in the Mazowieckie Voivodship (Warsaw and the surrounding area) but originally from different places in Poland.

Research tools

The Polish adaptation of FACES IV-FES by Andrzej Margasiński (2013) and the *Rotter Incomplete Sentence Blank RISB* (Jaworowska, Matczak, 2003) were used in the study. The test by Julian B. Rotter was constructed as a screening tool to identify maladjusted individuals. In the test, the respondent is asked to finish sentences by writing the missing parts of each sentence after the first words are supplied. Just like in the case of other projective tools, the sentences written by the respondents are supposed to reflect their desires, goals, fears etc. What is unusual for a tool of this kind, the method has an objective evaluation system

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which makes it possible to calculate the numerical score illustrating the general adjustment ratio: the higher the score, the worse the maladjustment.

Results

Table 1 presents the correlation coefficients (Pearson's r) between the family system characteristics assessed by the students and the general adjustment ratio.

Table 1.

Family environment characteristics versus adjustment

FES Incomplete Sentence Blank	
A Balanced cohesion	-0.56*
B Balanced flexibility	-0.60*
C Disengaged	0.42*
D Enmeshed	0.14
E Rigid	-0.10
F Chaotic	0.35*
G Communication	-0.58*
H Satisfaction	-0.58*
Cohesion ratio	-0.47*
Flexibility ratio	-0.43*
Global score	-0.48**

* $p < 0,05$

There is evidently a relationship between family system characteristics and the participants' maladjustment. The dimensions in which high scores prove the good functioning of the family (balanced cohesion, balanced flexibility, communication, satisfaction, as well as cohesion and flexibility ratios and the global FES result) were negatively and moderately correlated with maladjustment. The dimensions which reflect problems in family functioning (disengaged and chaotic) are positively correlated with maladjustment. No correlations were found between the scores of *Enmeshed* and *Rigid* scales and the adjustment ratio.

Furthermore, the results of the *Rotter Incomplete Sentence Blank* achieved by people from two extreme groups (with extreme global FES scores) were analyzed. Two groups, each of 27% participants with the highest and the lowest scores were identified from amongst the students, which corresponded to the 12 highest and 12 lowest *Rotter Incomplete Sentence Blank* scores for students with high and low FES scores. Figure 1 is a graphic presentation of the data obtained this way.

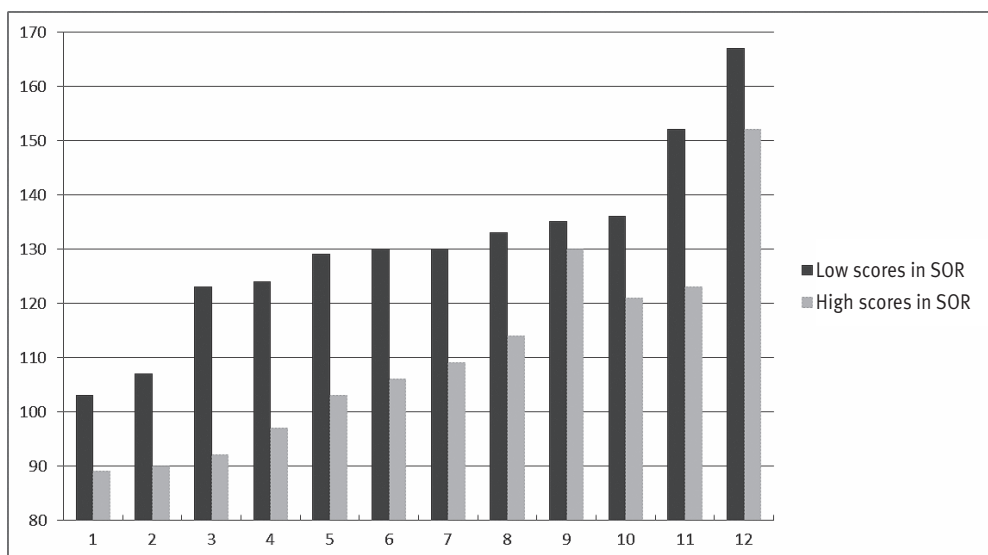


Figure 1. Rotter Incomplete Sentence Blank scores of people with high and low global FES scores.

As we can see in figure 1, among the 12 persons with high FES scores, as many as 11 had results proving good adjustment (the borderline is often set at 125 points, cf. Jaworowska and Matczak, 2003) while only one of the participants had a higher score, 151 points. As for the people who had low FES scores, only four out of the 12 achieved a result in the range reflecting good adjustment, the scores of the others proved maladjustment.

3. STUDY 2.

Family environment characteristics versus emotional skills

It may be assumed that the way of raising a child may significantly affect the development of the child's emotional competencies. Parents can support this process from the youngest age, by properly reacting to the emotional signals sent by their child and satisfying the child's needs, accepting their emotions, teaching the child the appropriate forms of expressing emotions, emotional strategies etc. A high level of emotional competencies lets the child function successfully among other people, and therefore ensures good adjustment. Previous research shows that the "level of democracy" in upbringing determines the level of the child's emotional skills (cf. Martowska, 2012). It can be expected, therefore, on the basis of previous research, that the scores on the FES scales which indicate good family functioning will be positively correlated to the emo-

tional skills of the participants, and the scores of those which prove the existence of problems in the family system will positively correlate with the emotional skills.

Participants

The study involved 148 full-time female students aged 18-25 ($M = 20.34$; $SD = 1.08$), living in the Mazowieckie Voivodship (Warsaw and the surrounding area) but originally from different places in Poland.

Research tools

The afore-mentioned questionnaire, FACES IV-FES and the Polish version of *Emotional Intelligence Questionnaire (INTE)* by Nicola S. Schutte et al., adapted by Anna Ciechanowicz, Aleksandra Jaworowska and Anna Matczak (Jaworowska, Matczak, 2001) were used in this study. INTE is a self-descriptive questionnaire. It includes 33 statements referring to certain emotional abilities and skills, or the lack thereof. The task of the respondent is to assess, on a five-point scale, to what extent each sentence applies to them. Although originally the questionnaire was designed to measure emotional abilities, it seems that the method of measurement used here verifies skills (competencies) more than emotional abilities (emotional intelligence). That is why in this study the questionnaire is treated as a measure of emotional competencies. In INTE, both the global score and two specific ratios can be calculated. One of them refers to the cognitive aspect of emotional competencies, and the other one, to the aspect of activity. For some participants, only the global score was calculated.

Results

Table 2 presents the correlation coefficients (Pearson's r) between family characteristics and the participants' emotional competencies.

As table 2 shows, the dimensions of the *Family Evaluation Scales* related to good adjustment (balanced cohesion, balanced flexibility, communication, as well as cohesion and flexibility ratios and the global FES result) were positively, weakly or moderately (correlations higher than 0.3 are considered as moderate by some authors) correlated both with the global score achieved in INTE and with the two specific ratios. Moreover, the results of the *Satisfaction* scale were positively correlated with the cognitive factor of INTE. A negative correlation (at the tendency level) was found between the chaotic dimension and the global INTE score, and a positive correlation (at the tendency level) between satisfaction and cohesion ratio and the activity factor of INTE.

Table 2.

Family environment characteristics versus the students' emotional competencies

FES	INTE-GS (N = 148)	INTE-AF (N = 93)	INTE-CF (N = 93)
A Balanced cohesion	0.17*	0.25*	0.28*
B Balanced flexibility	0.26*	0.36*	0.33*
C Disengaged	0.01	-0.04	-0.09
D Enmeshed	0.05	-0.12	-0.01
E Rigid	0.03	0.00	0.00
F Chaotic	-0.14+	-0.17	-0.15
G Communication	0.19*	0.29*	0.26*
H Satisfaction	0.14+	0.19+	0.32*
Cohesion ratio	0.06	0.19+	0.10
Flexibility ratio	0.21*	0.26*	0.27*
Global score	0.16*	0.27*	0.22*

* $p < 0,05$; + $p < 0,10$;

INTE-GS – global score in INTE,

INTE-AF – score for the activity factor of INTE,

INTE-CF – score for the cognitive factor of INTE.

STUDY 3.

Family environment characteristics versus social competencies

Previous research has shown that people raised in different ways have different social competencies: individuals whose parents applied the democratic parenting style had higher levels of these competencies, and those whose parents displayed a lack of consistency in upbringing have the lowest level of social competencies (Martowska, 2012). High social competencies allow the person to achieve his/her social goals in a way that is socially accepted, and to function successfully in close relationships. Therefore, a high level of social competencies ensures good adjustment. The study aimed to find out whether the application of *Family Evaluation Scales* allows the relationship between family system characteristics and social competencies to be understood.

Participants

The study involved 55 full-time female students aged 19-23 ($M = 20.21$; $SD = 0.69$), living in Mazowieckie Voivodship (Warsaw and the surrounding area) but originally from different places in Poland.

Research tools

FACES IV-FES and *Social Competencies Profile* (PROKOS) by Anna Matczak and Katarzyna Martowska (2013) were used in the study. The latter measures five types of social competencies: assertiveness, cooperation and sociability competencies, social resourcefulness and community worker competencies, as well as the level of global social competencies. The questionnaire comprises 60 diagnostic items (referring to social competencies) and 30 buffer items (referring to non-social skills). All the items refer to actions and behaviors. The task of the respondent is to assess, on a four-point scale (from *very well* to *not at all*), how well they cope (or would cope) with these activities.

Results

Table 3 presents the correlation coefficients (Pearson's r) between family system characteristics and the participants' social competencies.

Table 3.

Family environment characteristics versus social competencies

FES	Assertiveness competencies	Cooperation competencies	Sociability competencies	Social resourcefulness competencies	Community worker competencies	Global social competencies score
A Balanced cohesion	0.27*	0.18	0.12	0.28*	0.07	0.24+
B Balanced flexibility	0.34*	0.20	0.27*	0.34*	0.37*	0.36*
C Disengaged	-0.15	-0.19	-0.05	-0.19	-0.03	-0.16
D Enmeshed	0.03	-0.09	-0.08	0.00	-0.06	-0.04
E Rigid	0.00	0.06	0.07	0.11	0.14	0.09
F Chaotic	-0.15	0.12	-0.11	-0.06	-0.15	-0.09
G Communication	0.16	0.24	0.15	0.28*	-0.01	0.23+
H Satisfaction	0.22	0.26+	0.17	0.36*	0.10	0.29*
Cohesion ratio	0.20	0.19	0.14	0.23+	0.08	0.23+
Flexibility ratio	0.29*	-0.04	0.17	0.22	0.28*	0.20
Global	0.26+	0.13	0.17	0.27*	0.20	0.25+

* $p < 0,05$; + $p < 0,10$

Table 3 shows that the results on the *Balanced cohesion* scale are positively, albeit rather weakly, correlated with assertiveness competencies, social resourcefulness, and (at the level of tendencies), the global score achieved in the PROKOS questionnaire. The scores of the *Balanced flexibility* scale were positively and moderately correlated with assertiveness and sociability competencies, social resourcefulness, community worker competencies and the global

score of the PROKOS questionnaire. Besides, positive correlations were found between the *Communication* scores and the social resourcefulness scores and (at the level of tendencies) the global score in PROKOS. The scores achieved on the *Satisfaction* scale were positively correlated with the results of social resourcefulness, the global PROKOS score and (at the level of tendencies) with cooperation competencies. Discussing the results, it is also worth pointing out the positive correlation (at the level of tendencies) between the cohesion ratio and social resourcefulness and the global PROKOS score, between the flexibility ratio and assertiveness and community worker competencies, and between the global FES score and social resourcefulness, and, at the level of tendencies, between assertiveness competencies and the global PROKOS score.

STUDY 4.

Family environment characteristics versus well-being

Empirical studies show that functioning in a healthy family is positively related to feeling good, to a certain degree protects against affective and anxiety disorders, and ensures well-being which may be a significant indicator of the person's good adjustment. The next study was designed to find out the relationship between the ratios of the functioning of the family system and well-being.

Participants

The study involved 192 full-time female students aged 18–31 ($M = 20.80$; $SD = 1.82$), living in Mazowieckie Voivodship (Warsaw and the surrounding area) but originally from different places in Poland.

Research tools

FACES IV-FES and the *Well-being Questionnaire* (2011) by Anna Matczak and Katarzyna Martowska were used in the study. The *Well-being Questionnaire* comprises 15 items – expressions referring to different symptoms which may prove that the person is not functioning properly: anxiety, irritation, tiredness, the sense of hopelessness, lack of motivation, sleeping difficulties, excessive sleepiness, lack of appetite, overeating, aversion to interpersonal contact, aversion to going out, changeable mood, tearfulness, pain, thoughts about death. The respondent's task is to determine whether and how often he or she has had these symptoms, using a three-point scale ranging from never (0 points) and rarely (1 point), to often (2 points). The result of the study is the general score being the sum of the scores obtained from all the questions. The higher the score, the worse the condition. The questionnaire's internal consistency, measured with Cronbach's *alfa* on the basis of data from 691 people, is 0.80.

Results

Table 4 presents the correlation coefficients (Pearson's r) between family system characteristics and the well-being of students.

Table 4.

Family environment characteristics versus well-being

FES	Global score of the Well-being Questionnaire
A Balanced cohesion	-0.13
B Balanced flexibility	-0.29*
C Disengaged	0.14
D Enmeshed	-0.02
E Rigid	-0.11
F Chaotic	0.29*
G Communication	-0.18*
H Satisfaction	-0.18*
Cohesion ratio	-0.09
Flexibility ratio	-0.25*
Global score of FES	-0.20*

* $p < 0,05$

Table 4 shows that the scores achieved by the students on the *Balanced flexibility*, *Communication* and *Satisfaction* scales, as well as the flexibility ratio and global FES result were negatively (though not strongly) correlated with the results achieved in the *Well-being Questionnaire*. This means that the higher the scores in these scales, the better the person feels. Moreover, the scores on the *Chaotic* scale were positively correlated with the results of the *Well-being Questionnaire*: the higher the results on that scale, the worse the participants feel.

The author also decided to check whether the characteristics of the family environment are related to the indicators of well-being (items on the *Well-being Questionnaire*). On the basis of the participants' results in FES, two extreme groups were identified: a lower one, characterized by low scores, and a higher one, with high scores. This procedure was repeated separately for each scale. The items on the *Well-being Questionnaire* were transformed from a multi-category form (never – 0, sometimes – 1, often – 2) to a two-category form (“0-1”) in accordance with the method developed by Edwards and Kilpatrick (cf. Brzeziński, 2007). Yule's coefficients of association ϕ were then calculated. For purposes of clarity, table 5 only presents the FES and KS scales for which significant correlations were found.

Table 5.

Yule's coefficients of association ϕ between FES scores and KS well-being indicators.

FES	Anxiety	Irritation - Hopeless- ness	Overeating	Aversion to interpersonal contacts	Aversion to going out	Thoughts about death
A Balanced cohesion			-0.25*			
B Balanced flexibility		-0.25*			-0.29*	-0.22*
E Rigid			0.31*			
F Chaotic	0.30*		0.24*	0.29*	0.30*	
G Communication		-0.28*				
H Satisfaction		-0.28*				
Cohesion ratio					-0.24*	
Flexibility ratio	-0.27*	-0.31*		-0.26*	-0.26*	-0.31*
Global score of FES	-0.24*	-0.28*			-0.24*	-0.31*

* $p < 0,05$

Table 5 shows that the greatest associations were found between the items on the *Well-being Questionnaire* and the scores for *Balanced flexibility*, the flexibility ratio and the global score, as well as the results on the *Chaotic* scale.

6. DISCUSSION OF RESULTS

The studies proved there is a relationship between the family system characteristics and various indicators of the person's socio-emotional adjustment. All the studies showed a positive influence of *Balanced flexibility* and the flexibility ratio on all the studied indicators of adjustment. The obtained correlation coefficients were moderately strong in most cases; the strongest (negative) correlation (-0.60) occurred in the case of the Rotter test. It can be concluded, therefore, that balanced flexibility, which is an indicator of the democratic style, allows children (in this case, daughters) to function successfully around people. It is possibly thanks to the balanced flexibility of the family that children are able to develop their assertiveness competencies, which in turn ensure their well-being. People with high assertiveness competencies are able to effectively defend their rights in accordance with social standards, to influence others, and to resist the influence of other people, express objections or refuse, and not to bear excessive psychophysiological costs as a result. This agrees with the behavioral traits of children raised in a democratic style, as described by Olson and Goral (2003).

The authors describe these children as friendly, self-reliant, cheerful and success-oriented. The obtained results also agree with the data which indicates a strong relationship between life satisfaction and family flexibility (Henry and Lovelace, 1995). Here it is worth emphasizing that *Balanced flexibility* and the flexibility ratio of FACES IV-FES turned out to be most strongly negatively correlated with the score obtained in the *Well-being Questionnaire* (the higher the KS score, the lower well-being), and correlated negatively with particular KS items such as irritation, hopelessness, aversion to interpersonal contact, aversion to going out and thoughts about death.

Summing up the obtained results, it is also worth pointing out the consistent importance of the global results of FACES IV-FES for the socio-emotional functioning of the respondents. The effect obtained when comparing two extreme groups of participants (those with high and low FACES IV-FES scores) in terms of the results of the *Rotter Incomplete Sentence Blank* seems to be significant. It was found that in the group of people originating from the most balanced family systems, only one in twelve had results which indicated maladjustment, while in the group of women who stated that their families are unbalanced, eight out of twelve had results which indicated maladjustment. This proves that the way of raising a child and the long period of parental influence in an unbalanced system may be significant for the child's general adjustment (the Rotter test result), emotions (anxiety, hopelessness), thoughts (about death) and competencies (especially social resourcefulness) in adult life. It is also worth emphasizing that the analyses showed the mediation impact of assertiveness competencies between the balanced family system and the person's well-being.

Furthermore, the conducted studies show the importance of chaoticness. The scores obtained on this scale were significantly and positively correlated with maladjustment (the Rotter test), low well-being and with specific symptoms included in the *Well-being Questionnaire* such as irritation, aversion to interpersonal contact, aversion to going out and overeating. The relationship between the results of this scale and emotional competencies was at the level of tendencies, and was insignificant in terms of social competencies. Another thing worth mentioning is that the high level of chaoticness may indicate either a neglectful or permissive style of parenting (cf. Margasiński, 2013). In the former, parents fail to provide their children with emotional support and teach them consistent rules of behavior, and children from such family systems are lonely, introverted and have low motivation (Olson and Gorall, 2003). The other style may make children hot-tempered and rebellious. Both interpretations seem to be consistent with the obtained data. It can also be supposed that these children have problems with coping in life, and their difficulties may lead to eating disorders (tendency to overeat); this can be especially true of children raised by neglectful

parents. It is also worth quoting the results of studies which prove that most children with symptoms of depression and elevated anxiety level come from chaotic families (Warner, Mufson and Weissman, 1995).

The significance of the characteristics measured by the other scales was less evident, although it is worth mentioning that all of them (apart from the *Disengaged* scale) have interesting correlations with the indicators of adjustment. Interestingly, there were correlations between the *Satisfaction with family life* and *Communication* scales. This correlation prove that they are positively linked to the indicators of the individual's good functioning, and negatively linked in the case of those whose high levels may testify to the occurrence of problems. The results of the *Balanced cohesion* scale and cohesion ratio were negatively and moderately correlated with the Rotter test results (the higher the cohesion, the better the adjustment), and positively with emotional competencies. Moreover, the results of the *Balanced cohesion* scale were, among others, positively correlated with assertiveness competencies and social resourcefulness. This configuration of results may prove that the family system where balanced cohesion is dominant ensures good adjustment and good socio-emotional functioning. This interpretation is confirmed by the results of other studies which prove that the level of family cohesion has an impact on the development of empathy (Henry and Lovelace, 1995). Studies involving a group of habitual criminals also showed that they more often came from family systems with extremely low cohesion, which means poor bonds within the family (Radochoński, 2009a).

In closing, it is worth mentioning that the results of the *Rigid* scale were only correlated with the tendency to overeat; rigidity itself may be characteristic either of a neglectful parenting style or an authoritarian one (cf. Margasiński, 2013).

In summary, the conducted studies have proved that the family system has a significant impact on the individual's adjustment.

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Family relationships and the psychological characteristics of functioning at work

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ABSTRACT

Family and work experiences are interconnected. The majority of work-family research has focused on the negative spillover between the work and family domains. More recently, however, researchers have suggested that participation in one role may enhance or enrich the quality of the experience of another. The objective of this study was to analyze the link between family relationships and the experience of work, expressed as job satisfaction, work engagement and emotional labor. The study was conducted on 137 persons. The results were evaluated using FACE IV-SOR (Margasiński, 2009), the *Satisfaction With Job Scale* (Zalewska, 2003), the *Utrecht Work Engagement Scale* (Schaufeli, Salanova, Gonzalez-Roma & Bakker 2002, adapted by Chirkowska-Smolak, 2012) and the *Emotional Labour Scale – Surface and Deep Acting* (Brotheridge & Lee, 2003; Lee & Brotheridge, 2006; in the Polish adaptation by Finogenow, Wróbel & Mróz, 2015). The results of study indicated a link between family relationships and selected aspects of the job. Balanced levels of family cohesion and flexibility were positively associated with job satisfaction and engagement, and negatively with surface acting. Unbalanced dimensions of family relations correlated negatively with job satisfaction and positively with emotional labor. Effective communication within the family was positively associated with vigor and job satisfaction, and satisfaction with family life correlated positively with job satisfaction and negatively with surface acting.

1. INTRODUCTION

The issue of combining professional and personal roles has recently been investigated increasingly by many researchers. What has been emphasized is the fact that these roles have merged and the boundaries between them become blurred. This merging is a two-way phenomenon (from work to the family and from the family to work) and may be either positive or negative. The traditional approach to the link between work and family focused on negative attitudes related with the conflict of roles. The work-family conflict, according to the conservation of resources theory, assumes that humans have a limited amount of physical and mental resources which they can engage in their major areas of activity, i.e. work and family. Competing requirements from both areas make it difficult to satisfy those expectations and consequently to obtain the internal and external benefits related with them (Eby, Casper, Lockwood, Bordeaux & Brinley, 2005; Edwards & Rothbard, 2000).

For some time now, researchers have pointed out, however, that family and work roles are not only in conflict, but that they also mutually enrich and strengthen each other (Voydanoff, 2002). When describing the positive effects of these interactions, it is assumed that the rewards derived from multiplicity of roles outweigh the amount of stress accompanying fulfilment of family and work-related tasks (e.g. the theory of role accumulation by Sieber (1974)). It has also been pointed out that adaptation and adjustment becomes easier when the possibilities of a family system are higher than its requirements, and that they then have a positive effect on the work role (e.g. family resilience theory by Patterson (2002)). Hobfoll's conservation of resources theory (COR, 2011) on the other hand, developed by Brummelhuis & Bakker (2012), shows that the mutual enrichment of the work and family areas occurs when work and family resources lead to growth in personal resources, that in turn are used to boost productive and behavioral effects, as well as positive attitudes at home and at work. As contextual resources in the family domain, authors indicated support in the form of practical and emotional assistance, autonomy (related to taking decisions about the manner and time at which tasks are fulfilled), the prospects for development and feedback concerning effectiveness or the quality of performance.

According to Greenhaus and Powell (2006), the experiences in one role improve the quality of life in other roles through two paths: instrumental and affective. The authors identified five types of resources which emerge during the fulfilment of roles: skills and perspectives (i.e. a broad understanding of the world), psychological and physical resources, social-capital resources, flexibility and material resources. According to the instrumental path, resources gained in one role (work or family-related) may directly improve the performance in the

other role (in a family or at work). The affective path suggests that resources generated in a given role are accompanied by a positive mental state, which on the other hand improves performance in other roles. In addition, resources coming from one role increase, through both paths, the positive affect in the other role, thereby improving performance. In light of this model, family relationships are treated as social resources. The love and respect gained from family members may improve self-trust, which leads to improved functioning at work. Family support on the other hand, may provide external motivation to obtain professional goals, which occurs by providing advice, guidelines and emotional support (Friedman & Greenhaus, 2000; Grzywacz & Marks, 2000; Voydanoff, 2001). This type of support may be generated in families where the structure of relationships ensures closeness between family members, access to individuals, a proper amount of time spent together and good communication. For better performance in family and work roles flexibility, recognized as the freedom to determine the timing, pace and location where role requirements are met, is also important (Greenhaus & Powell, 2006). For this reason, the ability of a family system to adapt as best as possible to changes occurring in the family and coming from professional life of family members, it constitutes another resource enriching the performance of different roles.

In light of the presented analysis, specific aspects of family relationships appear to be highly significant for the good performance at work of their family members. It is about the emotional bond, the support provided, communication, flexibility, clarity, positive thinking and emotions generated in the family (cf. Hobfoll, 2011). These aspects should be treated as family resources which affect the interpretation of experiences coming from beyond this system, e.g. from the work domain. A holistic description of family relationships according to these characteristics is possible with the use of David Olson's Circumplex Model (Goldenberg & Goldenberg, 2006; Margasiński 2006, 2009; Olson & Gorall, 2003; Plopa, 2005). In particular, the balance regarding cohesion and flexibility, as well as satisfaction with relationships and communication in the family are conducive to the better functioning of the family and its members, which is why they may be seen as a source of resources providing higher work performance by family members.

According to Brummelhuis and Bakker (2012), positive work results refer to beliefs, evaluations or feelings which are valuable for the employee and the employer, such as job satisfaction, work engagement, well-being and low levels of burnout. It is these psychological characteristics of functioning at work and their correlations with the structure of family relationships that are the subject of the research presented here.

2. JOB SATISFACTION

One measure describing the functioning of an individual at work is the satisfaction drawn from the job performed. Job satisfaction is a term used most widely, drawing attention to the subjective nature of the evaluation. Job satisfaction is defined as giving meaning and quality to professional duties (Zalewska, 2003).

While describing the satisfaction drawn from the performance of a job, attention is paid to emotional and cognitive aspects. The emotional aspect involves feelings towards the job and feelings generated at work (Jaros & Zalewska, 2003). The cognitive aspect, on the other hand, refers to what an individual thinks about and how he or she evaluates their work (Zalewska, 2003). The cognitive aspect may be related either to individual evaluations (remuneration, working conditions, prospects for development) or the overall evaluation (Jaros & Zalewska, 2003). Job satisfaction based on specific evaluations refers to classic motivation theories, such as Herzberg's two-factor theory (1965) or Hackman and Oldham's job characteristics theory (1975). The former focuses on the evaluation of hygiene factors (superiors, working conditions, remuneration and job security) and motivators (professional achievements, recognition, responsibility and personal growth). Hackman and Oldham on the other hand, identified five job characteristics affecting job satisfaction, which are: (1) autonomy, (2) skill variety, (3) task identity, (4) task significance and (5) feedback (cf. Bajcar, Borkowska, Czerw, Gąsiorowska, 2011). Furthermore, a generalized job satisfaction evaluation is considered in studies intended to determine its possible causes and outcomes (Zalewska, 2003).

Job satisfaction is related to various characteristics describing the functioning in a family. They include both marital (Baka, 2012; Sandberg, Yorgason, Miller & Hill, 2012), as well as family relationships (Baka, 2013; Grandey, Cordeiro & Crouter, 2005). Conclusions from the study by Grandey, Cordeiro and Couter (2005) suggest that in the job satisfaction evaluation process, an individual makes use of the information to what extent performance of a professional role may interfere with or threaten the performance of other highly-appreciated roles, including family roles. Therefore, the evaluation of the functioning of a family system affects the perception of job satisfaction. Less conflict between work and family will be conducive to higher job satisfaction.

Referring to the afore-mentioned conclusions, it may be assumed that balanced cohesion, balanced flexibility, effective communication and higher satisfaction within a family will be positively correlated with job satisfaction, whereas characteristics describing unbalance will have a negative correlation with job satisfaction (H1a). Moreover, family systems described as more balanced will display higher levels of job satisfaction than unbalanced systems (H1b).

3. WORK ENGAGEMENT

Searching for positive aspects related to functioning at work have led to increased interest in the issue of work engagement. Work engagement can be observed in the approach emphasizing the need for self-fulfillment as something significant for personal and professional growth (Maslow, 1990) in treating the job as a central value that generates work engagement, or in the flow theory (Csíkszentmihályi, 2005). In addition, engagement may be treated as a set of behaviors, a status or a trait (cf. Chirkowska-Smolak, 2012; Szabowska-Walaszczyk, 2010).

An example of a theory treating engagement as a state of mind is the concept by Schaufeli (Bakker, Schaufeli, Leiter & Taris, 2008). Work engagement is defined as a positive, fulfilling work-related state of mind that is characterized by vigor, dedication and absorption. Vigor is characterized by high levels of energy and mental resilience while working and the willingness to invest effort in one's work. Dedication refers to being strongly involved in one's work, and experiencing a sense of significance, enthusiasm, inspiration, pride and challenge. Absorption is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work. Accordingly, engagement is considered to be the opposite of burnout and it is differentiated from workaholism by the fact that work is not a compulsion but fun (Bakker, Schaufeli, Leiter & Taris, 2008). Work engagement is treated as a job resource that together with burnout was included in the job demands-resources model based on Hobfoll's conservation of resources theory (Demerouti, Bakker, Nachreiner & Schaufeli, 2001).

Previous studies have shown the relationship between work engagement and the functioning of a family system (Baka, 2013; Hakanen, Peters & Perhoniemi, 2011; Mostert, Peeters & Rost, 2011; Siu et al., 2010; Wiese & Samela-Aro, 2008). On the one hand, a circular effect of work and home life can be observed, as suggested in the study by Mostert, Peeters & Rost (2011). Positive job resources (e.g. autonomy and social support) being the source of positive work experiences enrich family life, which in turn boosts vigor and dedication. What is more, work engagement is significant in the case of enriching the performance of professional and personal roles (Hakanen, Peeters & Perhoniemi, 2011; Wiese & Samela-Aro, 2008). Family support given during the performance of difficult tasks or the actual expectations on family members performing a difficult job is related to work engagement (Grzywacz & Marks, 2000).

As a result, the family system may be significant for work engagement. A higher degree of optimum cohesion, flexibility, satisfaction from communication and the functioning of the family will be related to higher work engagement,

whereas an unbalance in family relationships, poorer communication and satisfaction will be negatively correlated with work engagement (H2a). Moreover, family systems described as more balanced will display higher levels of work engagement than unbalanced systems (H2b).

4. EMOTIONAL LABOR

Another aspect of functioning at work likely to affect the structure of family relationships is emotional labor. This term was coined by Hochschild (1983), who defined emotional labor as managing an employee's emotions to display emotional states according to the demands of an employer or the nature of the job during contact with customers. Emotional labor is particularly performed in professional interactions in service occupations where the contact with customers is particularly intense. According to Hochschild (1983), emotional labor may involve surface or deep acting. Surface acting merely involves changing the expression of emotions, putting on an appearance and presenting the signs of those emotions that are demanded in the contact with clients, such as benevolence, enthusiasm or interest. In practice, surface acting means suppressing, hiding, faking or intensifying emotions, or their expression. In the case of deep acting, on the other hand, the person changes their personal impressions and this leads to modification of their emotional expression. This requires antecedents, i.e. actions at the beginning of the emotional process, before an emotion can be fully experienced and expressed. These actions include the selection or modification of circumstances, the focusing of attention and cognitive reinterpretation – the way of thinking about a situation which increases or reduces the chances for a given emotion to emerge (Grandey, 2000). Deep or surface acting boosts the effectiveness of the performed job, but at the same time is also associated with negative outcomes for the employee such as stress, burnout, lower job satisfaction or poorer well-being (Bazińska, Kadzikowska-Wrzosek, Retowski & Szczygieł, 2010; Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002; Szczygieł, Bazińska, Kadzikowska-Wrzosek & Retowski, 2009; Wróbel, 2013). The majority of studies showed that surface acting involves higher costs than deep acting (Bazińska, Kadzikowska-Wrzosek, Retowski & Szczygieł, 2010; Brotheridge & Grandey, 2002; Montgomery, Panagopolou, de Wildt & Meenks, 2006; Noor & Zainuddin, 2011). At the same time, a positive correlation was recorded between deep acting and the sense of personal accomplishment (Bazińska, Kadzikowska-Wrzosek, Retowski & Szczygieł, 2010; Brotheridge & Grandey, 2002; Brotheridge & Lee, 2002).

Few studies have been devoted to correlations between the family and emotional labor. Those conducted to date showed that the work-home interference and work-family conflict play a mediating role in the positive correlation between surface acting and burnout (Montgomery, Panagopolou, de Wildt & Meenks, 2006; Noor & Zainuddin, 2011). Therefore, on the one hand, deep acting produces positive outcomes for the employee and surface acting produces negative effects, but on the other the actual outcome partially depends on the functioning of a family system and the possible reconciliation of family and work roles. Therefore, it may be expected that a balance between cohesion and flexibility, as well as more effective communication and higher satisfaction in the family will be correlated with a higher level of deep acting and a lower level of surface acting, whereas an imbalance in basic characteristics as well as poorer communication and satisfaction will be negatively correlated with deep acting and positively correlated with surface acting (H3a). In addition, individuals functioning in systems with a generally balanced structure of relationships will display higher engagement in deep acting and lower engagement in surface acting than people from unbalanced systems (H3b).

5. MATERIALS AND METHODS

The purposive sampling method was used and the sample was composed of individuals performing social service jobs. The selection of participants was determined by the nature of the variables, especially the emotional labor performed in these jobs. The sample was composed of 137 participants: 124 women (90.50%) and 13 men (9.5%). Respondents were aged from 20 to 54 ($M = 37.18$; $SD = 10.19$). 50.7% of participants had completed secondary education, 21.3% college education and 27.9% higher education. All the study participants were economically active and were working in the service sector. Their jobs included nurses, waitresses, receptionistes, shop assistants, guides, coaches and account advisors. The working period ranged from 1 to 33 years ($M = 18.12$; $SD = 7.41$), and most often they described their financial situation as average (46.7%) or good (41.6%). 64.7% of respondents were married, 2.9% widowed, 5.9% divorced, whereas the remaining 26.5% were single. Marriages lasted from 1 to 33 years ($M = 18.09$; $SD = 7.35$), and the number of children ranged from 0 to 5 ($M = 1.45$; $SD = 1.17$).

The following research tools were used in the study:

Job satisfaction. Job satisfaction was measured using the *Job Satisfaction Scale* developed by Zalewska (2003). It is a 5-item scale measuring the overall, subjective level of job satisfaction in the cognitive aspect. Respondents referred to

statements using a 7-grade scale, where 1 means *I completely disagree* and 7 *I completely agree*. The available scores ranged from 5 to 35. Psychometric properties confirmed the reliability of the scale, while Cronbach's *alpha* ranged from 0.81 to 0.88.

Work engagement. Work engagement was measured using the UWES – *Utrecht Work Engagement Scale* (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002, Polish adaptation by Chirkowska-Smolak, 2012, UWES). UWES is a 17-item scale (full version) where respondents respond to statements using a 7-grade scale, from 0 (never) to 6 (everyday). During the adaptation process, Chirkowska-Smolak tested a single-factor and three-factor model. Both models were very well-matched. Therefore, UWES may be treated as a three-factor and single-factor scale in terms of the general score. In the study, the full version of the scale was used. The scale distinguishes three characteristics: vigor, dedication and absorption. The general score ranged from 0 to 102. The scale reliability was also confirmed, while Cronbach's *alpha* ranged from 0.77 to 0.92.

Emotional labor. Emotional labor was measured using the *Surface Acting and Deep Acting Scales* (SPGPE), being an adaptation of the revised Brotheridge and Lee's scale (Brotheridge & Lee, 2003; Lee & Brotheridge, 2006; Polish adaptation by Finogenow, Wróbel and Mróz, pending). SPGPE measures surface acting for hiding (3 items) and faking emotions (3 items) as well as deep acting (3 items). In the Polish version, Cronbach's *alpha* for specific subscales ranged from 0.72 to 0.82.

Family structure. In order to diagnose the structure of family relationships, the FACES IV-SOR inventory was used, an adaptation of a revised instrument developed by A. Margasiński (2009), based on David Olson's Circumplex Model (Olson & Gorall, 2003). Respondents were asked to evaluate relationships in the family in which they currently function, which enabled the analysis of current relationships between the family and work system. In the first place, the respondent's results referring to the degree of the basic dimensions of family relationships were considered, i.e. (1) balanced cohesion, (2) balanced flexibility and their extremes: (3) disengaged, (4) enmeshed, (5) rigid and (6) chaotic. Secondly, additional characteristics, that is (7) effective communication in a family and (8) satisfaction with family life were assessed. Finally, the types of families, being a configuration of the degree of cohesion, and flexibility characteristics were diagnosed.

6. RESULTS

Descriptive statistics and the coefficient values of correlations between the variables considered in the study are given in tables 1 and 2.

Table 1.

Means and standard deviations for variables considered in the study

Lp.	Variable	<i>M</i>	<i>SD</i>
1.	Balanced cohesion	27.14	5.06
2.	Balanced flexibility	24.75	5.49
3.	Disengaged	16.03	6.19
4.	Enmeshed	16.52	4.65
5.	Rigid	19.41	4.46
6.	Chaotic	18.14	5.50
7.	Communication	36.40	9.07
8.	Satisfaction	36.90	8.58
9.	Work engagement	64.39	17.14
10.	Vigor	22.90	6.05
11.	Dedication	20.02	6.01
12.	Absorption	21.56	6.33
13.	Job satisfaction	20.64	6.37
14.	Hiding feelings	8.29	2.85
15.	Faking emotions	7.39	2.40
16.	Deep acting	8.13	2.60

M – mean; *SD* - standard deviation

Correlation analysis revealed positive and negative relationships between family characteristics and work-related variables. Balanced cohesion positively correlates with job satisfaction and negatively with hiding emotions. Balanced flexibility is positively correlated with dedication and job satisfaction, and negatively correlated with hiding emotions, and additionally as a tendency is positively correlated with work engagement. The disengaged scale negatively correlates with job satisfaction, whereas it has a positive correlation with hiding emotions. The enmeshed scale is a characteristic positively correlating with all types of emotional labor. Positive correlations were observed between the rigid scale and absorption, and as a tendency, with job satisfaction as well. On the other hand, a higher score on the chaotic scale is accompanied by lower levels of job satisfaction. Communication in the family is related with a higher degree of job satisfaction. Satisfaction in the family, on the other hand, is positively correlated with job satisfaction and negatively with hiding emotions.

Table 2.

Correlations between family assessment scales and functioning at work

Variable	Balanced cohesion	Balanced flexibility	Disengaged	Enmeshed	Rigid	Chaotic	Communication	Satisfaction
Work engagement	-0.01	0.17*	0.00	0.08	0.13	-0.10	0.16	0.09
Vigor	0.04	0.12	-0.06	-0.04	0.06	-0.16	0.16	0.12
Dedication	0.02	0.18*	0.02	0.11	0.13	-0.08	0.16	0.06
Absorption	-0.02	0.13	0.08	0.16	0.18*	0.01	0.10	0.04
Job satisfaction	0.19*	0.29**	-0.20*	0.04	0.17	-0.22*	0.26**	0.18*
Hiding feelings	-0.20*	-0.21*	0.18*	0.18*	-0.04	-0.11	-0.08	-0.22*
Faking emotions	-0.04	-0.00	0.12	0.22*	0.12	0.12	-0.08	-0.07
Deep acting	-0.04	0.04	0.05	0.18*	0.07	-0.00	-0.01	-0.04

* $p < 0,05$; ** $p < 0,01$

Following all correlation analyses, the subsequent stage of works involved the classification of participants according to specific family structures with corresponding specific configurations of the *Family Evaluation Scales*. For this purpose, a cluster analysis using the k-means algorithm was carried out for standardized results. The basis for the grouping was formed by the fundamental elements of a family structure according to Olson's theory, i.e. cohesion and flexibility dimensions and their different degrees. The selection of three clusters turned out to be the optimum solution and consequently, three family types (profiles) were determined (cf. Margasiński, 2009; Mróz & Kaleta, 2013; Olson & Gorall, 2003), as presented in fig. 1.

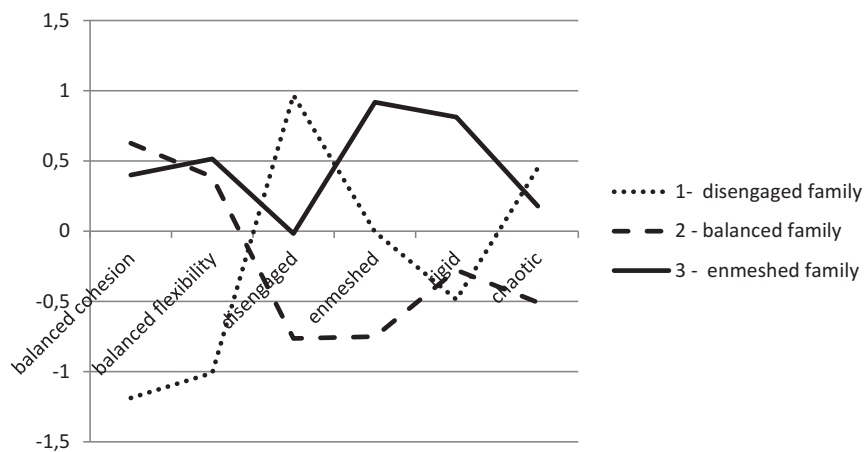


Figure 1. Set of scales in different types of families

In the first profile, disengaged and enmeshed scales prevail, while on the other hand, optimum cohesion and flexibility are placed the lowest. This type of family was referred to as disengaged. The second type was referred to as a balanced family, as the highest results were observed for balanced cohesion and flexibility characteristics, whereas in all unbalanced scales, the results were below average. The final type was an enmeshed family, due to the prevailing enmeshed scale and lower result with regards to the disengaged type. Table 3 presents a brief description of each family type.

Table 3.

Characteristics of selected family types

Family type	Characteristics
Disengaged	The bond between family members is weak, therefore they do not contact each other too often, and prevailing elements in the system include decisions and individual activities. The family is less able to properly adapt to external and internal requirements, introducing unclear principles and excessive changes with regards to performing managerial functions and roles.
Balanced	Family members feel strongly connected with each other, while at the same having a sense of their own autonomy. They devote their time to the family but also spend time on satisfying their needs and interests. Each member maintains a private space which is not interfered in by the rest of the family. The family is flexible in their reactions to developmental and situational stress, adjusting their structure of authority, roles and rules accordingly, and providing for negotiations to enabling the system to keep its identity.
Enmeshed	The structure of relationships between family members bears elements of imbalance. Although the family is able to display proper cohesion and flexibility, it still has a tendency to show excessive emotional closeness and rigidity while determining the leadership and rules governing their mutual relationships. Although the family keeps introducing changes in the existing system, it does so reluctantly or inconsistently (from rigidity to chaos).

The selection of family types allows us to compare functioning at work across study participants, pointing to different structures of family relationships. To that end, an analysis of the variations was carried out. Descriptive statistics and the significance of the differences between the groups are presented in table 4.

Table 4.

Functioning at work in selected groups

Functioning at work	Family type						Anova	
	Disengaged (1) <i>n</i> = 41		Balanced (2) <i>n</i> = 51		Enmeshed (3) <i>n</i> = 42		<i>F</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Job satisfaction	18.95	5.64	21.84	6.88	21.27	6.33	2.58+	0.080
Vigor	22.32	6.18	23.29	6.62	22.67	5.80	0.29	1-2: <i>p</i> <0.078 0.747
Dedication	19.78	5.75	19.45	6.88	20.62	5.24	0.44	0.643
Absorption	21.44	6.20	20.75	6.87	22.10	6.07	0.51	0.602
Hiding feelings	8.78	2.49	7.44	3.12	8.66	2.66	3.22*	0.043
Faking emotions	7.39	2.11	6.74	2.53	8.10	2.28	3.71*	1-2: <i>p</i> <0.065 0.027
Deep acting	8.32	2.69	7.79	3.00	8.20	1.96	0.51	2-3: <i>p</i> <0.020 0.605

* *p* < 0,10; * *p* < 0,05*M* – mean; *SD* – standard deviation

Differences between groups were revealed with regards to job satisfaction and surface acting. Individuals from balanced systems show higher (at the level of tendencies) job satisfaction than participants from disengaged families. With regards to emotional labor, participants from balanced families hide their emotions significantly less often than participants from disengaged systems, and fake their emotions significantly less often than individuals from enmeshed families. Therefore, participants from families with an optimum relationship structure tend to experience more job satisfaction, while at the same time having less involvement in surface acting. With regards to work engagement and deep acting, participants from balanced, disengaged and enmeshed families did not differ significantly.

7. DISCUSSION

The aim of the study was to analyze correlations between family relationships and functioning at work, considering job satisfaction, work engagement and emotional labor dimensions.

The hypothesis assuming the existence of relationships between family characteristics and job satisfaction was confirmed to a considerable extent (H1a). Di-

mensions describing the balanced functioning of a family, i.e. balanced cohesion and flexibility, the evaluation of communication in the family and satisfaction with family life showed a positive correlation with job satisfaction, thereby confirming the hypothesis. Part of the hypothesis indicating that disengaged and enmeshed dimensions would have a negatively correlation with job satisfaction also held true. The hypothesis failed to hold true however, in the case of a correlation between the enmeshed scale (lack of significant correlation) and rigidity (relationship bearing traits of a tendency opposite to the one expected) with job satisfaction. This means that for a high level of job satisfaction, apart from mutual closeness, support and possibilities to adapt to changes, rigid internal family rules are significant which may facilitate a reconciliation of roles. The absence of bonds and the consideration of the needs of other family members, as well as too much flexibility, and therefore unclear roles and difficulties with adapting to changes in the family are, in turn, related to lower job satisfaction.

Moreover, the results of the presented study show differences in the levels of job satisfaction between participants from balanced and disengaged systems, which partially confirms hypothesis 1b assuming that family systems described as more balanced will be more conducive to higher job satisfaction than unbalanced systems.

The results of the study presented can be compared with results reported by Lipińska-Grobelny (2014), where a correlation between family requirements (support and depreciation in the relationship, the job performed by the spouse, number of children and their age) and job satisfaction was observed. The family-work conflict played a mediating role in this relationship. Family requirements are perceived as less incriminating in families which experienced mutual closeness and support, and clear roles and rules, that is those with optimum coherence and flexibility. Individuals functioning in family systems which display disengaged and chaotic characteristics may experience an overload of the requirements they have to deal with when performing family roles, and this may in turn lead to low job satisfaction.

The results can be explained with reference to the second rule of Hobfoll's conservation of resources theory (2011). This rule assumes that individuals with more resources are able to gain new resources. Individuals with less resources are, on the other hand, more likely to lose them. Functioning in a family with abundant resources, i.e. in a stable, secure family, leads to the growth of other resources, thus leading to the creation of a stock of resources. Family systems with a lot of resources are those evaluated as balanced, and their members are satisfied with the manner of the functioning of and communication within the family. They are also conducive to the development of further resources, e.g. job resources that contribute to job satisfaction. Systems with poor resources on the

other hand, assessed as poorly stable and confirmed by disengagement or confusion, are not conducive to the further development of resources (Chirkowska-Smolak, 2012; Grandey & Cropanzano, 1999).

The hypothesis assuming a correlation between work engagement and dimensions of family functioning only held true partially (H2a). It was only confirmed in the case of a relationship between balanced flexibility and dedication. The hypothesis was not confirmed however, owing to the positive correlation between rigidity and absorption and insignificant correlations in case of cohesion, disengaged, enmeshed, chaotic, effective communication and satisfaction with family life in all aspects, as well as flexibility and work engagement, absorption and vigor. The hypothesis assuming that family systems referred to as more balanced display a higher level of work engagement than unbalanced systems (H2b) was not confirmed.

A family system referred to as balanced is flexible in managing its resources that favor further investment and taking actions for an individual (cf. Hobfoll, 2011; Mróz & Kaleta, 2013), and therefore also for work engagement. The flexibility of a family system is related, among others, to rules governing the relationship between all members of the system. These may include work-related family expectations towards individual members of the system, and this, as shown by the study by Grzywacz and Marks (2000), is related to work engagement. In addition, Hobfoll (2011) draws attention to the fact that engagement-related rewards are conducive to the further investment of resources in this process. Therefore, if an individual receives gratification from the family in the form of approval, due to their work engagement, this boosts that individual's motivation to become even more engaged.

The absence of a correlation between cohesion and work engagement characteristics may be accounted for by the fragmentation mechanism (Zedeck & Mosier, 1990). This mechanism assumes that family and work environments differ and that an individual may successfully function in one without being affected by another. The results of the study by Rothbard (2001) point to the relationships between emotions generated in a family and work engagement. However, she draws attention to the fact that it is men who use the mechanism of separating negative emotions produced in the family from work engagement.

Another hypothesis regarding correlations between dimensions of family relationships and emotional labor held true partially (H3a). A higher level of balanced cohesion and flexibility turned out, as expected, to be correlated with less surface acting, although it was only manifested in the hiding of emotions. An analogous correlation was shown in the case of satisfaction with family relationships. Contrary to the assumptions made, no correlation between optimum cohesion and flexibility with deep acting was reported. A positive correlation

with the latter was observed in the case of enmeshed family relationships. Both extremes of cohesion, that is disengaged and enmeshed, were accompanied by a higher degree of hiding, and confusion was additionally accompanied by faking. Rigidity and chaos, which translated into a lack of balanced flexibility, were not significantly related to emotional labor. Therefore, among the family relationship characteristics, the emotional bond between family members is the one which is significant for the performance of emotional labor in a professional context.

In order to account for the reported correlations, it would be advisable to take a closer look at the outcomes of managing emotions for professional purposes. As is argued by Grandey, Foo, Groth and Goodwin (2012), emotional labor, especially surface acting, leads to a loss of resources as it consumes attention, energy, weakens the feeling of bonding and consequently leads to stress and burnout. This has been confirmed in Polish studies as well. In the study by Bazińska et al. (2010), surface acting was positively correlated with emotional depletion and depersonalization, and negatively with the sense of personal accomplishment, whereas deep acting correlated positively with the sense of personal accomplishment. Moreover, surface acting had a positive correlation with indicators of general well-being such as somatic symptoms, anxiety, insomnia, symptoms of depression and the general state of mental health (measured using Goldberg's depression test). In the study by Wróbel (2013), both types of emotional labor positively correlated with emotional depletion and depersonalization, and none of them correlated with the sense of accomplishment.

Since surface acting is associated with adverse outcomes, the negative correlation between optimum cohesion and flexibility and hiding emotions revealed in the study proves favorable in the sense that the balancing in family relationships provides protection against excessive involvement in this type of labor, and thus protects the resources and acts as a buffer against burnout and harmful health effects. With the optimum level of cohesion and flexibility, the autonomy and individuality of family members is respected, they have the freedom to express their opinions and feelings and do not feel obliged to excessively adapt to other people. They appear to experience similar freedom in the work context, which would therefore confirm the concept of radiating positive experiences (Zalewska, 2006; Zedeck & Mosier, 1990). Studies have shown that the air of authenticity and psychological safety at work, which also allows for the expression of negative emotions, helps prevent burnout (Grandey, Foo, Groth & Goodwin, 2012). Moreover, the successful balancing of cohesion and flexibility provides family members with various types of social support (cf. Barrera & Garrison-Jones, 1992; Cumsille & Epstein, 1992; Kaleta & Mróz, 2013), which sufficiently satisfies their interpersonal needs. For this reason, when at work, these

individuals do not feel the need to generate positive emotions in their clients merely to satisfy their own needs – in fact they are rather reluctant to reveal emotions that are contrary to their actual feelings and to make this type of effort.

The positive correlation between a lack of balance and surface acting, and the higher involvement in emotional labor by people from families with prevailing disengaged and enmeshed characteristics can be accounted for by family support, the feeling of loneliness and the differentiation of the Self. Both insufficient and excessive emotional closeness between family members, i.e. disengagement and confusion in the system, are correlated with less family support and a higher sense of loneliness (a lack of personal contact, the feeling of bonding and sense of belonging to a group) (Kaleta & Mróz, 2013), which is why individuals experiencing this may attempt to satisfy their needs for closeness and support from interpersonal contacts at work. As a result their higher the involvement in surface acting may be understood as the outcome of additional motivation, intended to satisfy their own needs. Further insight regarding this issue is provided by Bowen (1996, 1978), the developer of the family systems theory, who indicated that patterns of interactions between family members are governed by the level of differentiation of the Self. In interpersonal relations, this refers to the ability to balance closeness and distance. If there is a low degree of differentiation, individuals tend to merge with others, to perform an emotional fusion and to submit to external pressure or emotional cutoff – excessive distance, isolation, emotional withdrawal from contacts with others. On the other hand a high level of differentiation of the Self of individual family members, and of the entire system according to Bowen's concept, corresponds on the other hand, to balance in family relationships described by Olson. As emphasized by Bowen (1978; Kerr & Bowen, 1988), extreme forms of functioning in relationships, that is fusion and cutoff, which may be regarded as substitutes of enmeshed and disengaged dimensions, are a form of defence against fear, however in the long-term, they reduce satisfaction from interpersonal relations. Studies have confirmed higher level of fear in individuals with higher intensity of these behaviours (Skowron & Friedlander, 1998; Tuason & Friedlander, 2000) and lower satisfaction from close relationships, such as e.g. marital relations (Kaleta, 2014; Knerr & Bartle-Haring, 2010; Skowron & Friedlander, 1998; Skowron, 2000; Peleg, 2008). These results allow us to assume that in the event of a higher degree of confusion and lack of engagement, surface acting may be additionally motivated by increased fear and dissatisfaction with family relationships. Then, interactions with clients have a particularly personal meaning. This has been confirmed by studies on conflicts and interpersonal stress at work (Cavaiola, Peters, Hamdan & Lavender, 2012). Individuals who displayed a higher level of emotional cutoff indicated conflicts with colleagues, superiors or clients at

a workplace as a significant source of stress, much more often than individuals with a low degree of these characteristics. The above explanations would confirm the role-compensation hypothesis – an individual pursues positive experiences in their professional role in order to balance the negative experiences or shortcomings in their family environment (Zedeck & Mosier, 1990).

Furthermore, attention should be paid to the fact that although surface acting is correlated with disengaged and enmeshed scales, deep acting is only correlated with the enmeshed scale. Relationships between family members which are too tight mean, among other things, that the individual has developed the ability to identify with others and the boundaries between their own emotions and the emotions of external individuals are blurred, which turns out to be related to the real production of emotions demanded in work relationships, and not only hiding or faking the emotion. Similarly, studies devoted to merging have shown that it is positively correlated not only with the fear of abandonment but also with the need to fuse with others (Skowron & Schmitt, 2003).

A comparison of the emotional labor performed by individuals from specific selected types of families, i.e. balanced, disengaged and enmeshed, allows us to partially confirm another hypothesis about deeper involvement in deep acting and lower levels of surface acting in individuals functioning in balanced systems, when compared to respondents from other family types. Participants originating from balanced families indeed showed the lowest level of surface acting involving hiding and faking emotions. As regards deep acting, there were no significant differences between the groups of participants.

Finally, we should also pay attention to the limitations of the study. The first limitation is related to participant selection due to their sex. Due to the fact that the vast majority of participants were female this did not allow us to make a general conclusion about the group of men, or to compare the results across sexes. The second limitation is related to the tools applied, as validation is still pending for some of them. And thirdly, there was no analysis of the working conditions taking into account features such as job specificity, the workplace or satisfaction with remuneration, although these variables may act as moderators of the analyzed correlations.

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Subjective and Family Factors Determining Parental Attitudes in Parents of Children with Primary Immunodeficiency Treated with Immunoglobulin Substitute

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ABSTRACT

This paper presents the results of a questionnaire about parental attitudes carried out on 47 parents of children with primary immunodeficiency hospitalized at the University Children's Hospital in Kraków-Prokocim, Poland, and treated with intravenous immunoglobulin substitute.

The following questionnaires were used in the study: the *Parental Attitudes Scale* by Plopa, *NEO-Five Factor Inventory* by Costa and McCrae, *FACES-IV SOR* (adapted into Polish by Margasiński), and *Coping Inventory for Stressful Situations*. The quantitative research was supplemented by qualitative methods such as psychological inquiries.

The study revealed differences with normalized groups across all techniques. Empirical analysis was aimed at testing which of the variables adopted in the study explain parental attitudes in parents of children with primary immunodeficiency. In order to do this, a progressive stepwise regression analysis was conducted. As a result, several interesting multiple regression models were isolated for parental attitudes, which Plopa describes in his typology as dependent variables.

The variables specified in the FACES-IV SOR turned out to be statistically significant predictors for autonomy (balanced flexibility: $\beta = 0.406$; $p = 0.007$) and inconsistency (rigidity: $\beta = 0.573$; $p = 0.005$).

1. INTRODUCTION

The research assumptions presented in this article are based on the concept of a systematic approach to family functioning (Olson et al., 1979; Olson, 2008; Margasiński, 2006; Plopa 2011), a circumplex model of family functioning/interaction (Margasiński, 2006), as well as the classification of parental attitudes with particular consideration paid to M. Plopa's typology.

The characteristics of the situation of a family bringing up a child suffering from chronic primary immunodeficiency disorder were based on a paradigm which refers to K.L. Lemank's (1994) model/s of chronic illness in children. The scientist/researcher distinguished between two different conventions of constructing the model of the illness. They are useful to describe rare diseases like PID with regards to competence and adaptation, as well as to characterize the common and specific features of development of various, long-term somatic conditions. The first paradigm (the assumptions of which are the basis of the research reported in this article) takes into account stress theory and a systemic attitude towards the human and his/her environment. Chronic disease in children and the consequences it provokes are considered as a stress factor to which both the child and their environment must adapt.

The characteristics of the ecosystem of a sick child (Pilecka 2002, p. 37) and the concept of parents experiencing long-term illness is based on W. Pilecka's (2002; 2007) assumptions. This perspective provides scope to notice the developmental factors present in the process of minimizing the child's suffering, considering different theoretical models of chronic child illnesses and the process of adapting to the symptoms. The afore-mentioned models are as follows: an integration model (Pless, Pinkerton, 1975), model of life-crisis (Moos, Tsu, 1977, Thompson, Gustafson, 1996), model of the adaptability of behavior and the risk of injury (Rutter, 1987), model of limited opportunities – stress and the ability to cope with it (Wallander, 1989), a transactional model of stress and

ways of coping with it, highlighting the role of the organizational and social factors in the process of shaping the image of the illness (Thompson et al., 1993; 1994, Wallander et al., 1989) and the ecological systems theory (Olson, Sprenkle and Russell, 1979; Kazak, 1986; Thompson, Gustafson, 1994). The model of analysis which is presented in this article was proposed by R.J. Thompson's (1993; 1994; 1996) group and is an ecological-systems theory.

The operationalization of difficult events and the way of dealing with stress considers the explored question from the perspective of the authors of transactional theory – R.S. Lazarus and S. Folkman (Wrześniewski, 2000; Taylor, 2006). The medical aspects of primary immunodeficiency disorder were recognized on the basis of contemporary medical literature (Zeman, 2000; 2002; Dizon et al., 2000; Stokłosa, 2009; Casanova, 2011; Lydyard et al., 2012).

Obtaining crucial information regarding the aspects of family-life which include the ways of dealing with stress and the process of adapting to the illness appears to be interesting and important not only in order to broaden scientific knowledge but also regarding prophylaxis. In immune diseases, stress and excessive psychological costs concerning difficult situations have a direct correlation with the patient's well-being (Zeman, 2002; Stokłosa, 2009).

The secondary literature dealing with the psychological aspects of experiencing illness in a family shows that the way in which the family functions in the case of illness and parenting styles depends on the age, sex, personalities of the parents, the parents' ability to cope with stress, their resources, the child's age and the time that has passed since the illness was detected. These factors have been included in statistical analysis in order to present a model which is as comprehensive as possible about the probable relationships between the variables.

2. METHODOLOGY

The aim of the study was to identify whether a correlation exists between reported parental attitudes in families with children with primary immunodeficiency and their parents' personality structure, coping skills in stressful situations and family functioning. It was particularly important to examine these correlations in the context of PID, a rare chronic disease which implies a change in the functioning of the family and has a negative psychological effect on all family members.

The following research hypotheses were formulated using research questions based on the theoretical assumptions adopted in the study:

Hypothesis 1: A statistically significant correlation exists between the functioning dimensions of various families and the parental attitudes in families with children suffering from PID.

Justification: A number of researchers, including Olson (2008), Plopa (2011), and Ziemska (1986), have attempted to describe the relationship between the functioning of a family and selected parental attitudes and parenting styles in a variety of contexts. Wielgosz (2008) points out that a child chronic illness alters the family structure and the behavior of the parents. She also observes that the upbringing of chronically-ill children is most commonly disturbed by overprotectiveness, excessive indulgence and rejection. Overprotectiveness toward a child often implies indulgence, which in turn leads to chaos in the family. Wielgosz (2008) also remarks that a child's chronic illness can either erode bonding in disengaged families or reinforce it in their highly-cohesive counterparts.

Hypothesis 2: A statistically significant correlation exists between various family functioning dimensions and preferred parenting styles in stressful situations in families with children suffering from PID.

Justification: In his study, Pisula (2007, p. 55) indicates the following potential determinants for experiencing stress in the face of a child's disability: family cohesion, the quality of the relationship between the parents, emotional atmosphere, socioeconomic status, professional activity and effective social support.

Hypothesis 3: Parental attitudes are determined by the causal dynamics between the variables conditioning the subjects' personality structure and the reported functioning of the family.

Figure 1 is a theoretical model representing the dynamics between the variables examined in the study.

At this stage in the research, it is too early immunodeficiency treated with an intravenous immunoglobulin substitute. The statistical analysis was performed using data from 45 parents (16 men and 29 women, accounting for 35.6% and 64.4% of the group respectively). The average age of the subjects was estimated at 37.13 years (standard deviation 5.95); the youngest and the oldest subjects were 19 and 50 respectively.

The study, which serves as an empirical basis for the paper, was conducted in groups by Kamila Kuźniar at the Immunology Department, University Children's Hospital in Kraków-Prokocim, Poland, from 3 September to 30 December 2011. The subject and study procedure were evaluated by the Hospital Review Commission and accepted by the Hospital Director.

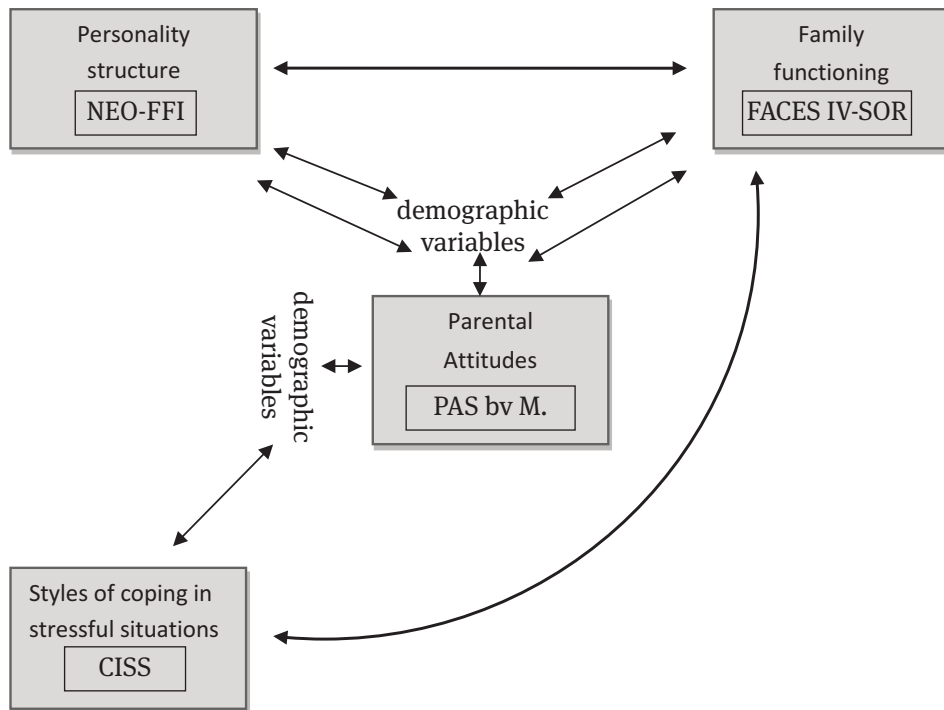


Figure 1. Hypothetical model of the dynamics between the variables diagnosed using the *NEO Five-Factor Inventory*, *FACES IV-SOR*, *Plopa Parental Attitudes Scale*, and the *Coping Inventory for Stressful Situations*.

Prepared by the authors

Apart from psychological interviews, the following questionnaires were used in the study:

- *NEO-Five Factor Inventory* by Costa and McCrae (Zawadzki, Strelau, Szczepaniak, Śliwińska, 1998);
- *Coping Inventory for Stressful Situations* (Strelau, Jaworowska, Wrześniewski, Szczepaniak, 2005);
- *FACES-IV SOR* (adapted into Polish by Margasiński (Olson, 2008; Margasiński, 2009);
- *Parental Attitudes Scale* by M. Plopa (Plopa, 2011).

3. RESULTS

The statistical analysis of the empirical data collected in the study was divided into two parts.

The former used descriptive statistics to present key variables in the study. Empirical data was compared against population norms. The latter identified correlations between the variables collected in the study. A multi-factorial regressive-correlative analysis was used to identify and describe the variables. The analysis was extended with path analysis (cf. Gerc, Przetacznik, 1999), which allowed the creation of a model that represents the causal relationships between all variables.

The personality structure of the parents was analyzed with the NEO-FFI.

The descriptive statistics of the raw results obtained with the NEO-FFI ($N = 45$) are represented in table 1.

Table 1.

Descriptive statistics of the raw results obtained with the NEO-FFI ($N = 45$)

NEO-FFI Dimension	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Neuroticism	25.69	9.14	1.00	44.00	-0.32	0.58
Extraversion	27.62	6.23	13.00	43.00	0.14	0.04
Openness	23.84	5.26	13.00	38.00	0.40	0.19
Conscientiousness	33.53	5.57	19.00	47.00	-0.06	0.60
Agreeableness	29.60	5.02	19.00	41.00	-0.05	-0.28

Prepared by the authors

The results obtained for each dimension differed from their normalized means. The results obtained on the neuroticism scale were higher both for men and women than their normalized means. The mean for the study group was 25.69, whereas the average raw results calculated for the Polish population reached 24.48 for women and 22.79 for men (Zawadzki, Strelau, Szczepaniak, Śliwińska, 1998).

Parents scored higher on the *Conscientiousness* scale, with a mean result of 33.53, whereas the normalized scores were 29.81 for women and 29.41 for men. It is worth noting that the mean scores on the openness scale reached 23.84 and were lower than the mean results for women (28.09) and men (27.80) in the normalized group (ibidem).

Parental attitudes were analyzed using the Plopa *Parental Attitudes Scale*. The results are presented in table 2.

Table 2.

Descriptive statistics of the raw results obtained with the Plopa *Parental Attitudes Scale* ($N = 45$)

Parental Attitudes	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Acceptance-Rejection	44.00	4.67	34.00	50.00	-0.33	-0.99
Autonomy	36.79	5.19	26.00	49.00	0.37	-0.26
Overprotective	34.59	8.77	20.00	50.00	0.25	-1.21
Excessively Demanding	31.750	7.06	18.00	47.00	0.63	-0.40
Inconsistent	25.00	7.70	10.00	43.00	0.38	0.18

Prepared by the authors

The results obtained were compared against the mean results for men and women in the normalized group (Plopa, 2011).

The analysis suggests that, in comparison with both men and women in the normalized group, the parents of children with PID are more likely to be more “inconsistent” or “excessively demanding” than parents of healthy children in the normalized group. Additionally, parents of children with PID display lower autonomy levels than parents of healthy children.

Bonding in the family was measured using FACES IV-SOR (Margasiński, 2009). The descriptive statistics of the raw results obtained with the FACES-IV SOR are represented in table 3.

Table 3.

Descriptive statistics of the raw results obtained with FACES-IV SOR ($N = 44$)

FACES-IV SOR	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Balanced Cohesion	27.57	4.99	17.00	35.00	-0.42	-0.71
Balanced Flexibility	25.54	4.24	16.00	33.00	-0.27	-0.67
Disengagement	15.66	5.09	9.00	31.00	1.02	0.75
Enmeshment	17.54	5.54	7.00	33.00	0.22	0.30
Rigidity	19.25	4.61	11.00	32.00	0.41	-0.14
Chaos	18.48	4.74	10.00	32.00	0.69	0.64
Communication	37.91	8.27	14.00	50.00	-0.99	0.92
Family Life Satisfaction	37.64	6.71	23.00	49.00	-0.61	-0.39

Prepared by the authors

The results obtained with the scales developed by Olson (Margasiński, 2006) indicate that parents of children with PID scored higher than their normalized means. Subsequent scales yielded the following results:

- 3.48 higher on *Disengagement*;
- 3.51 higher on *Enmeshment*;
- 2.48 higher on *Rigidity*;
- 3.59 higher on *Chaos*.

The analysis of *Balanced* scales reveals higher scores on the *Balanced flexibility* scale (0.98 more than the mean calculated for the Polish population) and lower on the *Balanced cohesion* scale (0.86 less than the mean). When compared with their normalized means, the following sten scores (FACES-IV SOR) should be considered high: *Disengagement* (7.41), *Enmeshment* (7.07), *Chaos* (7.00), and *Rigidity* (6.82). The spread of the variables is represented in fig. 2.

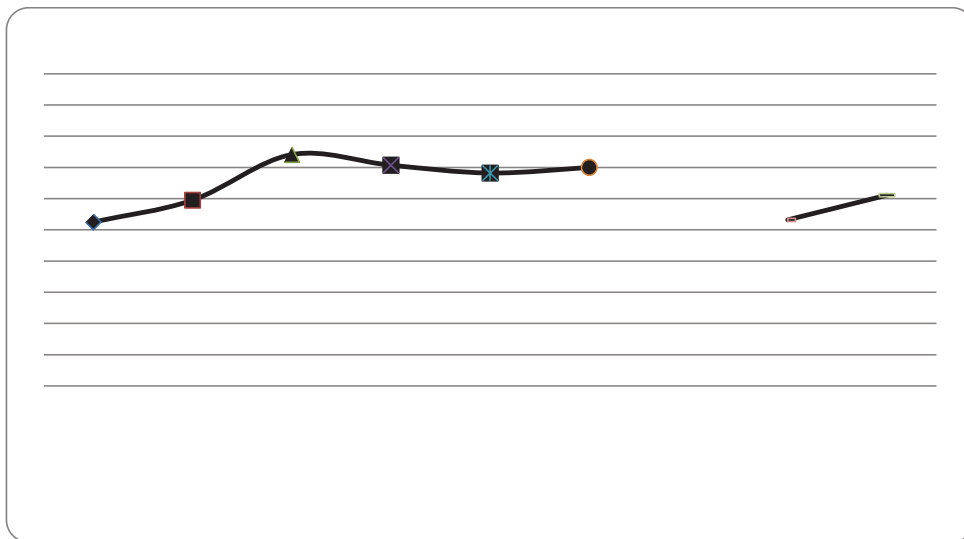


Figure 2. Mean sten scores on the FACES-IV SOR ($N = 44$)

Prepared by the authors

The sten scores illustrated in figure 2 create a profile typical for children suffering from PID treated with intravenous immunoglobulin substitute. The obtained profile fails to overlap with any of the six profiles identified by the authors of the Polish normalized adaptation of the FACES-IV SOR, or the suggestions formulated by Olson et al. (Olson, 2008). The profile shares few to no characteristics with any of the six family profiles described by other researchers (Margasiński, 2006). A clear regularity can be identified whereby

scores on *Unbalanced* scales are higher than on *Balanced* scales (a discernible decrease on the *Balanced* scales would suggest the an *Unbalanced* profile). The descriptive statistics of the ratios obtained with the FACES-IV SOR are represented in table 4.

Table 4.

Descriptive statistics of the ratios obtained with FACES IV-SOR ($N = 44$)

FACES-IV SOR Ratios	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Cohesion Ratio	0.79	0.45	0.21	2.22	0.99	0.90
Flexibility Ratio	0.89	0.37	0.08	1.78	0.42	0.33
Total Ratio	0.82	0.35	0.13	1.60	0.31	-0.40

Prepared by the authors

The analysis of coping skills in stressful situations was performed using the *Coping Inventory for Stressful Situations*. The results obtained are represented in table 5.

Table 5.

Descriptive statistics of the raw results obtained with CISS ($N = 43$)

CISS Dimensions	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Task-oriented Coping	59.44	6.75	42.00	73.00	-0.48	0.19
Emotion-Oriented Coping	43.74	10.28	22.00	62.00	0.029	-0.61
Avoidance-Oriented Coping	40.74	8.95	28.00	73.00	1.22	2.81
Avoidance-Oriented Coping/Distracton	17.26	5.21	9.00	35.00	1.03	2.21
Avoidance-Oriented Coping/Social Diversion	16.09	3.19	10.00	23.00	0.18	-0.48

Prepared by the authors

The analysis of the relationship between parental attitudes and family functioning was performed by correlating the results obtained with the *Plopa Parental Attitudes Scale* and FACES-IV SOR.

The identified correlations are represented in figure 3 and figure 4.

Figure 3 illustrates positive correlations between the inconsistency and *Unbalanced* scales and negative correlations between inconsistency and the two respective scales of *Flexibility* and the total ratio. The excessively demanding attitude also correlates positively with three *Unbalanced* scales: *Rigidity*,

Disengagement, and *Enmeshment*. Figure 3 illustrates a statistically significant correlation between enmeshment and overprotectiveness. A positive correlation was established between enmeshment and all three attitudes: inconsistent, excessively demanding, and overprotective.

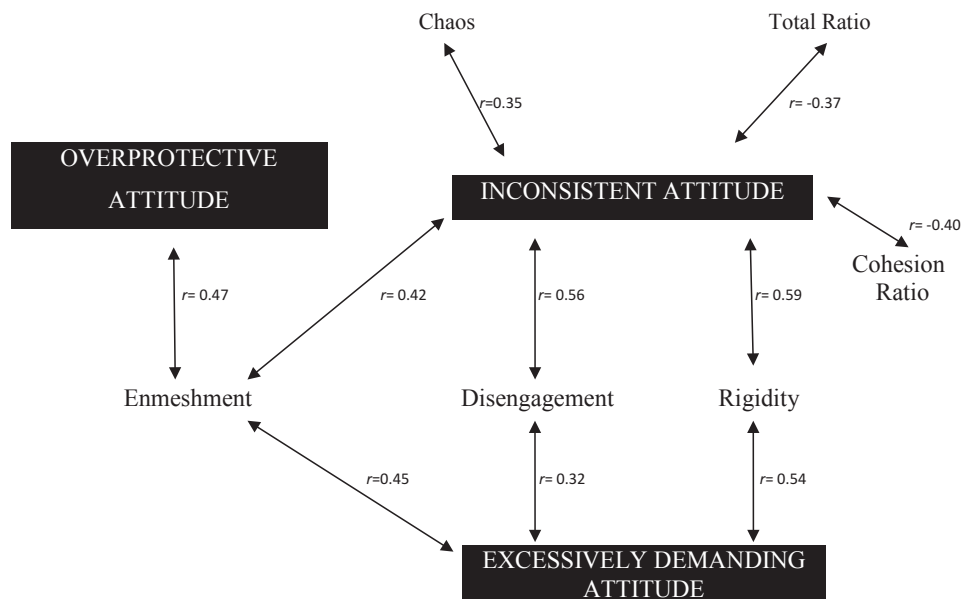


Figure 3. Statistically significant correlations between parental attitudes and FACES-IV SOR subscales; $N = 43$.

Prepared by the authors

The study reveals a moderate correlation between acceptance and the *Balanced flexibility* scale, where r takes the value 0.48 ($p = 0.001$), and the *Balanced cohesion* scale, where r takes the value 0.47 ($p = 0.001$). A moderate correlation was also established between acceptance and the cohesion ratio $r = 0.41$ ($p = 0.007$). Moreover, the statistical analysis also reveals a weak yet statistically significant correlation between acceptance and communication, where r takes the value 0.35 ($p = 0.023$), and between acceptance and the total ratio, where r takes the value 0.35 ($p = 0.022$).

The study fails to reveal any statistically significant correlation between the acceptance and *Unbalanced* scales, i.e. *Disengagement*, *Enmeshment*, *Rigidity* and *Chaos*; or the *Family life satisfaction* scale and the flexibility ratio; or autonomy and the FACES-IV SOR results.

The analysis of the scores on the *Overprotectiveness* scale reveal only one moderate and statistically significant correlation between overprotectiveness

and enmeshment, where r (FACES-IV SOR) takes the value 0.47 ($p = 0.002$). The study fails to establish any relationship between the results on the *Overprotectiveness* scale and the results on the *Balanced cohesion*, *Balanced flexibility*, *Enmeshment*, *Rigidity*, *Chaos*, *Communication*, and *Family life satisfaction* scales, or any of the ratios (cohesion, flexibility and total).

The study reveals a moderate correlation between both rigidity ($r = 0.54$; $p > 0.001$) and enmeshment ($r = 0.45$; $p = 0.002$) and overprotectiveness. A weak correlation was established ($r = 0.2$; $p = 0.034$) between the scores on the *Overprotectiveness* scale and disengagement. The study fails to reveal any other statistically significant correlation between overprotectiveness and the *Balanced* scales (*Balanced cohesion* and *Balanced flexibility*), communication, the three ratios (total, flexibility and cohesion) and chaos.

The analysis of the scores on the *Inconsistency* scale reveals positive and statistically significant correlations between all *Unbalanced* scales and inconsistency. The study reveals moderate correlations between rigidity ($r = 0.59$; $p > 0.001$), disengagement ($r = 0.56$; $p = 0.001$), and enmeshment ($r = 0.42$; $p = 0.006$) and inconsistency; and a weak correlation between inconsistency and chaos ($r = 0.35$; $p = 0.021$).

Two negative correlations were established between inconsistency and the cohesion ratio $r = -0.40$ ($p = 0.00$) (moderate), and between inconsistency and the total ratio $r = -0.37$ ($p = 0.014$) (weak). Other correlations between the inconsistency and *Balanced* scales (*Cohesion* and *Flexibility*), communication, family life satisfaction and the flexibility ratio are not statistically significant. No statistically significant correlation was revealed between the respective scores on the *Chaos* scale and flexibility ratio and the parental attitudes examined in the study.

As hypothesized in H1, correlations exist between family functioning and selected parental attitudes. A moderate negative correlation was also established between inconsistency and the total ratio.

Figure 4 represents statistically significant correlations between acceptance and the FACES-IV SOR subscales. The figure illustrates positive correlations between acceptance and balanced cohesion ($p = 0.001$), balanced flexibility ($p = 0.001$) and the facilitating *Communication* scale ($p = 0.023$). Additionally, as mentioned previously, a positive correlation exists between acceptance and flexibility and the total ratios. The authors of the method (Olson, 2008; Margasiński, 2011) consider the above variables as adaptive variables.

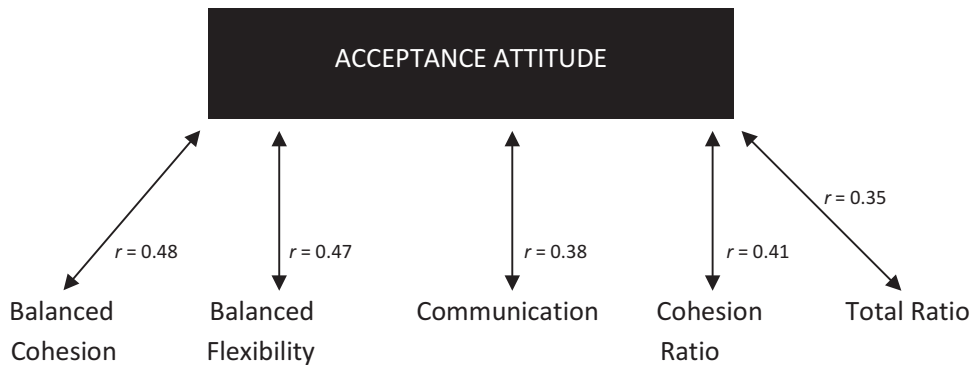


Figure 4. Statistically significant correlations between acceptance and FACES-IV SOR subscales (N = 43)

Prepared by the authors

In order to analyze dependency between family ties and coping skills in stressful situations, the scores on the FACES-IV SOR scale and the CISS questionnaire were correlated. The results are presented in table 6.

The scores on the *Balanced cohesion* scale have a positive correlation with task-oriented coping. A moderate relationship was established in both cases. No statistically significant correlation was revealed between the *Balanced cohesion* scale and the remaining CISS dimensions. Likewise, only one moderate statistically significant correlation was established between balanced flexibility and task-oriented coping was established.

Four statistically significant correlations were identified between *Disengagement* and the CISS dimensions, including three moderate positive correlations with emotion-oriented coping, avoidance-oriented coping and distraction. A weak negative correlation was also revealed between disengagement and task-oriented coping. No statistically significant correlation was established between disengagement and social diversion.

Enmeshment is another FACES-IV SOR subscale to correlate with four CISS dimensions. A moderate statistically significant correlation was revealed (cf. table 6) between enmeshment and emotion-oriented coping, avoidance-oriented coping and distraction. A weak correlation was also established between enmeshment and social diversion. The analysis reveals no statistically significant relationship between enmeshment and task-oriented coping.

Rigidity in turn correlates with all five CISS dimensions. Two strong positive correlations exist between rigidity and avoidance-oriented coping and distraction. A moderate positive correlation was established between rigidity and emotion-oriented coping and a weak but statistically significant correlation

Table 6.

Correlation coefficients and probability ratios for scores on the FACES-IV SOR scale and the CISS questionnaire ($N = 42$)

FACES-IV SOR	FACES-IV SOR				
	Task-Oriented Coping	Emotion-Oriented Coping	Avoidance-Oriented Coping	Distraction	Social Diversion
Balanced cohesion	$r = 0.56$ $p > 0.001$	$r = -0.11$ $p = 0.475$	$r = -0.09$ $p = 0.561$	$r = -0.15$ $p = 0.333$	$r = 0.01$ $p = 0.931$
Balanced flexibility	$r = 0.47$ $p = 0.002$	$r = -0.05$ $p = 0.760$	$r = -0.07$ $p = 0.652$	$r = -0.16$ $p = 0.310$	$r = -0.01$ $p = 0.926$
Disengagement	$r = -0.34$ $p = 0.026$	$r = 0.41$ $p = 0.006$	$r = 0.56$ $p > 0.001$	$r = 0.55$ $p > 0.001$	$r = 0.10$ $p = 0.542$
Enmeshment	$r = -0.25$ $p = 0.116$	$r = 0.43$ $p = 0.004$	$r = 0.54$ $p > 0.001$	$r = 0.53$ $p > 0.001$	$r = 0.37$ $p = 0.016$
Rigidity	$r = -0.33$ $p = 0.035$	$r = 0.40$ $p = 0.008$	$r = 0.67$ $p > 0.001$	$r = 0.61$ $p > 0.001$	$r = 0.32$ $p = 0.037$
Chaos	$r = -0.36$ $p = 0.018$	$r = 0.44$ $p = 0.004$	$r = 0.39$ $p = 0.011$	$r = 0.41$ $p = 0.006$	$r = 0.18$ $p = 0.262$
Communication	$r = 0.31$ $p = 0.045$	$r = -0.21$ $p = 0.180$	$r = -0.12$ $p = 0.454$	$r = -0.22$ $p = 0.169$	$r = 0.15$ $p = 0.340$
Family life satisfaction	$r = 0.25$ $p = 0.105$	$r = -0.35$ $p = 0.024$	$r = -0.21$ $p = 0.171$	$r = -0.32$ $p = 0.036$	$r = 0.10$ $p = 0.525$
Cohesion ratio	$r = 0.62$ $p > 0.001$	$r = -0.39$ $p = 0.012$	$r = -0.21$ $p = 0.180$	$r = -0.30$ $p = 0.057$	$r = 0.00$ $p = 0.985$
Flexibility ratio	$r = 0.37$ $p = 0.016$	$r = -0.35$ $p = 0.025$	$r = -0.34$ $p = 0.027$	$r = -0.37$ $p = 0.017$	$r = -0.27$ $p = 0.084$
Total ratio	$r = 0.59$ $p > 0.001$	$r = -0.41$ $p = 0.007$	$r = -0.30$ $p = 0.052$	$r = -0.37$ $p = 0.016$	$r = -0.14$ $p = 0.377$

Prepared by the authors

between rigidity and social diversion. A weak negative correlation was also revealed between rigidity and task-oriented coping.

The study confirms the dynamic between chaos in the family and four CISS scales. Three positive correlations were established, the two of which moderate, emotion-oriented coping and distraction, and one weak but statistically significant, avoidance-oriented coping. The analysis reveals a weak negative correlation between chaos and task-oriented coping. No statistically significant relationship was established between Chaos and Social Diversion.

The analysis of the scores on the *Communication* scale reveals just one weak and positive statistically significant relationship – with task-oriented coping (cf. table 6). The analysis reveals no statistically significant correlations between communication and the following CISS dimensions: emotion-oriented coping, avoidance-oriented coping, distraction and social diversion.

According to the analysis, two statistically significant correlations can be established between family life satisfaction and the two respective scales of emotion-oriented coping and avoidance-oriented coping. Both correlations are negative and weak (Pearson's coefficient r taking the value -0.35 and -0.32, respectively). This means that high scores on the *Family life satisfaction* scale are in reverse proportion with the scores for emotion-oriented coping and avoidance-oriented coping scales. Additionally, for parents of children with PID, no statistically significant correlation was established between family life satisfaction and emotion-oriented coping, avoidance-oriented coping, and social diversion.

The cohesion ratio correlates with task-oriented coping. The above relationship, with the value 0.612, should be considered strong.

The study also reveals a weak negative correlation between cohesion ratio and emotion-oriented coping, with the value -0.39. No statistically significant correlation was confirmed between the cohesion ratio and avoidance-oriented coping, distraction and social diversion.

The analysis also sheds light on the dynamics between the flexibility ratio and the CISS dimensions. Four weak yet statistically significant relationships were established. One positive correlation was revealed between the flexibility ratio and task-oriented coping and three negative between the flexibility ratio and emotion-oriented coping, avoidance-oriented coping and distraction. No statistically significant correlation was established between the flexibility ratio and social diversion.

Olson (2008) argues that a positive and statistically significant correlation can be established between the total ratio, which is a healthy family functioning indicator, and task-oriented coping (moderate value 0.59). Additionally, the total ratio has a negative correlation with two dimensions: a moderate one with emotion-oriented coping and a weak but statistically significant one with avoidance-oriented coping. No statistically significant correlation was established between the flexibility ratio and the two respective scales of avoidance-oriented coping and social diversion.

Additionally, positive statistically significant correlations were identified between distraction and disengagement, enmeshment and chaos. Negative correlations were also established between distraction and family life satisfaction, the flexibility ratio, and the total ratio. Positive correlations were

also revealed between social diversion and the two respective scales of enmeshment and rigidity. As hypothesized in H2, in parents of children with PID, various family functioning dimensions are correlated with preferred parenting styles in stressful situations.

As hypothesized in H3, parental attitudes are determined by the causal dynamics between the variables regarding the subjects' personality structure and reported family functioning.

A multiple regression analysis was performed to verify H3 and check which of the variables identified in the study explain parental attitudes in families with children suffering from PID. In order to formulate multiple regression equations, an analysis was carried out of the correlations between variables which might determine each of the attitudes. Variables which were significantly correlated with each of the attitudes were used as their potential predictors in multiple regression equations.

Multiple regression coefficients for the dependent variable of *acceptance-rejection* are represented in table 7.

Table 7.

Multiple regression model for the dependent variable of acceptance-rejection
($R = 0.621$, $R^2 = 0.386$; Revised $R^2 = 0.298$)

Coefficients	Non-standardized coefficients		Standardized coefficients	<i>t</i>	Significance
	<i>B</i>	Standard Error	Beta		
(Constant)	-8.990	3.353		-2.681	0.011
Social Diversion	0.302	0.129	0.317	2.334	0.025
Balanced Cohesion	0.211	0.141	0.358	1.491	0.145
Balanced Flexibility	0.197	0.149	0.283	1.322	0.195
Communication	-0.084	0.097	-0.234	-0.865	0.393
Family Life Satisfaction	0.058	0.103	0.134	0.565	0.576

Prepared by the authors

The following variables were adopted as predictors in the regression model for *acceptance-rejection*: social diversion, balanced cohesion, balanced flexibility, communication and the family life satisfaction. The multiple correlation coefficient R was 0.621, while $R^2 = 0.386$ (revised $R^2 = 0.298$), which indicates that the model shows a variance of *acceptance-rejection* of 29.8%. The omnibus test result was $F(5;35) = 4.400$; $p = 0.003$, which indicates that the model is a good fit to the data.

Only one predictor, namely social diversion ($\beta = 0.317$; $p = 0.025$), turned out to be statistically significant.

Multiple regression coefficient values for the dependent variable of *autonomy* are represented in table 8.

Table 8.

Multiple regression model for the dependent variable of *autonomy* ($R = 0.576$, $R^2 = 0.331$; Revised $R^2 = 0.257$)

Coefficients	Non-standardized coefficients		Standardized coefficients	<i>t</i>	Significance
	<i>B</i>	Standard Error	Beta		
(Constant)	-2.878	2.099		-1.371	0.179
Avoidance-Oriented Coping	0.291	0.313	0.269	0.930	0.359
Distraction	0.015	0.112	0.040	0.132	0.896
Balanced flexibility	0.183	0.064	0.406	2.876	0.007
Disengagement	0.096	0.061	0.258	1.564	0.127

Prepared by the authors

The regression model for *autonomy* was based on the following predictors: avoidance-oriented coping, distraction, balanced flexibility and disengagement.

The multiple correlation coefficient R was 0.576, while the coefficient of determination R^2 was 0.331 (revised $R^2 = 0.257$). Thus, the model indicates a variance of 25.7%. The omnibus test result was $F(4;36) = 4.460$; $p = 0.005$, which indicates that the model is both statistically significant and a good fit to the data.

Only one predictor, namely balanced flexibility ($\beta = 0.406$; $p = 0.007$), turned out to be statistically significant.

The regression model for overprotectiveness was based on the following potential predictors: enmeshment, education, social diversion, neuroticism and emotion-oriented coping. The multiple correlation coefficient R was 0.583, while the coefficient of determination R^2 was 0.340 (revised $R^2 = 0.224$). The model indicates a variance of 22.4%. The model is a good fit to the data ($F(6;34) = 2.923$; $p = 0.021$). None of the coefficients turned out to be statistically significant.

The regression model for the *excessively demanding* attitude was based on the following potential predictors: rigidity, neuroticism, distraction, enmeshment and avoidance oriented coping. The multiple correlation coefficient R was 0.534, while the coefficient of determination R^2 was 0.285

(revised $R^2 = 0.183$). Thus, the model indicates a variance of 18.3% and is a good fit to the data ($F(5;35) = 2.795$; $p = 0.032$). None of the coefficients turned out to be statistically significant.

The subsequent model is devoted to *inconsistency* (table 9) and was based on the following predictors: chaos, avoidance-oriented coping, emotion-oriented coping, enmeshment, disengagement and rigidity.

The multiple correlation coefficient R was 0.687, while the coefficient of determination R^2 was 0.472 (revised $R^2 = 0.379$), which indicates that the model shows a variance of 37.9%. The model is a good fit to the data ($F(6;34) = 5.067$; $p = 0.001$).

Table 9.

Multiple regression model for the dependent variable of *inconsistency*
($R = 0.687$, $R^2 = 0.472$; Revised $R^2 = 0.379$)

Coefficients	Non-standardized coefficients		Standardized coefficients	t	Significance
	B	Standard Error	Beta		
(Constant)	2.045	1.246		1.641	0.110
Emotion-Oriented Coping	0.022	0.027	0.126	0.806	0.426
Avoidance-Oriented Coping	-0.062	0.038	-0.297	-1.61	0.116
Disengagement	0.119	0.060	0.344	1.976	0.056
Enmeshment	0.001	0.055	0.004	0.026	0.980
Rigidity	0.223	0.075	0.573	2.992	0.005
Chaos	-0.019	0.063	-0.049	-0.29	0.767

Prepared by the authors

Only one predictor, namely rigidity ($\beta = 0.573$; $p = 0.005$), turned out to be statistically significant.

Tables 7, 8, and 9 represent variables which are a good fit to the data using the correlation matrix for synthetic dependent variables: multiple regression models for the variables which determine the following parental attitudes: acceptance rejection, autonomy, overprotectiveness, excessively demanding attitude and inconsistency. They allow a partial verification of hypothesis 3. Assuming the directional dynamics between the variables, the analysis was only able to identify the following statistically significant predictors: social diversion ($\beta = 0.317$; $p = 0.025$) for acceptance rejection, balanced flexibility ($\beta = 0.406$; $p = 0.007$) for autonomy, and rigidity for inconsistency ($\beta = 0.573$; $p = 0.005$).

Stepwise regression models which are a good fit to the data revealed no statistically significant factors that would explain the following variables: *excessively demanding* and *overprotective* attitudes.

4. DISCUSSION

While planning the study presented in this paper, it was assumed that the family systems theory allows a better understanding of the dynamics in families with chronically ill children; and also provides an explanation for the parental attitudes isolated by Plopa (2011).

Pless and Pinkerton (1975) argue that the correlations between parental attitudes, sociodemographic environmental factors, a child's personality traits and his or her reaction to the illness are of cybernetic nature. By defining the process as transactional, the researchers reveal a feedback loop between a child's current functioning and its effect on other family members, and the subsequent impact it has on the responses from other family members, who in turn shape the child's quality of life and functioning levels. The study by the author partially corresponds (different diagnostic tools were used) with the test results of chronically ill children who are faced with similar prognoses and have been described in following literature: cystic fibrosis (Thompson et al., 1993), myelomeningocele (Thompson et al., 1993), hemolytic anemia (Thompson et al., 1994), neurological disorders (cf. Makieło-Jarża, Gerc, 1998), progressive idiopathic scoliosis (Gerc, Przetacznik, 1999; Solecka et al., 2000), cerebral palsy (Gerc, 2008a, 2009a) and other disorders (Gerc, 2008b, 2009b). The study confirms that it is possible to explain complex illness-adjusting factors by using the family systems theory together with the transactional model of chronic disease or disability in children.

In their analysis of the psychological effect of chronic diseases, Pless and Perrin (as cited in: Pilecka, 2002) suggest that specific problems can be better understood by using the six following factors to investigate the illness: incidence frequency, incidence time, a child's activity, the illness history, a child's cognitive and sensory development and the visibility of symptoms. These criteria only seem to be disjointed, in reality, however, they are difficult to isolate in the family's experience of the illness. As a consequence, Inconsistency is promoted by the characteristics or styles which are generally considered to be less adaptive. Neuroticism implies a heightened fear and anxiety as well as the capacity for negative emotions, and it is positively correlated with Inconsistency, which corresponds with the previous research results (cf. Plopa, 2011). Highly neurotic individuals tend to focus on emotions and often choose emotion-

-oriented coping and avoidance-oriented coping strategies (CISS). Distraction, a broader avoidance-oriented coping strategy, and emotion-oriented coping correlate with the parents' inconsistency in dealing with their child. Problems in the family, which are related to unbalanced family functioning and have been revealed by the scores on *Disengagement*, *Enmeshment*, *Rigidity* and *Chaos* subscales, are significantly correlated with inconsistency. This seems understandable in light of the family systems theory (Margasiński, 2011; Plopa, 2011). The above thesis seems to be confirmed by the negative relationship between inconsistency and both cohesion and the total ratios, which characterize a family's health/adaptive resources.

It is worth noting that all *Unbalanced* scales are positively correlated with inconsistency, which means that the more rigid a parent becomes, the more he or she is prone to inconsistency. This applies to two variables: disengagement and enmeshment.

The excessively demanding attitude is another parenting style described by Plopa (2011). The analysis of the correlations between the excessively demanding attitude and other variables allows an observation that this particular style easily correlates with avoidance-oriented coping and distraction. The above relationship is difficult to explain. In light of the qualitative data collected in the study, only a tentative surmise is possible that parents avoid stressful activities and try to relieve their stress/anxiety levels by committing to other tasks. In light of the processes of adjusting to illness, it can be concluded that parents who are excessively demanding of their children focus on particular activities and, in doing so, they ostensibly regain their control over the illness. The study has also revealed correlations between acceptance-rejection and several variables from different questionnaires used in the study. It is worth keeping in mind that the higher the score on the acceptance-rejection scale, the closer and warmer the relationship becomes between the parents and the child. Consequently, the correlation between acceptance-rejection and communication seems understandable and obvious, and it also corresponds with other research outcomes (Rolland, 1990; Margasiński, 2011). Cohesion, which is represented in the study by the *Balanced Cohesion* subscale and the cohesion ratio, is a factor that clearly promotes family bonding. The positive correlation between acceptance and the total ratio, which indicates a family's health, is easily understandable, since acceptance is both adaptive and conducive to the family system.

Acceptance is the expression of a particular relationship with other people, and the correlation between this particular attitude and social diversion can be interpreted as a pleasure, as it were, derived from sharing a problem and solving it. Parental anxiety is well known to researchers specializing in the psychology

of families with chronically ill children, and has been described by Twardowski (1999), Pilecka (2002; 2007), Góralczyk (1996) and others (Thompson, 1996). A certain level of anxiety about a child's health stimulates interest in the illness, which results in seeking for further information about it. The study failed to confirm the relationship it suggests between flexibility and cohesion in families with children with PID, which was originally suggested by Plopa. In light of the attitude's definition and the existing theoretical assumptions which proclaim the existence of such relationships, the issue seems to require further research, both qualitative and quantitative, on parents with children with PID in a long-term perspective. Research on parents of children with PID is a new theme in psychology, and the obtained results call for an analysis that takes into account the nature of this relatively rare illness.

5. CONCLUSIONS

The study and the statistical analysis lead to the following conclusions, which nonetheless require further verification due to the relatively small number of subjects:

1. In the group of parents of children with PID, the following statistically significant correlations between family functioning and reported parental attitudes were confirmed:
 - The link between inconsistency and *Chaos, Rigidity, Disengagement, Enmeshment*, as well as cohesion and *the total ratios*;
 - The link between acceptance and *Balanced Cohesion, Balanced Flexibility, Communication* as well as cohesion and *the total ratios*.
2. A statistically significant correlation between various family functioning dimensions and preferred parenting styles in stressful situations was confirmed.
3. It was partially confirmed that parental attitudes are determined by the causal dynamics between selected variables conditioning the subjects' personality structure and reported family functioning. It was established that:
 - a) social diversion is a statistically significant predictor for acceptance-rejection.
 - b) balanced flexibility is a statistically significant predictor for autonomy.
 - c) rigidity is a statistically significant predictor for inconsistency.
4. The study failed to describe factors which determine *overprotective* and *excessively demanding* attitudes. None of the hypothesized predictors turned out to be statistically significant.

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From Marriage to Parenthood. The Analysis of Developmental Changes in the Family System¹

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ABSTRACT

The paper set out to analyze changes in a family system facing one of the pivotal events in its history, namely the birth of the first child. Particular attention was paid to the normative nature of the event and its impact on family development. Following the birth of an infant, a marital dyad (couple) goes from the pre-parental stage to the parental one, which makes it necessary to embrace change in a number of system dimensions. An original study was conducted to examine cohesion on a sample of 25 married couples with a child under the age of three. The study, which utilized FACES IV-SOR, demonstrated a significant change in family cohesion. It was observed that an increase in cohesion correlates with the strengthening of the system's boundaries, the resulting change being typical of a transition stage in family development.

1. INTRODUCTION

The aim of this paper is to analyze change in a married couple following the birth of the first child, with particular reference to cohesion and its impact on family development and functioning. Family cohesion is defined as the emotional bonding that the couple and family members have toward one another, while preserving individual autonomy (Olson, Gorall, 2006). Childbearing,

¹ The paper is largely based on original research outcomes published by Kuryś in her *System rodzinny wobec zmian rozwojowych* (2011/2013).

which is a turning point in the family history, determines potential lines for development or regression in the system. The original study presented in the article is based on Olson's *Circumplex Model of Marital and Family Systems* (1982, as cited in: Radochoński, 2000, p. 173; Simon, Stierlin, 1998, p. 174. Cf. Margasiński, 2006, 2009, 2011; Plopa, 2004).

The literature on the subject, especially in Polish, fails to provide an in-depth analysis of the change which occurs in a family system when facing normative events. Researchers tend to focus on non-normative events (also defined as critical life events) which are not inherent in the family life cycle and happen suddenly, e.g. a divorce or illness (cf. Beisert, 2000; Margasiński, 1996; Radochoński, 1987). However, the overview of change in the family as a result of accepting and performing developmental tasks by the system as a whole, leads to a number of intriguing observations which are also important for practitioners. A family constantly faces transformation and normative events (Radochoński, 1995, pp. 75–76) which are part and parcel of its life cycle and stimulate change leading to subsequent stages in family development.

A move from the married couple phase (also known as the primordial or parental stage) to the childbirth phase (or the parental stage) is one of the key events in the family biography. The event as such forms a family and creates a pattern, as it were, of its own functioning, and it also contributes to its unique identity. The way a married couple resolves the developmental challenge of childbearing determines the style with which they are going to perform subsequent developmental tasks in the future.

From the perspective of family systems theory, family development is all about dealing with subsequent crises. If a couple fails to resolve a crisis inherent in a given stage, they are not able to proceed to a subsequent stage and, thereby, they cease to develop.

The question arises about the type and scope of the change occurring in the system following the birth of a new member. Does the bonding between the spouses weaken and the system cohesion levels drop for the system to accommodate an infant? Or perhaps the spouses will strengthen their bond and experience lower autonomy? The research outcomes presented in the paper are an attempt to answer these questions.

2. FROM DYADS TO TRIADS, OR THE BEGINNING OF FAMILY HISTORY

The developmental task category was incorporated into the family systems theory by Duvall (1977, cf. Ziemska, 2001, p. 44; Ostoja-Zawadzka, 1999, p. 19), who formulated eight major stages in the family life cycle (Ostoj-Zawadzka, 1999,

pp. 20–21, Ziemska, 2001, p. 44, Kuryś, 2011, pp. 46–50) and pointed out specific developmental tasks (or family duties) for each of the stages². Duvall's family life cycle relies heavily on family systems theory, but it also has all the hallmarks of life-span psychology: family development continues from its inception, namely the pre-parental (primordial marital) stage, to its natural conclusion, or the post-parental (secondary marital) stage, when both spouses pass away. Duvall's ideas are organized around two key moments of coming and going. A significant correlation was observed between the incidence of disorders and developmental crises following the arrival (childbirth) or disappearance (death, separation) of family members (Simon, Stierlin, 1998). While family development proceeds in stages, a normative crisis sets in when the process is discontinued³. Katarzyna Termińska argues that “on the whole, developmental research is an important trend for the understanding of family life and the family life cycle (...). The trend can be encapsulated thus: the family acts as a closed system of individuals in interaction and is organized in such a way that it performs specific developmental tasks, just as any living organism is organized to perform such tasks. The main task for living organisms, including families, is to develop” (Termińska, 2008, p. 64)⁴.

Due to the scope of this paper, only first and second stages in the family development cycle will be presented, with particular emphasis on developmental tasks and potential difficulties which arise as a marital dyad faces a new situation such as childbearing⁵.

The first stage which Duvall elaborates on in her family life cycle is called “the married couple (no children)”. Ziemska calls it the “initial marital stage” (Ziemska, 2001, p. 47, cf. Harwas-Napierała, 2002, p. 74). As the term is popular in Polish literature on the subject, I will use it in the following sections of the paper. Duvall maintains that the first stage in the cycle should last about two years, so that both the married couple and the network of relatives (parents, siblings, and cousins) have time to develop a new autonomous system with an identity of its own. If this stage is either protracted or reduced in length this has certain consequences.

The pre-parental stage is most often shortened by premarital pregnancy, which opens up the second stage in family development. That being said, cou-

² Similar observations were made by other Polish researchers, including Ziemska and Harwas-Napierała.

³ Family Development Theory by Hill and Mattessich (family systems approach) See: Beisert M. (2000), *Rozwód. Proces radzenia sobie z kryzysem*, p. 94.

⁴ Unless otherwise noted, all translations into English are my own.

⁵ A detailed description of all eight family stages are provided by Kuryś in her *System rodzinny wobec zmian rozwojowych*. (pp. 43–58).

ples who marry because of pregnancy, which is a powerful motivation in itself, are not in any way unfit for parenthood. If their relationship is stable, and the decision to marry is only brought forward by the news of pregnancy, no differences are observed in the way they give meaning to the event compared to couples who planned parenthood when they were already married (Kuryś, 2005).

If the pre-parental stage runs to over five years, there is a serious risk that childbearing will be experienced as a crisis. Couples who postpone the decision to have a baby for a long time experience difficulty adjusting to new circumstances when the baby is born. These difficulties may be caused by the consolidated “childless couple” pattern or the suspension of the dynamics of stress in the system (Kuryś, 2005).

The basic task in the first stage of the cycle is to transfer loyalty to the family of origin toward a newly-established nuclear family and to create a shared narrative. Additionally, Duvall matches the following tasks to the first stage in the family life cycle: establishing a mutually satisfying marriage, fitting into the kin network and adjusting to pregnancy.

“The emergence of new relationships, especially through marriage and childbirth, makes it necessary to take on new loyalties”. (Kołbik, 1999, p. 84). It is therefore necessary for the family to balance these loyalties. Kołbik (1999, pp. 83–84) quotes van Heusdenem (1987), who provides several examples of loyalty changes caused by the expectations resulting from family development. Two such expectations seem instrumental in the context of these considerations:

- Young parents should shift their loyalty from their families of origin toward their own family.
- All family members are obliged to loyalty in preserving the entire family system, but they should also be prepared to accept obligations which derive from new affective relationships and to embrace the resulting change in the system.

As she goes on to describe the first stage in family development, Termińska pays particular attention to its conflictual nature and also points out the source of potential misunderstandings. Termińska argues that “young couples are torn by numerous conflicts which are more or less tempestuous and resolved in different ways determined by the heritage of their families of origin and their individual personalities” (Termińska, 2008, p. 66).

The fact that a young woman becomes a wife and a young man a husband does not mean that they are going to abandon their roles as daughters, sisters, sons or brothers; it only means that their new roles are going to prevail. They are not facing this challenge alone, and their parents and other family members should help them in the process. At the same time, the family of origin should create a framework to embrace it.

As mentioned above, the instrumental task for the couple in the first stage of the family life cycle is to create a shared narrative representing their own perceptions of their development and procreation history.

“Male and female stories are two narrative themes that must intertwine with one another. Formative stories told by males and females can only be fully grasped in the context of other male and female stories in the family (Formanti, 1988, as cited in: Pelamatti, Peluso, 2005, p. 87). As they make a decision to build their own relationship, young adults enter it with a burden of stories told in their families of origin, stories that represent their family ethos, i.e. about objects, institutions, relationships, norms and values which are specific to their family systems and passed down from one generation to another as verbal or non-verbal narratives (Dryll, Cierpka, 1996, p. 33). Stories often transform into family myths, which according to Ferreira (1963) are used to preserve a status quo in the family and have the same function for the family as defensive mechanisms for the individual. The apotropaic effect of the myth can be easily observed in difficult or momentous situations which require flexibility from the system⁶. Ostoja-Zawadzka observes that “the majority of family myths develop in the first stage of a marriage or when a couple is still engaged. This is because they are still seeking a formula for “being together”. Especially when the future of their relationship becomes vague and unclear or entangled, childbearing or adoption tend to create a myth, e.g. a myth that “marital problems will be resolved by having a baby” (Ostoja-Zawadzka, 1999, pp. 86).

The narrative sharing process allows the development of the married relationship pattern, as it were, which is based on the agreed image of the marital roles and their dynamics, Harwas-Napierała identifies three types of marriage: traditional, partnership and friendship (Harwas-Napierała, 2002, pp. 74–75). She points out that it is difficult to find these three types in their purest form, since intimate relationships today are significantly more dynamic regarding their informal structure than in previous generations (which were faithful to tradition and reluctant to change). Additionally, despite egalitarian views declared by both spouses, many couples actually live in extremely traditional relationships (with a man as the head of the family), and the distribution of tasks between the partners is declarative or postulated, rather than utilitarian⁷.

⁶ More information on family myths and loyalty can be found in: Kuryś, K. (2010). Tematyczne narracje autobiograficzne kobiet i mężczyzn wobec tworzenia biografii rodzinnej. In M. Straś-Romanowska, B. Bartosz, M. Żurko (Eds.). *Psychologia wielkich i małych narracji* (pp. 131–151). Warsaw: ENETEIA

⁷ That being said, the traditional model is just as good as the other two. It is vital, however, that both spouses have a shared vision of their relationship and they want to follow it in their daily tasks. It is worth-noting that a growing number of men not only declare they are ready to share parental tasks on equal terms with their spouses but they actually do it. The Ministry of Labor

As they build their marriage, young people also build their relationship history and create their own system of defenses such as myths. The meaning-sharing process happens through constant dialogue with a spouse, endless confrontation, differences and dynamic tension. The whole process is not about strife and compromise (defined as sacrifice or abandoning something for the sake of the spouse, as per the saying that “everyone has to give up something”) but about seeking solutions which are satisfactory to both parties. This kind of exchange can only take place between partners who have resolved Erikson’s intimacy crisis in their own individual histories (Erikson, 1997, pp. 274–278) and have built an intimacy with each other. These people have positive and mature motivation to establish a relationship.

The second stage identified by Duvall is called “childbearing” and spans the period between the birth of an infant and the thirtieth month of its life. The time period which constitutes this particular stage perfectly illustrates the above rule of “coming and going”. This particular stage comes to an end when a child “leaves” the family system to enter a new one (nursery) or splits its time and emotional involvement (through interactive and conscious participation in the peer group) between a larger number of people than just parents and closest family.

Duvall matches the following developmental tasks to the second stage in the Family Life Cycle: having and adjusting to an infant, establishing a satisfying home for parents and their offspring, adapting to the needs and interests of an infant, coping with energy depletion and lack of privacy as parents.

The birth of an infant requires that the family redefines its previous ideas on how marital roles should be performed (how they should be transformed, or more precisely, complemented with parental roles), how two separate subsystems of parents and children should be built, how cohesion and communication should change and how system boundaries should be made more flexible. Childbearing (especially the arrival of the first child) has a significant effect on how the relationship between the spouses evolves, and it also destabilizes the family system they create (Lemasters, 1957).

The birth of an infant imposes a number of new obligations on the parents, which in turn affects both their social and mental functioning. It is believed (Matuszewska, 2003, p. 39) that a transition from marriage to parenthood can alter a person’s whole personality. In psychology, this problem is expounded by Turner’s identity fusion theory (1978, as cited in: Matuszewska, 2003). The the-

and Social Policy informs that fathers are now more willing to take parental or maternity leave. Since 2013, the number of men on paternity leave has grown sixfold from just over 2,000 in December 2013 to nearly 13,000 in March 2014. <http://www.mpolska24.pl/wiadomosc/ramka/mpips-liczba-ojcow-korzystajacych-z-urlopow-dla-rodzicow-wzrasta> (last retrieved: 07.24.2014)

ory maintains that deeply internalized roles begin to shape individual personality. Turner points out that transition periods are often experienced as stressful and tempestuous. The birth of an infant disrupts family balance and reorganizes behavior, particularly in mothers. On the one hand, this period brings a natural necessity to loosen bonds with other systems (including the marital system) and, on the other hand, to define, create and integrate new roles and relationships (including marital roles and relationships. Strain and anxiety, which are part and parcel of child-rearing, may either add to the importance of a given role in the family or undermine it. As spouses (both men and women) deal with the tension they experience while performing their roles, they also invest in these roles and come across opportunities to alter their personalities.

The functions and roles of the parents are determined by the functions of the family and, in a sense, the former fulfils the majority of the latter. Parenthood is an offshoot of the procreative function of the family and it implies a host of other functions related to upbringing, care, education and culture. The birth of an infant has not only a developmental function in the marital dyad, but also safeguards and protects the newly developing family history. It seems that spouses find it easier to obtain autonomy from their families of origin if they already have a child.

From perspective of family systems theory, which I have adopted in this study, both spouses and the system they create may find it stressful to adopt their roles as parents. Progressing from one stage in the family life cycle to the other is one of the stress factors responsible for tension in the family that are mentioned in the relevant literature, together with situations when a family member is in contact with forces external to the family, when external sources cause tension in the family or when tension is focused on something particularly painful (cf. Barbaro de, 1999, p. 51). Radochoński points out that “as a family goes through subsequent stages of its development cycle, the needs of the individual family members evolve. As a result, the family has to adjust its functioning to the evolving conditions to meet a variety of mutually-exclusive needs. Each stage in family development generates particular requirements and expectations from the family in its members.” (Radochoński, 1988, p. 8). The resulting tension in the system causes disruption to its homoeostasis. A couple who has accomplished the tasks inherent in the first stage of the family development cycle is now able to cope with difficulties and crises following the progression to the second stage (and subsequent stages). That being said, the spouses are still likely to experience difficulty after childbearing. The autonomy and a shared vision of their family, which they have developed in the “married couple” stage, are a powerful resource for both spouses to rely on. A system that is healthy and willing to develop will take adaptive measures (in other words, it will use what

Kawula calls its restorative abilities (2002, p. 143)) to regain balance. That being said, the system may not fully recover its former structure prior to the crisis.

Childbearing is considered a necessary condition for the family to develop, since the subsequent developmental tasks faced by the system are a direct consequence of an infant's presence in the family. It must be emphasized, however, that the couple's decision to have a baby (defined as the desire to have offspring while being ready for parenthood) is one of the possible ways to resolve a normative developmental crisis. Additionally, four other scenarios exist in which a couple may remain childless.

Iwona Przybył (2001, p. 205) identifies the following lasting childless relationships (marriages): a voluntary temporary childless marriage (spouses postpone procreation for an unspecified future); a voluntary permanent childless marriage (spouses do not want to have children even though there are no obstacles against it); an involuntary temporary childless marriage (due to bionic difficulties, undergoing treatment or going through an adoption procedure); an involuntary permanent childless marriage (treatment completed with no success and they are not planning an adoption).

At the moment, a growth can be observed in the number of voluntary temporary childless marriages, which is often referred to as the parental moratorium (Kluzowa, 2001). Partners declare that they want to have a baby, but they postpone their decision in order to focus on individual development, e.g. a professional career or instrumental tasks such as the construction of a house. As was mentioned before, a dyad extending or planning their pre-parental stage for too long may result in a severe crisis when an infant is actually born.

The aim of the study is to examine change in the dyad (family system) after the birth of an infant. The study serves as a continuation of my previous study (Kuryś, 2005) carried out as part of the doctoral dissertation, and it sets out to verify the latter's conclusions and observations. The previous study, which was conducted on 50 married couples, used *FACES III (Family Adaptability and Cohesion Scales*, translated into Polish by Radochoński) and *ENRICH (Enriching and Nurturing Relationship Issues, Communication and Happiness)* by Olson, Fournier, and Druckman, translated into Polish by Goryniak. The study demonstrated that the birth of the first child had a significant effect on the relationship between the spouses and it also destabilized the system they created. Large disparities were observed in the perceptions of the relationship by each of the spouses. Communication and Cohesion turned out to be particularly worth exploring. However, the presentation of new research outcomes is limited to Cohesion only.

3. METHODOLOGY

The study⁸ was carried out on a sample of 25 married couples with the first child under the age of three, therefore meeting the requirements for the childbearing stage in Duvall's Family Life Cycle. The study used the *Skala Oceny Rodziny* (SOR; English: *Family Rating Scales*), the Polish adaptation of Olson's FACES IV by Margasiński (Margasiński, 2009, 2011). FACES IV-SOR is composed of 62 items to be rated on a five-point scale ranging from *completely disagree* to *completely agree*. The statements create eight different scales. Six of them are the exact copies of the six major scales in the Olson Circumplex Model, which focuses on two particular dimensions of family life functioning: cohesion and flexibility. The other two measures are communication and family life satisfaction. Apart from the outcomes obtained with each of the scales, three complex ratios can be used (cohesion, flexibility and total) to examine family functioning.

Couples involved in the study rated the items twice: first, retrospectively, by relating to the period before childbearing, and second by relating to their current situation. Spouses completed the questionnaires without consulting each other. In the majority of the cases, the study was performed in the presence of the researcher, which, on the one hand, was in line with the guidelines of the questionnaire's authors (cf. Margasiński, 2009, p. 38) and, on the other, guaranteed genuine answers.

The analysis of change occurring in the married couple was made by comparing its mode of functioning, which was rated in selected dimensions, prior to and after childbearing.

4. RESEARCH RESULTS: CHANGE IN THE FAMILY SYSTEM COHESION

As mentioned before, family cohesion is defined as the emotional bonding that couples and family members have towards each another while preserving individual autonomy (Olson, McCubbin, 1982, p. 49, as cited in: Radochoński, 1987, p. 48). "Cohesion levels in the family are measured with the following specific indicators: emotional connections between family members, boundaries (closed or open), coalitions, time spent together, shared interests and forms of leisure, shared circles of friends and the degree to which other family members are consulted in the decision-making process." (Margasiński, 2009, p. 12). Three cohesion levels were identified: disengagement, balanced cohesion and enmeshment. The factor of cohesion in the Olson Circumplex Model is a spectrum

⁸ The study was conducted as part of the post-doctoral grant *Cohesion and Communication Change in the Family System as a Result of a Dyad Coping with the Birth of the First Child*, which was funded by the Faculty of Education Studies, Adam Mickiewicz University, Poznań.

ranging from Disengagement at one extreme of the spectrum (unbalanced yet minimum cohesion) through balanced cohesion (weak, moderate and strong attachment) to Enmeshment at the other end (unbalanced yet maximum cohesion)⁹.

A hypothesis can be offered that childbearing loosens the bond between the spouses. This is in line with the family systems theory, which stipulates that if a third party enters a dyad, the game for two must necessarily become a game for three (cf. Ostoja-Zawadzka, 1999, p. 24), and the powerful mutual bond between them is eroded.

I will only briefly address the results of the previous study, as the analysis of these results may prove essential for the considerations presented below. The study demonstrated that 88% of couples differed in their ratings of how cohesion levels in their family were affected by childbearing. All couples acknowledged change (both loss and gain), but individual partners differed in the way they interpreted it. According to women, the family system lost cohesion (46% of the participants). Men in turn failed to recognize the direction of change they have noticed (42% of men believed the system gained in cohesion, while the same percentage claimed the contrary). At the same time, it must be pointed out that both women and men rated the levels of Cohesion in their family system as high (58% of men and 62% of women said their family system was highly cohesive before childbearing).

Since it was possible to calculate the cohesion ratio, the analysis of the presented results can be considered reliable. The ratio was calculated by dividing the sten score obtained on the *Balanced cohesion* scale by the mean sten score obtained on the *Disengagement* and *Enmeshment* scales. Individual ratios for all system members are summarized and later divided by the number of members (the number for this particular study is invariably two). The higher the cohesion ratio is (above 1), the more cohesive the system becomes. Likewise, the lower the ratio, the less cohesive the system.

A change in Cohesion before and after the birth of the first child was identified. The relevant change is illustrated in table 1.

⁹ “Selected researchers and theorists believe that high cohesion and enmeshment are two separate entities, which is why enmeshment is erroneously located in the graphic representation of the Circumplex Model as maximum cohesion” (Barber & Buehler, 1996; Green & Werner, 1996, as cited in: Gorall, Tiesel & Olson, 2004; Werner, Green, Greenberg, Browne, McKenna, 2001). The above authors claim that as a term cohesion should reflect the degree to which family members want to spend time together and support one another. Enmeshment refers to a situation whereby family members, regardless of whether they like it or not, have to be together for some specific reasons.” (Margasiński, 2006, p. 71)

Table 1.

Change in cohesion in couples

Change in Cohesion	Percentage
No change	4
Growth in cohesion	52
Drop in cohesion	44
TOTAL	100

As a consequence, the current study can be considered similar to the previous one in that it demonstrates a significant change in cohesion. It also indicates a stronger tendency for cohesion to grow. It is worth noting that the cohesion ratio allows an analysis which is fully adherent to family systems theory. The study also blurs the difference between men and women in their respective ratings of the family system, even though differences still exist and offer a separate and intriguing theme for analysis (provided below).

All couples scored highly on the cohesion ratio (close to 1) prior to childbearing. Only one couple failed to acknowledge a change in cohesion after childbearing. 52% of the couples recognized a growth in cohesion, while 44% claimed it has actually dropped.

The results confirm the observations from the previous study, which indicated that both men and women rated their family systems as cohesive and reported a large amount of change in this respect. To some extent, the current study is able to specify the latter's direction. It appears that childbearing slightly contributes to a growth in cohesion in the system. The above observation is counter to the hypothesis whereby childbearing loosens the bond between the spouses to accommodate a third family member in the system.

An analysis of separate dimensions of cohesion, i.e. disengagement, enmeshment and balanced cohesion, for men and women in the couples involved in the study, provides a range of data which is both intriguing and complementary to the above conclusions. The following analysis only examines high scores (8, 9, 10 sten scores) obtained on the above scales.

As they looked back on their life prior to childbearing, no women acknowledged disengagement in the system, while only four women indicated high disengagement after childbearing. 24% and 20% of men scored high on the *Disengagement* scale prior to and after childbearing, respectively. Although the observed difference is not statistically significant ($p > 0.05$), the obtained value

of $\chi^2 = 3,63$ is close to the hypothesized value, which in turn suggests that men perceive their family systems as less cohesive than women. The result again indicates that the marital dyad in fact comprises two systems: male and female.

Other intriguing conclusions are provided by the enmeshment analysis. The married couple system is considered enmeshed by 20% and 12% of women prior and after childbearing, respectively. Consequently, the conclusion can be drawn that women perceive the family system as more balanced. As much as 40% of men consider the system enmeshed prior to childbearing. This perception improves after childbearing when only 24% of men indicate enmeshment. Although the difference is not statistically significant, it allows a tentative conclusion that childbearing slightly unravels, as it were, a marital dyad, which is a natural phenomenon, especially as the spouses have to make space for a third family member in their system. Thus, a detailed analysis of separate cohesion dimensions allows more detailed conclusions about the overall change in cohesion.

A difference in the way men and women rate enmeshment in their relationships proves to be intriguing, also for therapists and educators. Men consider the “married couple” system to be leaning toward enmeshment; it is possible that they perceive the powerful bond between the spouses as uncomfortable. As it loosens unhealthy and enmeshed relationships in the family, childbearing contributes to the restoration of balance in the system. For a young father, his role in the family is better and more clearly defined, and he becomes “the head of the family”. The results obtained in the current study confirm the previous one. The difference in the perception of their roles and power structure in the system (Kuryś, 2011a, pp. 98–101) is confirmed by the current analysis. Enmeshed families are families in which functions, positions and responsibilities are easily confused. De Barbaro argues that in such families, „boundaries between subsystems are poorly defined and particular groups are poorly differentiated. The roles are poorly defined.” (de Barbaro, 1999, p. 48). The pre-parental period is the time when couples learn how to negotiate their roles and responsibilities, how to agree the meaning and define the respective positions in the family structure (including the extended structure). The study presented suggests that men often perceive the roles in this period as vague or undifferentiated; it is only after childbearing that the system becomes better organized and more balanced.

It is difficult to assess whether the observed difference can be defined as a developmental change that is beneficial to the family system. There is no doubt that the relationship would benefit more if it was balanced in cohesion from the very start. This is because balanced cohesion fosters independence and individuality.

The study presented demonstrates that 36% of women prior to childbearing define their family system as balanced in cohesion. After childbearing, balanced cohesion only grows, and 48% of women rate their family system as such. This result concurs with the results from the previous study. The same percentage of men and women (36%) perceive their marital dyad as balanced in cohesion prior to childbearing. A change to the contrary is perceived after childbearing with 32% of men describing their family system as balanced in cohesion. Consequently, the system only slightly loses in balance.

I would like to supplement the above analysis and the resulting conclusions by presenting relevant scores on the Rigidity scale (rigidity being part of flexibility, which is the second dimension in the Olson Circumplex Model). Rigidity is defined here as the exact opposite of flexibility, and refers to a system which is reluctant to change. When faced with developmental tasks, these systems tend to maintain a *status quo*, which in turn may lead to stagnation.

Prior to childbearing, 28% of women described their family system as rigid, while 40% of women shared similar observations afterwards. Men in turn score high on the *Rigidity* scale: 24% prior to childbearing and 36% afterwards. The observed difference fails to qualify as statistically significant, but nonetheless shows a tendency in the system to become more rigid and impervious to change. Young couples are reluctant to change largely due to the fact that they have experienced a unique and crucial change and are now seeking stability. Paradoxically, rigidity turns out to be beneficial to a family system that seeks the equilibrium it has lost after childbearing.

5. CONCLUSION

Setting up a family and childbearing are one of the instrumental developmental tasks which young adults are faced with by society. On the one hand, developmental tasks serve society in that they preserve a positive demographic ratio and secure a steady birth rate, which is a guarantee for a society to survive. On the other hand, it is observed (Matuszewska, 2001, Harwas-Napierała, 2001) that young people are provided with an opportunity to develop as they enter new roles as parents. It is said that individuals perform specific roles to complete developmental tasks in the family. Gurba (2000) points out that meeting the demands of marital and parental life requires individuals to achieve a certain level of maturity which manifests in the ability to create intimate relationships, make independent decisions, or take responsibility for other people. Gurba argues that “at the same time, family roles can stimulate development.” (Gurba, 2000, p. 219) Bakiera says that if individuals adopt an active and committed attitude

in performing their roles as parents, these roles may also foster their individual development (Bakiera, 2013). Childbearing is therefore believed to stimulate development and self-creation.

This is one of the reasons why this critical period, during which a marital dyad transforms into a triad, and its further implications for family development deserve an in-depth empirical study.

FACES IV - SOR turns out to be a useful tool for measuring normative change in the family. With more precise indicators, it was possible to capture the nature of change in Cohesion in the family after childbearing. It would probably be justified to use the tool to examine members of other systems involved in this momentous event, namely parents, in-laws, or siblings. The birth of a child does not only expand the existing marital roles to accommodate those of the parents, but it also expands the existing roles of other family members who become grandparents, uncles or aunts.

In summary, I would like to refer to my own study using the *Family life satisfaction* scale. As mentioned above, FACES IV-SOR allows the full measurement of the variable. All couples scored high on the *Family life satisfaction* scale while also reporting negligible change and fewest differences between the couple. Family life satisfaction serves as a basis for a healthy functioning family. The members of a healthy family are happy together, share a sense of safety, and enjoy spending time together. Life satisfaction refers to a mental state in which individuals are motivated to take action, perceive their activities as meaningful, have a sense of self-agency, and they also know that they can rely on their trusted family members in adversity. The obtained results give rise to optimism. Despite a significant change in cohesion as well as flexibility and communication¹⁰, young couples report satisfaction with family life. The result is all the more significant as the *Family life satisfaction* scale (alongside the *Communication* scale) is a value scale for FACES IV-SOR and at the same time has a high reliability ratio (Cronbach's coefficient *alpha* of 0.93; cf. Margasiński, 2009). It can therefore be concluded that the results obtained on this particular scale serve as perfect family functioning indicators. With a range of evaluative properties for family members, the family life satisfaction dimension can also be considered key for the functioning of the family system. It is not researchers or therapists, but family members who should derive satisfaction from family life in the roles that meet their needs and bring a subjective sense of comfort.

¹⁰ The outcomes concerning the *Flexibility and Communication* scales were presented in detail by Kuryś in her *System rodzinny wobec zmian rozwojowych*, pp. 98–127.

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A Psychological Analysis of the Family Systems of Young Religiously-Active Men

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ABSTRACT

This psychological analysis of the family systems of young religiously-active men was based on data obtained from the *Marriage Success Scale*, the *Family Attitude Scale* and the *Schematic Family Drawing*. Maria Braun-Gałkowska is the author of all the applied tools. The study was conducted on a group of 60 families. Half of them were families of young men who actively participated in the Light-Life Movement, and the other half were families of young men inactive in any religious communities, but who professed their faith in a traditional manner. An analysis of the results indicates significant differences between the family systems of the men. Satisfaction with marriage was greater amongst parents of religiously-active men; and the quality of interpersonal relationships was higher in these families than in families with young religiously-inactive men.

1. INTRODUCTION

The quality of interpersonal relationships among family members creates an atmosphere that either promotes or hinders the personal development of children and their parents (Rostowska, 2008). In particular, the parents' marriage has a significant impact on the functioning of a family as a whole (Braun-Gałkowska, 2003) and becomes the first educational environment that shapes the basic patterns for social interactions (Prężyna, 1989). Family-related personal experiences can encourage or discourage any form of social or religious engagement (Field, 1996). Cultural changes (Dyczewski, 2011), the secularization of consciousness,

lower religious motivation in terms of both thinking and behavior, and the emphasis on personal happiness and self-fulfillment have all lead to poorer engagement in social activities compared with the past (Dyczewski, 2007).

On the other hand, there is growing interest in human spirituality due to its practical function in stimulating the desire to achieve a state of well-being and high quality of life (Różycka and Skrzypińska, 2011). Engaging in social groups, such as religious communities, provides an important opportunity for young people to fully develop their personality, with a chance to shape their allocentric attitude towards other people and to acquire the ability to regard others as people, i.e. non-interchangeable values, who should never be perceived like objects or tools to achieve personal goals (Chlewiński, 1991). Since broader cultural changes also affect the functioning of the family in various ways, it seems advisable to formulate a research question at this point: Are the family systems of young religiously-active men characterized by something particular that makes them more motivated to actively participate in a religious group?

2. METHODOLOGY

The *Marriage Success Scale*, *Family Attitude Scale* and *Schematic Family Drawing* were used to collect data for the psychological analysis of family systems of religiously-active men. The collected material allowed the functioning of a family to be presented and characterized systemically, taking into account the personal points of view as well as the subjective feelings of the individual family members (Dakowicz, 2004).

The *Marriage Success Scale* was used to determine the quality of marriage between the parents of the men participating in the study. The scale consists of 46 statements expressing important aspects of a successful marriage. In the first part of the scale, the respondents are required to mark the statements that describe their marriage, while in the second part they select elements which, in their opinion, are crucial to a successful and happy marriage. A comparison of the outcomes from both questionnaires enables us to specify a numerical index for marriage satisfaction, which does not correspond to any theoretical model but shows the subjective satisfaction of spouses with their relationship (Braun-Gałkowska, 1985).

The *Family Attitude Scale* is used to measure marriage and parenthood-related attitudes from a behavioral aspect. Based on an 11-degree scale, the respondents determined the intensity of the attitude of a given person in terms of the following four aspects: 1) closeness; 2) assistance; 3) management; 4) requirements. The following descriptive characteristics are attributed to the indi-

vidual scores: the most desirable level of moderation, associated with maturity (4-8); undesirable excess (1-3) or deficiency (9-11), both of which indicate immaturity. A possible comparison of the manner in which a given attitude is perceived by different people, providing an opportunity to learn about the reality of marriage and family life more objectively, is an advantageous feature of the scale (Braun-Gałkowska, 2007).

The *Schematic Family Drawing* is a simplified version of the *Family Drawing Test*. It is based on the principal assumptions of projection techniques and allows, among other things, data to be collected about the quality of the interpersonal relationships assessed by respondents (Braun-Gałkowska, 2002).

A total of 60 complete Catholic families, including some full-time students, took part in the study. Families with young men who actively participated in the Light-Life Movement accounted for 50% of the study population. Families with young men who were not involved in any religious communities, but professed their faith in a traditional manner, accounted for the other half. The families were selected in such a way that they differed only in terms of the religious activity of the sons¹¹.

SPSS 21.0 (Polish version, Windows), which was used to calculate the values of the t-Student and chi-square tests for compared family systems, was used for data analysis (Bedyńska and Brzezicka, 2007).

3. RESULTS

The *Marriage Success Scale* outcomes (table 1) indicate higher marriage satisfaction among both mothers and fathers of young men who are religiously-active compared with the parents of religiously-inactive men.

The attitudes of wives towards their husbands, measured by the *Family Attitude Scale*, were most frequently characterized by moderation or excess in all areas, i.e. closeness, assistance, management and requirements. Deficiency scores were given rarely by the parents of young religiously-inactive men, whereas they were absent in the case of parents of religiously-active men. In both types of families, no differences were observed in the wives' perceptions of their own attitudes towards their husbands (table 2). In the case of husbands' perceptions of the attitudes of their wives, the only statistically significant difference was related to the extent of requirements. The fathers of young religiously-inactive men believed that their wives more often burdened them with

¹¹ The study was conducted in Białystok by Katarzyna Borek as part of a graduate seminar on the psychology of marriage and family, under the tutelage of Dr. Andrzej Dakowicz, in the Department of Social Psychology and Human Development at the Faculty of Pedagogy and Psychology, University of Białystok.

A Psychological Analysis of the Family Systems of Young Religiously-Active Men

Table 1.

Outcomes for parents of studied men using the *Marriage Success Scale*

Studied men	Parents of religiously- -active sons		Parents of religiously- -inactive sons		<i>t</i> -Student
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Mothers	88.25	9.35	55.66	20.85	11.14***
Fathers	83.98	12.43	55.93	19.90	8.99***

*** $p < 0,001$

Table 2.

Attitudes of wives towards their husbands as perceived by wives

Marital attitude measurements	Categories	Mothers of religiously- -active sons		Mothers of religiously- -inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	14	46.7	13	43.3
	Moderation	16	53.3	17	56.7
	Deficiency	0	0	0	0
	Total	30	100	30	100
$\chi^2 = 0,06, df = 1; n.s.$					
Assistance	Excess	1	3.3	4	13.3
	Moderation	29	96.7	26	86.7
	Deficiency	0	0	0	0
	Total	30	100	30	100
$\chi^2 = 1,96, df = 1; n.s.$					
Management	Excess	0	0	2	6.7
	Moderation	30	100.0	27	90.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
$\chi^2 = 3,15, df = 2; n.s.$					
Requirements	Excess	3	10.0	6	20.0
	Moderation	27	90.0	22	73.3
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
$\chi^2 = 3,51, df = 2; n.s.$					

n.s. – differences that were statistically insignificant

excessive requirements, whereas the fathers of young religiously-active men described the attitudes of their wives as mostly moderate (table 3).

Table 3.

Attitudes of wives towards their husbands as perceived by husbands

Marital attitude measurements	Categories	Mothers of religiously-active sons		Mothers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	16	53.3	11	36.7
	Moderation	14	46.7	16	53.3
	Deficiency	0	0	3	10.0
	Total	30	100	30	100
<i>chi</i> ² = 4.05, <i>df</i> = 2, <i>p</i> = n.s.					
Assistance	Excess	2	6.7	2	6.7
	Moderation	28	93.3	27	90.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 1.01, <i>df</i> = 2, <i>p</i> = n.s.					
Management	Excess	2	6.7	4	13.3
	Moderation	28	93.3	24	80.0
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
<i>chi</i> ² = 2.97, <i>df</i> = 2, <i>p</i> = n.s.					
Requirements	Excess	3	10.0	13	43.3
	Moderation	27	90.0	17	56.7
	Deficiency	0	0	0	0
	Total	30	100	30	100
<i>chi</i> ² = 8.52**, <i>df</i> = 1					

***p* < 0.01; n.s. – differences that were statistically insignificant

In both groups of families, the marital attitudes of husbands towards their wives (tables 4 and 5) were most frequently characterized by either moderation or excess in all areas, i.e. closeness, assistance, management, and requirements. Deficiency scores were given rarely by parents of religiously-inactive men, whereas they were absent in the case of parents of religiously-active men. Husbands from both of the family types perceived their own attitudes towards their wives similarly (table 4). Statistically significant differences were found in the wives' assessment of their husbands' attitudes towards them. These were related to the extent of management and requirements. Mothers of religiously-inactive

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men were more frequently (compared with mothers of religiously-active men) of the opinion that their husbands too often managed them and that they made excessive requirements (table 5).

Table 4.

Attitudes of husbands towards their wives as perceived by husbands

Marital attitude measurements	Categories	Fathers of religiously-active sons		Fathers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	19	63.3	19	63.3
	Moderation	11	36.7	10	33.3
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 1.04, <i>df</i> = 2, <i>p</i> = n.s.					
Assistance	Excess	1	3.3	1	3.3
	Moderation	29	96.7	27	90.0
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
<i>chi</i> ² = 2.07, <i>df</i> = 2, <i>p</i> = n.s.					
Management	Excess	3	10.0	6	20.0
	Moderation	27	90.0	24	80.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
<i>chi</i> ² = 1.17, <i>df</i> = 1, <i>p</i> = n.s.					
Requirements	Excess	6	20.0	7	23.3
	Moderation	24	80.0	23	76.7
	Deficiency	0	0	0	0
	Total	30	100	30	100
<i>chi</i> ² = 0.09, <i>df</i> = 1, <i>p</i> = n.s.					

n.s. – differences that were statistically insignificant

Table 5.

Attitudes of husbands towards their wives as perceived by wives

Marital attitude measurements	Categories	Fathers of religiously-active sons		Fathers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	11	36.7	11	36.7
	Moderation	19	63.3	16	53.3
	Deficiency	0	0	3	10.0
	Total	30	100	30	100
$chi^2 = 3.25, df = 2, p = n.s.$					
Assistance	Excess	2	6.7	1	3.3
	Moderation	28	93.3	24	80.0
	Deficiency	0	0	5	16.7
	Total	30	100	30	100
$chi^2 = 5.64, df = 2, p = n.s.$					
Management	Excess	0	0	12	40.0
	Moderation	30	100.0	15	50.0
	Deficiency	0	0	3	10.0
	Total	30	100	30	100
$chi^2 = 20.00^{**}, df = 2$					
Requirements	Excess	4	13.3	14	46.7
	Moderation	26	86.7	15	50.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
$chi^2 = 9.50^{**}, df = 2$					

** $p < 0.01$; n.s. – differences that were statistically insignificant

The parental attitudes of mothers towards their sons, as perceived by the mothers themselves, the fathers and sons were very similar in both family types. They were most often described as moderate or excessive in relation to all the described areas. Deficiency scores were given sporadically by individual members of families of religiously-inactive men; whereas they were absent in the case of religiously-active men. Statistically significant differences between the parental attitudes of mothers were found in two aspects: assistance and management. According to mothers (table 6) and sons (table 7), the mothers of religiously-inactive men provided them with excessive assistance, while according to sons (table 7) and fathers (table 8), they managed them too frequently.

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Table 6.

Attitudes of mothers towards their sons as perceived by mothers

Marital attitude measurements	Categories	Mothers of religiously-active sons		Mothers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	19	63.3	24	80.0
	Moderation	11	36.7	6	20.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
<i>chi</i> ² = 2.05, <i>df</i> = 1, <i>p</i> = n.s.					
Assistance	Excess	8	26.7	18	60.0
	Moderation	22	73.3	12	40.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
<i>chi</i> ² = 6.78**, <i>df</i> = 1					
Management	Excess	5	16.7	8	26.7
	Moderation	25	83.3	20	66.6
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
<i>chi</i> ² = 3.24, <i>df</i> = 2, <i>p</i> = n.s.					
Requirements	Excess	8	26.7	10	33.4
	Moderation	22	73.3	19	63.3
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 1.44, <i>df</i> = 2, <i>p</i> = n.s.					

***p* < 0.01; n.s. – differences that were statistically insignificant

Table 7.

Attitudes of mothers towards their sons as perceived by sons

Marital attitude measurements	Categories	Mothers of religiously-active sons		Mothers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	15	50.0	14	46.7
	Moderation	15	50.0	11	36.7
	Deficiency	0	0	5	16.6
	Total	30	100	30	100
<i>chi</i> ² = 5.65, <i>df</i> = 2, <i>p</i> = n.s.					
Assistance	Excess	2	6.7	14	46.7
	Moderation	28	93.3	15	50.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 13.93**, <i>df</i> = 2					
Management	Excess	5	16.7	15	50.0
	Moderation	25	83.3	14	46.7
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 9.10**, <i>df</i> = 2					
Requirements	Excess	6	20.0	9	30.0
	Moderation	24	80.0	21	70.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
<i>chi</i> ² = 0.80, <i>df</i> = 1, <i>p</i> = n.s.					

***p* < 0.01; n.s. – differences that were statistically insignificant

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Table 8.

Attitudes of mothers towards their sons as perceived by fathers

Marital attitude measurements	Categories	Mothers of religiously-active sons		Mothers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	17	56.7	21	70.0
	Moderation	13	43.3	9	30.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
$chi^2 = 1.14, df = 1, p = n.s.$					
Assistance	Excess	11	36.7	17	56.7
	Moderation	19	63.3	13	43.3
	Deficiency	0	0	0	0
	Total	30	100	30	100
$chi^2 = 2.41, df = 1, p = n.s.$					
Management	Excess	5	16.7	13	43.3
	Moderation	25	83.3	15	50.0
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
$chi^2 = 8.05^*, df = 2$					
Requirements	Excess	10	33.3	9	30.0
	Moderation	20	66.7	21	70.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
$chi^2 = 0.07, df = 1, p = n.s.$					

* $p < 0.05$; n.s. – differences that were statistically insignificant

Fathers, sons and mothers from both family types described the parental attitudes of fathers towards their sons similarly (tables 9–11). They were most often described as moderate or excessive in all the described areas. Deficiency scores were given sporadically in the perception of the individual members of families of religiously-inactive men, whereas they were absent in the case of members of families of religiously-active men. The only statistically significant differences between the compared family types were found for responses by fathers concerning their own attitudes towards their sons (table 9). Fathers of young religiously-inactive men more often believed that they showed excessive closeness to their sons and provided them with excessive assistance. According to the sons (table 10) and mothers (table 11) from all the studied families, the two dimensions of fathers' parental attitudes, i.e. closeness and assistance, were moderate with no statistically significant differences.

Table 9.

Attitudes of fathers towards their sons as perceived by fathers

Marital attitude measurements	Categories	Fathers of religiously-active sons		Fathers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	15	50.0	23	76.7
	Moderation	15	50.0	6	20.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
$chi^2 = 6.54^*$, $df = 2$					
Assistance	Excess	10	33.3	20	66.7
	Moderation	20	66.7	9	30.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
$chi^2 = 8.50^{**}$, $df = 2$					
Management	Excess	5	16.7	4	13.3
	Moderation	25	83.3	24	80.0
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
$chi^2 = 2.13$, $df = 2$, $p = n.s.$					
Requirements	Excess	8	26.7	10	33.3
	Moderation	22	73.3	20	66.7
	Deficiency	0	0	0	0
	Total	30	100	30	100
$chi^2 = 0.31$, $df = 1$, $p = n.s.$					

* $p < 0.05$; ** $p < 0.01$; n.s. – differences that were statistically insignificant

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Table 10.

Attitudes of fathers towards their sons as perceived by sons

Marital attitude measurements	Categories	Fathers of religiously-active sons		Fathers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	18	60.0	12	40.0
	Moderation	12	40.0	16	53.3
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
<i>chi</i> ² = 3.77, <i>df</i> = 2, <i>p</i> = n.s.					
Assistance	Excess	10	33.3	12	40.0
	Moderation	20	66.7	16	53.3
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
<i>chi</i> ² = 2.62, <i>df</i> = 2, <i>p</i> = n.s.					
Management	Excess	4	13.3	7	23.4
	Moderation	26	86.7	22	73.3
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 2.15, <i>df</i> = 2, <i>p</i> = n.s.					
Requirements	Excess	10	33.3	11	36.7
	Moderation	20	66.7	18	60.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
<i>chi</i> ² = 1.15, <i>df</i> = 2, <i>p</i> = n.s.					

n.s. – differences that were not statistically significant

Table 11.

Attitudes of fathers towards their sons in the mothers' perceptions

Marital attitude measurements	Categories	Fathers of religiously-active sons		Fathers of religiously-inactive sons	
		<i>N</i>	%	<i>N</i>	%
Closeness	Excess	15	50.0	14	46.7
	Moderation	15	50.0	15	50.0
	Deficiency	0	0	1	3.3
	Total	30	100	30	100
$chi^2 = 1.03, df = 2, p = n.s.$					
Assistance	Excess	8	26.7	15	50.0
	Moderation	22	73.3	15	50.0
	Deficiency	0	0	0	0
	Total	30	100	30	100
$chi^2 = 3.45, df = 1, p = n.s.$					
Management	Excess	1	3.3	3	10.0
	Moderation	29	96.7	25	83.3
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
$chi^2 = 3.29, df = 2, p = n.s.$					
Requirements	Excess	10	33.3	8	26.7
	Moderation	20	66.7	20	66.7
	Deficiency	0	0	2	6.7
	Total	30	100	30	100
$chi^2 = 2.22, df = 2, p = n.s.$					

n.s. – differences that were statistically insignificant

As shown by the *Schematic Family Drawing*, parents from both family types most frequently perceived their relations as good, rarely as average, and sporadically as poor or skipped the question (tables 12 and 13). There were no statistically significant differences. Sons viewed the relationships between their parents slightly differently. All young religiously-active men described the relationship between their parents as good; whereas religiously-inactive men frequently did not select any answer or described the relationship as average (table 14).

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Table 12.

Relationships between fathers and mothers as perceived by mothers

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	28	93.3	27	90.0
Average	1	3.3	2	6.7
Poor	0	0	1	3.3
No answer	1	3.3	0	0
Total	30	100	30	100

$\chi^2 = 2.35, df = 3, p = n.s.$

n.s. – differences that were statistically insignificant

Table 13.

Relationships between fathers and mothers as perceived by fathers

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	30	100.0	25	83.3
Average	0	0	4	13.4
Poor	0	0	1	3.3
No answer	0	0	0	0
Total	30	100	30	100

$\chi^2 = 5.45, df = 2, p = n.s.$

n.s. – differences that were statistically insignificant

Table 14.

Relationships between fathers and mothers as perceived by sons

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	30	100.0	19	63.3
Average	0	3.3	4	13.3
Poor	0	0	0	0
No answer	0	3.3	7	23.4
Total	30	100	30	100

$\chi^2 = 13.46^{**}$, $df = 2$

** $p < 0.01$

In both family types, the mother-son relationships were perceived as good by both mothers and sons. The same was observed for the fathers of religiously-active sons; whereas the fathers of religiously-inactive men skipped the question relatively often (table 15).

Table 15.

Relationships between mothers and sons as perceived by fathers

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	30	100.0	22	73.3
Average	0	0	0	0
Poor	0	0	0	0
No answer	0	0	8	26.7
Total	30	100	30	100

$\chi^2 = 9.23^{**}$, $df = 2$

** $p < 0.01$

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The relationships between fathers and their religiously-active sons were perceived by fathers (table 16), sons (table 17), and mothers (table 18) as “just” good. The relationships between fathers and religiously-inactive sons were perceived by the sons and their mothers as average, or no answer was provided to this question.

Table 16.

Relationships between fathers and sons as perceived by fathers

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	30	100.0	28	93.4
Average	0	0	1	3.3
Poor	0	0	0	0
No answer	0	0	1	3.3
Total	30	100	30	100

$chi^2 = 2.06, df = 2, p = n.s.$

n.s. – differences that were statistically insignificant

Table 17.

Relationships between fathers and sons as perceived by sons

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	30	100.0	24	80.0
Average	0	0	5	16.7
Poor	0	0	0	0
No answer	0	0	1	3.3
Total	30	100	30	100

$chi^2 = 6.66^*, df = 2$

* $p < 0.05$

Table 18.

Relationships between fathers and sons as perceived by mothers

Type of relationship	Families of religiously-active sons		Families of religiously-inactive sons	
	<i>N</i>	%	<i>N</i>	%
Good	30	100.0	20	66.7
Average	0	0	4	13.3
Poor	0	0	0	0
No answer	0	0	6	20.0
Total	30	100	30	100

$\chi^2 = 12.00^{**}$, $df = 2$

** $p < 0.01$

4. DISCUSSION AND CONCLUSIONS

Parents of young religiously-active men showed greater satisfaction with their marriages compared with those of religiously-inactive men. Their marital attitudes were more often characterized by desirable moderation, whereas the parents of young religiously-inactive men clearly reported an excess of requirements and management, neither of which provides a good basis for a relationship that is satisfying for both spouses (Braun-Galkowska, 1992). The higher level of marital success seen in the parents of young religiously-active men may be due to their attitude towards parenthood, which they perceive as valuable for their personal development as parents/spouses, as well as for the development of their marriage (Plopa, 2011; Rostowski and Rostowska, 2014).

The higher quality of marital relations is usually accompanied by higher levels of knowledge about the spouse (Dakowicz, 2012a) as well as the ability to recognize and satisfy psychological needs, which are important in a close interpersonal relationship (Dakowicz, 2011). This may be due to the acquired ability to use time for one's own purposes, once all the parental tasks have been completed, e.g. parents spend a lot of time with their children listening to them and fulfilling their needs to be with their parents. Due to an awareness of the limited time that parents can spend together, resulting from the fact that children can express needs which should be met by their parents, at any time, they wish to make the best use of this time (Cowan and Cowan, 1988).

Good marital communication creates a basis that allow for the appropriate functioning of a family as a system, becoming a healthy environment for the

proper development of all its members (Radochoński, 2003). With a good everyday example of an interpersonal relationship between the parents, sons show sensitivity in their relations with their social environment and try to get to know other people and satisfy their needs. These activities are promoted by religious communities, where people motivated by different needs, e.g. those who wish to develop by providing assistance to others and those who seek help or support in difficult moments of life, have a chance to meet.

The presented study did not take into account the underlying motivation for getting engaged in the activities of a religious group. It would be worth taking this element into account in future studies as information about the kind of motivation would provide more data, allowing for a better understanding of a significant aspect concerning the functioning of humans within the family and the broader social group.

The parental attitudes of mothers and fathers from both family types were very similar and were most often characterized by moderation, followed by excess. Deficiency scores were given sporadically in the individual aspects of the parental attitude shown by the parents of young religiously-inactive men, whereas they were absent in the case of parents of young religiously-active men. Parental attitudes characterized by moderation provide the best conditions for the development of a mature personality (Dakowicz, 1999), among other things by expanding the circle of interpersonal relations with the immediate social environment. It is worth emphasizing at this point that the fathers of religiously-inactive men perceived their attitude towards their sons as characterized by excessive closeness and assistance, which was not confirmed by their sons or mothers. The fact that the fathers of young religiously-inactive men excessively attributed closeness and assistance to themselves may reflect their idealized images of themselves (Marsiglio, 2004), but it may also indicate a divergence from the cultural model of a man whose role is to earn a living and the development of the man's role as a caring parent who remains in close contact with his children (Nesterowicz-Wyborska, 2011). Since this is a new role, it may be of a more internal nature, associated with personal convictions rather than expressed in an attitude perceived by society.

Young religiously-active men perceived the interpersonal contacts between their parents as good and considered them as a model to follow. Similarly, they described their contacts with their mothers and fathers as good. The ability to create interpersonal relations is based on family-related experiences (Bradshaw, 1994). Good relationships and personal development within a religious group indirectly brings new qualities and values into the family, thus enriching it and influencing its development as a whole (Dakowicz, 2012b).

Family in the Systems-Centered Perspective. Theory and Research

The presented data on the differences in the functioning of family systems of young religiously-active and religiously-inactive men was acquired based on an assessment of a relatively small number of families. Studies involving a larger group of families, including other religious groups involving young men, would be needed to explore this subject and draw more general conclusions.

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Perceptions of the Family of Origin in Adolescent Drug Users

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ABSTRACT

This paper sets out to present the research outcomes regarding the perceptions of various family environment aspects in adolescent drug users. The research project adheres to family systems theory in its understanding of the family and the suggestions for supporting it.

Three research questions were explored: (1) Does family support and parental control in the study group differ significantly between the childhood period and the later “addiction” phase? (2) Do adolescent drug users differ in their respective perceptions of their fathers’ and mothers’ parental attitudes? (3) Do selected areas of family functioning in codependent families differ according to the type of drugs used by adolescents (hard or soft)? The study group ($N = 55$) consisted of adolescents between 14 and 18 years of age who began therapy in drug rehabilitation centers. Three measurement tools were used in the study: *FACES IV-SOR* (adapted into Polish by Margasiński), *Parental Attitude Scales* (in the version designed for young people) by Plopa, and the *My Family* questionnaire developed by the author.

The obtained outcomes demonstrate that family support is rated as higher in childhood than in later life. A difference in the respective perceptions of fathers’ and mothers’ parental attitudes has been observed on two scales: acceptance-rejection (mothers are perceived as more understanding than fathers) and Overprotectiveness (mothers are more often perceived as overprotective). Two differences have been discovered in the functioning of codependent families:

(1) young people addicted to hard drugs are less attached to their family than those who use soft drugs; (2) young people addicted to hard drugs are more likely to perceive their mothers as inconsistent.

1. CODEPENDENT FAMILIES IN VIEW OF THE FAMILY SYSTEMS THEORY

Our understanding of codependent families is primarily shaped by family therapists and their practice. This understanding is all the more significant as families can both promote addiction and help in overcoming it (Erikson, 1968; Gaś, 1994; Margasiński, 1996, 2011). Interaction models which help elucidate on psychopathology in young people underline the importance of environmental factors, including the family (Pandina, Johnson, 2002).

In her considerations on the nature of families with a substance-dependent child, Rogala-Obłękowska suggests that these particular family systems should be investigated using the following categories: boundaries, leadership, internal communication, emotions, individuality, homeostasis, scapegoating, coalitions, triangulation and developmental processes in the family. Importantly, these categories can also serve as addiction-promoting mechanisms (Rogala-Obłękowska, 2002).

Muisener provides a vivid image of **family boundaries** by describing them as emotional walls and doors (Muisener, 1994). According to Baumrind (1985), in families where authoritarian parenting styles prevail and parents are consistent in setting and enforcing their demands, children are less likely to use drugs than in families which exercise weak parental control over their children. Diffuse multigenerational boundaries are essential for the incidence of drug abuse as a maladaptive symptom in young people. The above phenomenon emerges when one of the parents shows too little involvement in his or her relationship with the child, building overly rigid boundaries, while the other parent is too involved, thereby creating diffuse boundaries. Diffuse boundaries are responsible for blurring the role of relationships in the family.

A transparent **leadership hierarchy** in the family provides a sense of security and stability to its members. "In contrast to dysfunctional families, healthy families have a clear and defined hierarchy. Disruption to the family hierarchy can take several forms: 1) double, inconsistent hierarchy; 2) the struggle for power and responsibility between the parents; 3) the transfer of responsibility to children and other family members (e.g. grandparents) by the parents; 4) multigenerational coalitions" (Józefik, 1999, p. 72)¹². A number of studies demonstrate that in families with an adolescent drug user, fathers are more

¹² Unless otherwise noted, all translations to English are my own.

likely to take a back seat and withdraw both from their role and family life. Leadership in the family is lost if there is a split in the division of powers between the parents; or if one of the parents becomes overly controlling and the other overly indulgent, or if both parents sway to one of the above extremes and become either authoritarian or overly indulgent. Contradictory and inconsistent parenting styles may aggravate the emerging drug abuse.

Healthy **family communication** fosters healthy development in all family members. In her description of healthy communication styles, Satir (1988) points out that individuals should speak openly and be able to say what they really feel without losing their own dignity or injuring other people's dignity. A number of studies and clinical experiments demonstrate that communication in families with an adolescent drug user is usually heavily disturbed and characterized by rigid rules and dysfunctional communication patterns. In their communication with children, parents often formulate messages that are vague or too general. These families lack emotional communication patterns based on empathy, and they are also dominated by communication that is rational, intellectual or cognitive, while emotional content is only expressed indirectly; little or no eye contact is maintained, while speaking on behalf of other family members or interrupting others is often observed. All the above traits are typical of meta-communication disorders.

Emotionality in the family is healthy if family members are able to express a wide array of feelings that range from care and affection to fear, anger or shame. Only full emotionality in the family allows the healthy social and mental development of children. If the scope of emotions expressed in the family is restricted, emotionality in the family tends to break down in two different ways: either negative emotions prevail and communication is characterized by angst and hostility, or the open expression of emotions tends to be repressed. In both cases, members of families with an adolescent drug user experience emotional isolation and a lack of intimacy. Emotionality in families with an adolescent drug user tends to be disturbed. Family members often experience alternating waves of antagonistic feelings, e.g. love and hatred, and they are unable to express them openly. They also feel disengaged from other members, lonely and rejected, which only aggravates their sense of confusion and disregard. Since they find it impossible to express their feelings openly, they seek other ways to cope with their emotions. According to Blum, young people often use drugs because they share no emotional bonds with their family and feel isolated (Blum, 1984; as cited in: Rogala-Obłękowska, 2002). Drug users find it difficult to describe their feelings, thoughts, or communication styles because they have never learnt how to do this in their family homes, which in turn gave them no real feelings but only their manifestations. A case in point are the unspoken rules preva-

lent in alcoholic families: “Don’t talk, don’t feel, don’t trust” (Gaś, 1994; Margasiński, 1996), especially as many adolescent drug users come from alcoholic homes. Interpersonal disengagement resulting from poor emotional expression and little contact (physical and mental) in the family may be one of the factors promoting addiction. Children who feel alienated and isolated still have a basic need to be loved, taken care of and understood. They try to disengage emotionally, and sometimes also physically, from their families in order to survive. Isolation from the family, substance use, running away from home, delinquency or suicide attempts are their typical escape mechanisms. In summary, in families with an adolescent drug user, children only rarely feel loved and accepted, they are also rarely rewarded and positively reinforced while often being criticized and judged. Raised in such an atmosphere, children learn that the only way to seek attention is through problematic behavior such as substance use.

Families with an adolescent drug user tend to show little tolerance to **individuality** in children. They usually respond negatively to children’s attempts to separate and find their own identity. They allow them no “mental space”, thereby preventing their personal development. As a result of these parental attitudes, children are unsuited to perform developmental tasks such as individualization, in adolescence and adulthood. All this means that children are unable to perform tasks typical of adolescence, they also shy away from adulthood and separate from their family by substance use. Children’s attempts to shut themselves off generate considerable tension in the family, since attempts at leaving the family are treated as a threat to its equilibrium.

Substance dependency in adolescence can also be analyzed from a perspective of **family homeostasis**. As they accept the role of the patient, adolescent drug users can also act as the symptom of a dysfunctional family. They become the main problem in the family, thereby bringing stability and equilibrium to the system. The family soon becomes adjusted to the resulting state of affairs and unwittingly nurtures the addiction so as not to disrupt existing behavioral patterns. Since they attract the family’s attention, adolescent drug users also happen to prevent latent conflicts from resurfacing in the family. By focusing on one problem, family members strengthen their ties and derive a sense of togetherness. All this makes protracted substance use functional for the family, which in turn explains why the family unwittingly nurtures addiction in the child (Gaś, 1994; Ulman, 2011).

When faced with a threat to its equilibrium, the family system experiences heightened anxiety due to unresolved family or marital problems, yet homeostasis in the system can be preserved if one of its members takes the blame, as it were. The resulting situation is often described as **scapegoating**. “A drug user [usually] acts as a savior who displaces conflict and takes the parents’ suf-

fering onto himself or herself, which in turn helps them to concentrate not so much on their marital conflict and the ensuing family break-up but on the problems related to substance use, which also happen to be less of a threat to the family.” (Rogala-Obłękowska, 1999a, p.119). The drug user turned scapegoat derives gratification, secondary rewards and benefits from his or her role. By accepting the role of the patient, the drug user takes center stage in the family, which often fosters envy in the siblings.

Coalitions and family triangles in dysfunctional systems with diffused boundaries are created with the aim of providing an anchor for the family. In his analysis of coalitions in structural family therapy, Minuchin assumes that they have rigid boundaries and are formed by two people against a third (Minuchin, 1975). The concept of triangulation and family triangles is extremely useful for a better understanding of family systems (Bowen, 1976). Triangles are usually formed by parents with one of the children. “Triangulation occurs when the mother focuses her emotional energy on one of the children, while the father reinforces the resulting relationship by either accepting it or disengaging from it” (Kołbik, 1999, p. 33). The fusion of a child’s emotional and intellectual systems occurs which is usually more powerful than a similar fusion in his or her parents. As a result, the child becomes increasingly prone to disruption in the family system equilibrium and, when under acute strain or protracted stress, to mental, physical or social injury. One characteristic feature of the father-mother-child triangle in families with an adolescent drug user is that family members are never able to create an integrated system. If the substance-dependent child begins to bond with one of the parents, the remaining parent, who is usually the same sex as the child, tries to disrupt this. The latter parent withdraws when the relationship between the former two cools down, but when they begin to bond again, he or she is ready to find a new reason to stop them. In so doing, the latter creates a double connection between his or her spouse and the child. As a result, the substance-dependent child isolates from the family so as not to favor any of the parents.

Drugs in the family usually appear in the fifth stage of Duvall’s **family life cycle**, namely the adolescent children stage, when parents have to redefine their relationship with children and allow them more freedom and autonomy. The anxiety that parents feel for their adolescent child is merely the struggle in the family system to preserving its former hierarchy. Parents of an adolescent drug user are afraid that he or she might become independent, which in turn makes them confront their own relationship and redefine the roles inherent in the subsequent stage of the cycle. As a result, parents unwittingly foster symptoms of addiction in their children, e.g. drug abuse (Ostoja-Zawadzka, 1999).

2. FAMILY RISK FACTORS

Several differentiating aspects have been described in the literature devoted to codependent families.

Non-nuclear families

Various studies suggest that adolescent drug users are increasingly likely to come from non-nuclear families (Einstein, 1989; Cekiera, 1998). A separation, divorce or death of one of the parents often has a powerful effect on adolescent children. Substance use is one of the ways of coping with the resulting loss.

Insecure attachment

A typical family with an adolescent drug user is described in the relevant literature as a system in which one parent is so close with the child that they create a symbiotic relationship, while the other is eliminated from it, as it were. The parent in the overly symbiotic relationship with the child is usually of the opposite sex (Tabak, 2008).

Disadvantageous parenting styles

The analysis of parenting styles in families with an adolescent drug user creates a twofold image of their mothers:

- Overprotective mothers who restrict their children's independence and are prone to symbiotic relationships with them (overprotective parental attitude).
- Ambivalent or even hostile mothers who dominate and control their children (rejecting attitude based on excessive emotional detachment and domination).

In families where children are raised by both parents, fathers usually remain uninvolved and are disengaged from family life. They tend to use strict but inconsistent disciplinary measures, while their parental attitude can be described as rejecting. Relationships between fathers and children are most often negative. The risk of addiction rises if parents maintain inconsistent discipline and their demands towards the children are vague (Piercy et al., 1991).

Weak parental support and control

Parental support and control play an important role in families with an adolescent drug user, and they are vital for a successful socialization process. In their meta-analysis of the literature (30 publications) on adolescent drinking and alcohol abuse with reference to variables regarding the family process, Lowe, Foxcroft, and Sibley (1993) indicated both the family structure and parental support and control as key aspects in the family process. They established a negative

correlation between parental support and control and adolescent drinking whereby “adolescents from less supportive families tended to drink more” and “adolescents from families exerting weak control over their children tended to drink more.” (Lowe, Foxcroft, & Sibley, 1993, p. 69).

Modeling

Apart from providing care and exercising control, parents also act as role models. Family modeling is an important variable correlating with the development of addiction. Numerous studies demonstrate that one generation can transmit various types of addiction to the other. The majority of studies focused on the influence of alcoholic parents on their children. Alcohol abuse can easily transform into a family tradition which is later followed by the children (Maxwell, 1994; Cekiera, 1998; Pandina, Johnson, 2002). The etiology of drug abuse also focuses on the siblings (Coombs, 1988). A family dynamic of this kind is well reflected in the drug addiction cycle by Stanton (Wrzesień, Żurek, Przybył, 2005; Ulman, 2011).

Violence

Many years of observations carried out on adolescents in drug rehabilitation treatment demonstrate that most of them face situations involving physical, mental and sexual violence, or deep neglect (Sobolewska, 1992; Brągiel, 1996; Badura-Madej, Dobrzyńska-Mesterchazy, 2000). Children exposed to violence resort to three major adaptive mechanisms: split personality, dissociative defense mechanisms and dysfunctional emotional regulation (Herman, 1997; Sikorska, 2012). The latter tendency can be explained by the fact that at some point in their development, abused children discovered that they are able to change their emotional state by disrupting the autonomous nervous system. Abused children resort to a broad spectrum of methods that range from diarrhea and vomiting to compulsive risk taking, compulsive sexual behaviors and taking psychiatric medication. “Through these methods, abused children attempt to obliterate chronic dysphoria and simulate, however briefly, an internal state of well-being and comfort that cannot otherwise be achieved. These self-destructive symptoms are often well established in abused children even before adolescence, and they become much more prominent in adolescent years” (Herman, 1997, p. 110).

Several studies on the role of violence in the addiction etiology have been made by Polish researchers Bielawska-Batorowicz and Golińska, who demonstrate that substance-dependent individuals and their codependent family members experience much more violence in any form than the control group (Bielawska, Golińska, 2000).

3. THIS STUDY

Problem and hypotheses

This study adheres to the family systems theory. In light of the systemic approach to dysfunctional mechanisms in the family, internal problems in individuals result from their interaction with a larger system which they are part of. The family constitutes a fundamental social environment for children and adolescents (Ludewig, 1995; de Barbaro, 1999; Satir, 1988). The paper sets out to present research outcomes regarding the perceptions of various family environment aspects in adolescent drug users. Additionally, an attempt was made to provide an in-depth analysis of the family system of adolescent drug users and to describe the nature of the internal dynamics in their families.

A control group composed of substance-free adolescents was not included in the study design. The aim of the study was to provide an in-depth analysis of the adolescent drug users' community in their family context. The design of the study and its results should be treated as a monograph. The authors' intention was to compare family systems in two subgroups of adolescent drug users, those who used "soft" and "hard" drugs respectively. In order to provide a clear description and due to the limited space available, only one target group was analyzed, namely young substance users in therapy.

The following research hypotheses to be verified in the course of the study were formulated based on the relevant literature and research outcomes regarding adolescent drug users in therapy:

H1: (1) Family support and parental control in the study group differ significantly between the childhood period and the later "addiction" phase. It is assumed that families are both more supportive and controlling in the preadolescent period.

Relevant research demonstrates a correlation between substance use and the family support and parental control experienced by the children (Jessor, 1987; Lowe, Foxcroft & Sibley, 1993). However, a difference can be established between the respective perceptions of support and control prior to the incidence of an addiction (i.e. in the preadolescent period) and later. Substance use in adolescents generates tension and conflict in the family, which in turn can erode support and increase control in the system.

H2: Adolescent drug users differ in their respective perceptions of the parental attitudes of their mothers and fathers.

The literature on the subject, especially contributions which are based on clinical observations, demonstrates that adolescent drug users differ in the respective perceptions of their mothers and fathers, which is probably due to the

disturbed parental roles in their families. Adolescent drug users usually perceive their mothers as either overprotective or ambivalent and hostile. Fathers, who are rarely described in the literature, are usually perceived by their substance-dependent children as inconsistent and having a negative attitude towards them (Rogala-Obłękowska, 1999a, 1999b).

H3: The levels of functioning in families with adolescents who use hard drugs differ from those in families with adolescents who only use soft drugs (with respect to the characteristics of the family system investigated in the study and problems experienced in the family, including childhood).

Using hard drugs, e.g. heroine or amphetamine, is perceived as a behavior that is contrary to established social norms and is even reprehensible. Moreover, the possession of hard drugs is punishable by law. The use of these substances has serious social, legal, and financial implications. Using soft drugs, especially marijuana, is slightly different. With the general access, gradually liberalized attitudes, and the fashion, as it were, for using the drug, marijuana has become increasingly accepted in different social groups. It seems an intriguing task to investigate families of both groups and compare them.

4. RESEARCH TOOLS

Three measurement tools were used in the study: FACES IV-SOR, based on the Olson Circumplex Model and adapted into Polish by Margasiński (2009), the *Parental Attitude Scales* (in the version designed for young people) by Plopa, and the *My Family* questionnaire developed by the author. As the first two measurement tools are familiar to Polish researchers and are in general usage, only the third tool developed by the author will be presented.

The *My Family* questionnaire consists of three main blocks of questions. They are: (I) General information (including questions concerning the addiction), (II) Family of origin, (III) Support and control in the family.

Block I consists of 13 items. Items 1-7 cover the age, gender, place of residence (until 12 years of age and current), school (completed and current) and the assessment of the financial situation of the family. Items 8-13 concern the addiction and its treatment, whether the subject feels to be substance dependent, to which substances a dependency exists, if the subject has started therapy, how many sessions have been completed, and which month of therapy they are in.

Block II is the largest of all three parts of the questionnaire. It encompasses 25 items that can be grouped into five categories (the number of the items assigned to each group is provided in the brackets): family structure (including information about the siblings; (7)), the problem of alcohol abuse in the family

(4), the problem of substance abuse (5), punishment in the family (4) and domestic violence (5).

Block III covers perceptions of family support and parental control in adolescent drug users. The idea to identify three family factors associated with drinking and alcohol abuse in adolescence, namely support, control and its structure, (Lowe, Foxcroft & Sibley, 1993) was used by the author to create a separate list of items that describe family support and parental control. In addition, the above dimensions were divided into 2 groups: support and control until 12 years of age and support and control from the age of 12 to the present date. An overview of the two dimensions and their constituent items is shown in table 1.

Table 1.

Constituent items of the family support and parental control scales

DIMENSION			
SUPPORT		CONTROL	
S1 0–12 years	S2 13 years – current	C1 0–12 years	C2 13 years – current
Parental support		Degree of control exercised over the subject	
Conflict in the family home		Forms of discipline used towards the subject	
Closeness with the family		Severity of the parents	
Attachment to the family		Consistency in enforcing parental rules	
Degree of confidence in the subject		Freedom granted to the subject	
Degree of caring about the subject			

The answers were given according to the Likert five point scale. Cronbach's *alpha* coefficients calculated for the four dimensions achieved values sufficient to determine the reliability of the measurement as satisfactory and to accept the variables (S1 = 0.87; S2 = 0.78; C1 = 0.58, C2 = 0.64).

Subjects and study procedure

The study group ($N = 55$) consisted of 55 adolescents between the age of 14 and 18 who began therapy at drug rehabilitation centers. The study was carried out from March to June 2011 at four drug rehabilitation centers: NZOZ Monar Marianówek, the “Nadzieja” Catholic Youth Center for Therapy and Education in Bielsko-Biała, the Rehabilitation and Education Center for Adolescent Drug Users in Czestochowa, and the “Dom Nadziei” Catholic Center in Bytom. The study was conducted anonymously in each of the centers, was completed in groups and took approx. 45 to 50 minutes.

5. RESEARCH OUTCOMES

Family support and parental control

The data for the analysis of the above variables was derived from the *My Family* questionnaire. Differences in the respective perceptions of family support and parental control until the age of 12 and later are illustrated in figure 1.

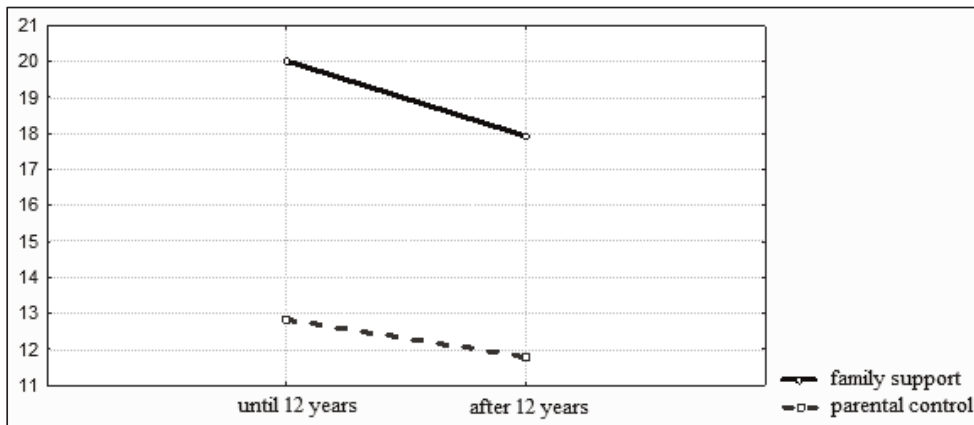


Figure 1. Differences in the perceptions of family support and parental control in the preadolescent period and later

Adolescent drug users differ in their respective perceptions of family support up to the age of 12 and later (right-tailed test, $t = 2.599$, $df = 54$, $p = 0.012$): the support received until the age of 12 is rated as higher than the support received between the age of 12 and the present. A correlation was revealed between both support types: the higher it was in the preadolescent period, the higher it is rated by adolescent drug users ($r = 0.48$, $df = 53$, $p < 0.05$).

The correlation between the respective perceptions of parental control until the age of 12 and between the age of 12 and the present is statistically insignificant ($t = 1.613$, $df = 54$, $p = 0.113$).

Hypothesis 1 has only been confirmed partially by the results obtained in the study. Adolescent drug users differ in their respective perceptions of family support in the preadolescent period and the “addiction” phase: family support in the preadolescent period is rated as higher than in later life. No significant correlation was observed between the respective perceptions of parental control until the age of 12 and between the age of 12 and the present.

Perceptions of parental attitudes in adolescent drug users

The analysis of parental attitudes was based on the results obtained with the *Parental Attitudes Scale* (Plopa, 2008). Differences in the respective perceptions of mothers’ and fathers’ attitudes are illustrated in figure 2.

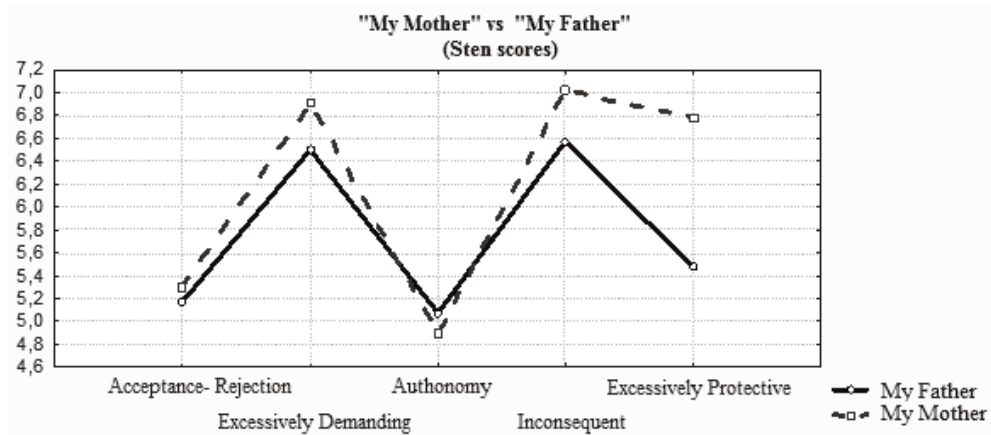


Figure 2. Perceptions of the attitudes of mothers and fathers (sten scores)

As a result of the analysis, two correlations were identified regarding two attitudes: *acceptance-rejection* and *overprotectiveness*. A statistically significant difference was also observed between the respective perceptions of the attitudes of mothers and fathers on the *Acceptance* scale (right-tailed test, $t = 3.32$, $df = 37$, $p = 0.002$): mothers are seen as more accepting than fathers.

A similar correlation can be observed on the *Overprotectiveness* scale. A statistically significant difference was observed between the respective perceptions of attitudes of mothers and fathers on the *Overprotectiveness* scale (right-tailed test, $t = 4.34$, $df = 37$, $p = 0.0001$): mothers are seen as more overprotective than fathers.

Correlations between the perceptions of the attitudes of mothers and father are not statistically significant on the remaining scales.

In summary, the study has failed to reveal correlations on all parental attitudes scales. A difference has been confirmed between the respective perceptions of attitudes of mothers and fathers on two scales: (1) *Acceptance-Rejection* and (2) *Overprotectiveness*. Accordingly, hypothesis 2 has only been partially confirmed.

Family environment and substance abuse

Reference material for the analysis of family environment characteristics was obtained using the *My Family* and *FACES IV-SOR* questionnaires.

An analysis of the data collected with the former allows the formation of an image of families in both adolescent groups. Since the subjects were able to give more than one answer to the question about the type of substances used, it turned out that most of the adolescents involved in the study were simultaneously addicted to several substances (coupled addiction). As a result, it was necessary to create more detailed distribution criteria when assigning subjects to groups addicted to soft and hard drugs respectively (it was necessary to allocate specific drugs to each group). The respective percentages of substances used in each group are presented in table 2.

Table 2.

Psychoactive substances used in groups addicted to soft and hard drugs respectively

Substance used	Soft drugs (% of the subjects using the substance)	Hard drugs (% of the subjects using the substance)
Marijuana	84	81
Alcohol	58	69
Amphetamine	0	97
Ecstasy	0	44
Cocaine	0	33
Medication	0	33
Hallucinogens	0	31
Heroin	0	8

In order to determine whether the levels of functioning in codependent families differ according to the type of drugs used by adolescent drug users (hard or soft drugs), the data regarding the two family types were compared. Table 3

(below) presents the risk factor incidence percentages in the family environments of adolescents addicted to soft and hard drugs respectively.

Table 3.

Family environment of adolescents addicted to soft and hard drugs – Risk factor incidence percentages

Family environment of adolescent drug users		
Indicator	Soft drugs ($N = 19$) %	Hard drugs ($N = 36$) %
Non-nuclear families	57.9	52.8
Alcohol abuse in the family	63.2	63.9
Substance abuse in the family	26.3	58.3
Criminal past in the family	42.1	44.4
Violence in the family	47.4	55.6

Two statistically significant correlations have been revealed as a result of the statistical analysis of the material obtained with the FACES IV-SOR and the *Family Attitudes Scale* regarding the respective family environments of both adolescent groups.

The disengagement levels in adolescents addicted to soft drugs differ from the same levels in adolescents addicted to hard drugs (*Disengagement* scale). The difference is both statistically significant and directional (left-tailed test, $t = -2.162$, $df = 53$, $p = 0.035$):

Adolescents addicted to hard drugs are more disengaged from their families than adolescents using their soft counterparts.

Adolescents addicted to soft drugs and hard drugs differ in their respective perceptions of their mothers' attitudes on the Inconsistency scale. The difference is both statistically significant and directional (right tailed-test, $t = 2.107$, $df = 53$, $p = 0.002$): Adolescents addicted to hard drugs describe their mothers as more inconsistent than adolescents using their soft counterparts.

The differences between the functioning of the family in both groups are not statistically significant on the remaining scales. Accordingly, hypothesis 3 is confirmed to a negligible degree. Only two statistically significant differences were revealed by a total of twenty-two analyses performed in the study.

6. DISCUSSION

The main goal of the project was to investigate the perceptions of selected family environment aspects in adolescent drug users. The analysis of the obtained results focused on family support and parental control, and on the parental attitudes of mothers and fathers. Differences in the characteristics of the families of young people addicted to soft drugs and young people addicted to hard drugs respectively, were investigated.

The analysis of the perceptions of family support and parental control revealed that adolescents involved in the study gave high scores (20 out of 30) for their parents' support until the age of 12 (S1) and average scores (17.9 out of 30) in later life.

The comparison of the perceptions of parental support in two life periods reveals a downward trend in perceived family support. The identified difference is statistically significant. The resulting decline can be related to two different aspects. Firstly, as a specific developmental phenomenon, the period of adolescence implies the possible emergence of a normative adolescence crisis. Risky behaviors, rites of initiation and the process whereby the identity of a young individual is formed pose a challenge and are a test, as it were, to other family members. Surprised and disappointed by their child's new behavior, parents tend to detach from the child or even withdraw their emotional support (Satir, 1988; Ribner, 2005; Piasecka, 2011). The externalization of problems coincides with addiction problems that arise in adolescence (Sher et al., 2003). Secondly, the same addiction is also a risk factor for sustaining parental support to a child who is coming of age. Consequently, an adolescent's compulsive behavior may gradually undermine the parents' confidence in the child. The bond between the child and the parents is in fact eroded or even obliterated because the adolescent's substance use involves cheating and stealing the parents' money to obtain drugs. Children who feel little support from their parents in adolescence can hardly feel fully secure, are self-conscious and often convinced that they have no one to rely on. According to the literature, a low sense of support and the resulting strain coexist with substance use (Lowe, Foxcroft, & Sibley, 1993; Sikorska, Piasecka, Gerc, 2011).

The analysis of perceived parental control revealed that the study group rated it as average both until the age of 12 (C1) (12.8 out of 25) and from the age of 12 until the present (11.8 out of 25) (C2). As a result, the subjects gave average scores on the variable for both life periods.

This data appears to be consistent with the results of the meta-analysis carried out by Lowe, Foxcroft, and Sibley (1993), who demonstrated that young people from families who provide little support to their adolescent children and

exercise poor parental control tend to drink more alcohol. Young people who do not share a bond with their family are considered to be more susceptible to peer pressure regarding alcohol consumption, drug use and crime. The above observation is further corroborated by Streit, who in his family environment perception theory argues that the formation of deviant behavior in children is directly related to the way they perceive their family environment (as cited in: Gaś, 1994; Rogala-Obłękowska, 1999b; Urban, 2001). In his family interaction theory, Brook also indicates the poor bonding in the family, which develops in the absence of parental supervision and emotional support to children, as the most prominent factor promoting drug abuse. Brook states that children in families where parents are heavily restrained and mothers socially maladjusted face a greater risk of developing various maladaptive symptoms. A case in point are behavioral disorders or joining a deviant peer group who accept drug use (as cited in: Gaś, 1994; Rogala-Obłękowska, 1999b). Adolescents often resort to drugs in order to change their self-perception as well as their perception of reality. The results obtained in the project are also consistent with deviant behavior theory, which links children's tendencies for abnormal behavior with their parents' low propensity to exercise control and provide support (Jessore, 1987, as cited in: Gaś, 1994). The results presented also correspond with reports from surveys on family environmental factors promoting drug abuse in adolescents of conscription age (Jędrzejczak, Boroń, 2003). Researchers conclude that the absence of bonding in the family, the type of emotionality and weakness in the family are important factors promoting drug abuse in adolescents involved in the study.

Another area analyzed in the study, namely the differences in the perceptions of the parental attitudes of mothers and fathers yielded two major outcomes. A statistically significant difference was revealed between the respective perceptions of mothers and fathers attitudes on the Acceptance scale whereby mothers are seen as more accepting. The result comes as no surprise in light of the relevant literature. In families with adolescent drug users, the relationship with the father is usually seen as negative, and the father's attitude toward the adolescent can be defined as strongly rejecting. Mothers of adolescent drug users often exhibit excessive care and are also emotionally focused on the child.

The second outcome is evident from the *Overprotectiveness* scale: mothers of adolescent drug users are seen as more overprotective than fathers. This corresponds with the findings regarding one of the two parental attitudes exhibited by the mothers of adolescent drug users, whom Ziemska (2009) calls "excessively protective". These mothers are both extremely caring and forgiving at the same time, and they also display a tendency to restrict their child's initiative and independence. Clinical observations suggest that fathers of adolescent drug users are uninvolved and disengaged from family life. Their attitude toward their

children can be defined as rejecting. An intriguing parallel emerges between the respective perceptions of parental attitudes in adolescent drug users and adolescent victims of bullying. Male victims of bullying have mothers who are over-protective, overly controlling and indulgent (Olweus, 1993), while their fathers are emotionally aloof, physically absent and have a tendency for excessive criticism. It appears that both addiction and violence are “easier to access” for young people who grow up in malfunctioning family systems.

The analysis of the respective characteristics of the families in which adolescents addicted to soft drugs and hard drugs are growing up was based on the following criteria:

- the family environment;
- parental attitudes;
- perceived family support;
- perceived parental control.

Adolescents addicted to hard drugs and those addicted to soft drugs differ on a number of aspects in their respective perceptions of their family environment. Although only two aspects are statistically significant, a visible trend can be observed. While the scores on the *Balanced* scales (*Balanced cohesion* and *Balanced flexibility*) are similar in both groups (verging on 4 sten scores), the scores on the *Unbalanced* scales (excluding *Chaos*) are higher in the group of adolescents addicted to hard drugs. A comparison of family profiles in both groups might indicate lower general functioning levels in the families of adolescents addicted to hard drugs. However, a statistically significant difference has only been revealed on the *Disengagement* scale only: adolescents addicted to hard drugs are more disengaged from their families than adolescents using their soft counterparts. This outcome seems logical considering the social, psychological and legal implications of drug use. Higher bonding with the family of origin is likely to serve as a protective factor in the group of adolescents addicted to hard drugs.

A comparison of the respective perceptions of parental attitudes in both groups has only revealed one statistically significant difference, regarding mothers on the *Inconsistency* scale. Adolescents addicted to hard drugs describe their mothers as more inconsistent than adolescents using their soft counterparts. The scale demonstrates that mothers' attitudes in the group of adolescents addicted to hard drugs take an increasingly negative turn. Inconsistent parenting styles may aggravate the emerging drug abuse in adolescents (Piercy et al., 1991). It is possible that not only the risk of addiction but also the tendency to choose hard drugs is on the increase when parents maintain inconsistent discipline and their demands toward children are vague. Other outcomes regarding the perceptions of parental attitudes in both groups, as is the case of the *Family Rating*

Scales, are also indicative of certain trends. Firstly, adolescents addicted to hard drugs describe their mothers as more demanding, inconsistent and overprotective than adolescents using their soft counterparts. Overprotectiveness can slow down emotional development in children while fostering their infantile behavior, passivity, submissiveness and dependence on their mother (Plopa, 2007; Ziemska, 2009). Secondly, adolescents addicted to hard drugs describe their fathers as more demanding, inconsistent and less accepting while allowing children less autonomy and being far from overprotective. The differences in the respective perceptions of parental attitudes in the study group indicate that undesired attitudes are more likely to escalate in the families of adolescents addicted to hard drugs. However, most of the differences are not statistically significant, and they only suggest a certain trend. The analysis of the respective subgroups addicted to opiates and amphetamine indicates that amphetamine use correlates with the dominant role of the mother and the father's withdrawal from family life. Mothers would often form a bond that was too powerful while restricting their children's autonomy. Raised in such an atmosphere, children may start using amphetamine to impress their parents with their school results, since the drug acts as a stimulant in the initial phase of addiction (Rogala-Oblękowska, 1999a). Adolescents addicted to opiates and amphetamine belong in one group, while almost all subjects tested in the study are addicted to amphetamine (35 people, which is 97% of the whole sample).

The comparison of perceived family support and parental control in both groups has failed to produce any statistically significant differences. An intriguing outcome has been observed. Both the perceived support and control until the age of 12 (S1 and C1) (presumably prior to the incidence of drug abuse) are lower in the group of adolescents addicted to hard drugs. However, the perceived family support in both groups evened out in later life. While being generally low, family support in the group of adolescents addicted to hard drugs shows almost no change over time, whereas the perceived parental support in the group of adolescents addicted to soft drugs drops considerably over time. It is therefore possible to assume that higher family support and parental control can serve as protective factors against the incidence of hard drug abuse in adolescents. Perceived family support and parental control are losing prominence in the potential addiction phase.

Since the study was performed on a small sample, it is advisable to re-run the project on a larger number of people.

7. CONCLUSIONS

The outcomes obtained from the statistical analysis and the general characteristics of the study group lead to the conclusion that the functioning of families of substance-dependent children and adolescents is far from healthy. Family systems theory stipulates that attempts at explaining dysfunctional phenomena in the family in causal and linear terms are unjustified. However, it can be assumed that both the interaction between a substance-dependent child and his or her family, and the experience of a malfunctioning family in childhood and adolescence lead to the emergence and later sustenance of drug abuse. The outcomes obtained in the study allow the following conclusion:

1. Drug abuse in adolescents coincides with a decrease in support in the family of origin from the preadolescent period into later life.
2. Drug abuse in adolescents coincides with low acceptance from fathers and overprotective attitudes in mothers.
3. Hard drug abuse in adolescents coincides with disengagement (low bonding levels in the family as a whole) and inconsistent attitudes of mothers. The risk of the incidence of drug abuse is on the rise when mothers are inconsistent, their requirements from children vague and bonding in the family is weak.

That being said, any adolescent may reach for drugs in this period of adolescence which is full of experimentation, testing new ideas and one's own boundaries, even if their families are functioning well. However, research suggests that whether they stop or continue on their path to addiction depends to a large extent on the family. Even the best functioning families may not be able to save their children from reaching for drugs, but they can save them from addiction.

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Alcoholic Families in Therapy in Light of the Circumplex Model of Marital and Family Systems¹³

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ABSTRACT:

The paper presents a study carried out in Poland on a group of 124 alcoholic families and 150 control families. The Polish adaptations to the Circumplex Model and Olson's FACES IV questionnaire, both designed by the author, were used as the main instruments in the study. Two measurements were taken: at the start of the addicted husband's therapy and after 8–10 weeks, at the end of the initial treatment phase. The pre-test indicated statistically significant differences between the studied groups on all scales, with the exception of the *Rigidity* scale. The post-test revealed spectacular changes in alcoholic families, their profiles drawing considerably close to those of the control group. The obtained results demonstrate that therapy is effective and that alcoholic families have potential for growth. They also confirm the validity of the principles inherent in family systems theory (a change to one element affects the remaining elements in the system). The permanence of these changes remains questionable, which makes good diagnosis and therapeutic care for entire family systems all the more necessary.

¹³ The paper presents selected research outcomes concerning alcoholic families described in detail by the author in his (2010) *Rodzina alkoholowa z uzależnionym w leczeniu*. Kraków: Impuls.

One of the academic disciplines that has developed rapidly since the formulation of the general systems theory by L. v Bertalanffy (1968) is family psychology. Essentially, family systems theory attaches great importance to organization (relationships between constituent parts), and it focuses both on paradigm relationships (contrary to linear relationships) and examines events in their context rather than on their own. The approach should by all means be attractive to both family theorists and practitioners. It is no wonder, therefore, that the approach is now a dominant conceptual model in family therapy (Goldenberg & Goldenberg, 2004). As a separate sub-discipline, it has also developed its own terminology: the principle of the whole, family system homeostasis, feedback loops, equifinality, boundaries, subsystems, alliances, coalitions and triangulations. Steinglass (1987) demonstrates that alcohol abuse affects the entire family system. Steinglass argues that the population of alcoholic families is sufficiently varied to make it impossible to identify one adaptive style that would be typical of alcoholic families. What sets these families apart is their *sobriety-drinking cycle*: alcoholic family systems behave differently when their addicted member abstains from drinking and when he or she does not. Alcoholic families show little flexibility and are often rigid. When their member returns to drinking, they resort to tested behavior mechanisms which are often inadequate for the situation. While these mechanisms can be observed at all three stages of family development (early, middle and late), can they also evolve.¹⁴ The emergence of the alcoholic family system involves the constant presence of alcohol in family homeostatic mechanisms. At the same time, due to their rigidity and defensive nature, alcohol-induced morphostatic behavior precludes family development and blocks morphogenetic processes. As demonstrated by Steinglass, the paradox is that the adaptive qualities of alcohol contribute to the dissociation of social functions both individually and as a family, while some of the functions are only available to family members when the family enters alcohol-induced interaction. This is a deep and indelible mark, as it were, which alcohol abuse leaves on the family.

In their study based on the Cierpka model, Namysłowska et al. (2004), reveal a statistically significant difference in the respective ratings of marital life quality between addicted family members and their spouses and their control group counterparts. Bonding in alcoholic families was rated much lower than in the control group. The family as a whole was rated the lowest by the spouses of addicted persons, while codependent people scored significantly lower on their family functioning. Alcoholic families differed from the control group the most in their perception of bonding in the marital dyad, and codependent people scored much lower on bonding than their addicted spouses. The outcomes reveal

¹⁴ A detailed overview of the Steinglass theory is provided by Margasiński (2010).

the explicitly negative perception of the marriage in all three dimensions, the lowest scores being obtained by codependent spouses. The authors conclude that the above outcomes make therapy with the entire family system all the more necessary, especially alcohol addiction therapy with the marital dyad. In his application of Olson's FACES III to study change in alcoholic families as a result of therapy, Zwoliński (1992) demonstrates that therapy reduces differences in the perception of alcoholic husbands regarding cohesion and adaptability in the family and the perceptions of cohesion by their codependent spouses.

According to O'Farrell (1992), mainstream research into alcoholic family systems is focused on the evaluation of treatment. Family systems theory has proved inspiring for a line of research concerning parent-children relationships (Jacob, Krahn & Leonard, 1991; Fitzgerald, Zucker & Yang, 1995). Gibson and Donigian (1993) suggest that Bowen's theory may be successfully applied to explain phenomena such as internalization and multigenerational transmission. Descriptions of codependency and adult children of alcoholics (ACOA) syndromes were formulated in the 1980s and 1990s using the mutual bond perspective. Neither the DSM-IV nor the ICD-10 officially recognizes the syndromes as disorders. Although both syndromes enjoy widespread popularity as self-help concepts, scientific researchers refuse to define them as disorders, and relevant empirical studies often provide contradicting results.

The concept of codependency most often refers to codependent wives and their irrational bond with their alcoholic husbands, the staying power of their relationship, and numerous emotional entanglements. Inclan and Hernandez (1992) claim that the term was first formulated by addiction therapists in the 1970s. The term was brought into general use by Woititz (1979) and Wegscheider-Cruse (1981). Cermak (1986) defined codependency as a disease and postulated that a new disorder should be introduced to the DSM/ICD classification. Consequently, a conclusion can be drawn that codependency has been widely adopted since then, e.g. by the Alcoholics Anonymous movement or numerous therapy groups working with adaptations of the 12-step program. With popular publications on "toxic relationships" (Wilson-Schaef, Forward, Mellody, Beattie, Woititz, Norwood etc.), the term is now applied to nearly anyone who was brought up in a dysfunctional family, which means it is both misused and imprecise. This is because the term has been used by a variety of standpoints and theories, with each author keen to offer his or her own definition.

A review of the relevant literature allows the identification of three main critical standpoints against the concept of codependency. The largest number of critics point out that there are too many different definitions of the concept, and that it offers too easy a label in diagnosis and is too general (Asher, Brissett, 1988; Frank, Bland, 1992; O'Gorman, 1993; Tavis, 1992; Chiazzi, Liljegren, 1993;

Haaken, 1993; Bell, 1995). Other critics focus on the cultural limitations of the concept, and they point out that codependency may be adequate in the Anglo-Saxon culture (and some European cultures, it must be added), but it fails to work in Asian or Latin American cultures (Inclan, Hernandez, 1992; Soo-Young Kwon, 2001). The concept has also been criticized by feminist and gender researchers who argue that codependency petrifies women's subordinate position toward men (Van Wormer, 1989; Frank, Golden, 1992).

Similar difficulties are faced by those who try to adequately define the other concept, namely the adult children of alcoholics syndrome. The ACOA problem was first described by Woititz (1979). She claims that the experience of growing up in an alcoholic family is unique in that it leaves an indelible mark on a child's personality. This later results in a troubled adult life and a specific personality configuration. Woititz identified several characteristic traits of the ACOA syndrome. The list was later developed by the following therapists: Wegscheider-Cruse (2000), Bradshaw (1994), Cermak and Rutzky (1996). As a result, the syndrome encompasses several dozen diagnostic criteria (sic!), which is a unique phenomenon in itself. The majority of adaptive difficulties experienced by contemporary society can be easily found there. The latter is too wide and devoid of both axis and border criteria, while empirical outcomes tend to vary too much. The ACOA concept is criticized for its methodology, e.g. non-representative samples, inaccurate control group parameters and an insufficient measurement of family alcohol abuse history (Windle, Searles, 1990; Sher, 1991). Tweed and Ryff (1991) pointed out conceptual challenges resulting from ambiguous data, e.g. when no statistically significant differences can be established between study and control groups. Research was also undertaken to define the ACOA syndrome compared to other dysfunctional families which are not affected by alcohol abuse. Research outcomes exist which identify no statistically significant differences between ACOAs and ADDFs, whereas statistically significant differences have been identified between both these groups and their functional family counterparts (Harrington, Metzler, 1997). Logue, Sher, and Frensch (1992) argue that selected ACOA descriptors are very much akin to Barnum-like statements in that they are vague and can fit almost anything. The obtained outcomes allow the authors to conclude that ACOA descriptive profiles are by no means specific, which disqualifies the concept as a clinical category. A similar standpoint is presented by Lilienfeld et al. (2010), who claim that ACOA literature perpetuates a dangerous myth instead of offering a useful diagnostic and therapeutic category. Their empirical study on the role of Barnum-like statements in the ADDF control list demonstrates that 22 out of 24 items used in the ADDF diagnostic tool (the outcomes may easily be extrapolated into ACOA di-

agnosis as well) in no way can serve as specific descriptors, and the resulting diagnosis could have all the hallmarks of a scientific artifact (Margasiński, 2013). This brief overview of research into alcoholic families illustrates the sheer scale of descriptive difficulties as well as the scale of unresolved problems, alcoholic families remaining a descriptive challenge for therapists and theorists alike. The latter observation serves as a starting point for this study. The project at hand sets out to explore the degree of change in alcoholic families as a result of the addicted father starting therapy. The principle of the whole and the feedback principle, which are both intrinsic to family theory, stipulate that a change to one element affects the remaining elements in the system. Thus, this project also tries to examine the validity of the family systems theory.

1. RESEARCH METHOD

The study was carried out as part of a large research project funded by the Polish Ministry of Science and Higher Education to examine alcoholic families in southern and central Poland. The study was conducted by qualified interviewers, and both groups were tested twice. The pre-test measurement of alcoholic families was usually carried out within 1 or 2 weeks after the father had been admitted to the alcohol rehabilitation center, while the post-test measurement was taken 2 or 3 months later when the initial stage of treatment was coming to a close. A similar procedure was applied when measuring the control group. All family members, i.e. the father, the mother and children above the age of 12, were tested in both groups.

People without any symptoms of a serious illness requiring hospitalization were accepted to the control group. Families exposed to stress caused by a somatic disease were eliminated. The control group comprised 499 people from 150 families, i.e. 150 fathers, 150 mothers, 106 daughters and 93 sons. The study involved individuals from large cities, towns and rural areas. Individuals from large cities constituted 41.2% of the participants, while 33.6% of them lived in towns and 25.2% in rural areas. The AA group comprised 124 alcoholic families, i.e. 124 alcoholic husbands, 124 wives and 138 children (73 daughters and 65 sons), which gave the total number of 386 people. Individuals from large cities constituted 35.8% of the participants, while 41.2.6% of them lived in rural areas and 23% in towns. The average age in the study group was 45.6 for husbands, 43.1 for wives, 13.9 for daughters, and 15.4 for sons. The average age in the control group was 43.7 for husbands, 43.1 for wives, 16.5 for daughters and 17.9 for sons. The differences between treated and control families turned out to have no statistical significance.

2. RESEARCH TOOLS

The following tools were used in the study: a questionnaire by the author to collect basic demographic data about the families; and as the main research tool the FACES IV-SOR questionnaire based on the thoroughly revised Circumplex Model by Olson (Gorall, Tiesel, Olson, 2004), the translation of which was supervised by the author (Margasiński, 2009). Since the latter tool was presented in detail in the other section of the book, no extended description is provided in this chapter.

This project sets out to measure the change occurring in alcoholic family systems as a result of the addicted father starting therapy. A number of research questions were posed concerning the evolution of alcoholic family systems based on the following variables: balanced cohesion, balanced flexibility, disengagement, enmeshment, rigidity, chaos, communication and family life satisfaction. It was assumed that the variables would reveal statistically significant differences between clinical and control groups, especially at the pre-test (alcoholic family systems entering therapy). The differences were expected to subside after the initial stage of the therapy cycle, which on the one hand would prove the efficiency of the therapy, and on the other would serve as empirical proof of the validity of the family systems theory (a change to one element affects the remaining elements in the system).

Since FACES IV was introduced quite recently (2014/2015), no similar study on alcoholic families has been reported by Polish researchers to date.

3. RESEARCH OUTCOMES

The table below represents the mean results from the pre-test for all family members. The table represents the mean results for all family members, with the results and profiles for particular groups (husbands, wives, daughters and sons) being in no significant way different from their mean counterparts both in the clinical and the control group, which is why they were omitted in the paper. The same procedure was applied in study 2.

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Table 1.

Pre-test using FACES IV-SOR for all family members

Scale/indicators	Mean	Mean	t	P	Standard deviation	Standard deviation
	AA	CG			AA	CG
Balanced cohesion	21.85	56.10	-16.55	0.0000	16.227	27.898
Balanced flexibility	29.10	49.03	-11.81	.0000	14.265	22.051
Disengagement	35.31	17.90	15.38	0.0000	14.057	10.026
Enmeshment	32.08	21.81	8.70	.0000	14.479	10.758
Rigidity	33.89	31.60	1.87	.0621	12.672	13.997
Chaos	40.44	26.67	9.65	.0000	16.502	14.366
Cohesion ratio	1.23	2.40	-18.07	0.0000	.498	.885
Flexibility ratio	1.09	1.55	-11.34	.0000	.350	.516
Total Ratio	1.16	1.98	-16.45	0.0000	.401	.660
Communication	27.53	62.95	-17.12	0.0000	19.047	25.842
Family life satisfaction	19.44	44.50	-11.97	.0000	18.225	26.960

AA – alcoholic families, N = 386

CG – control group, N = 499

t – t test for independent groups

The growth chart below represents the family profiles obtained with FACES IV-SOR.

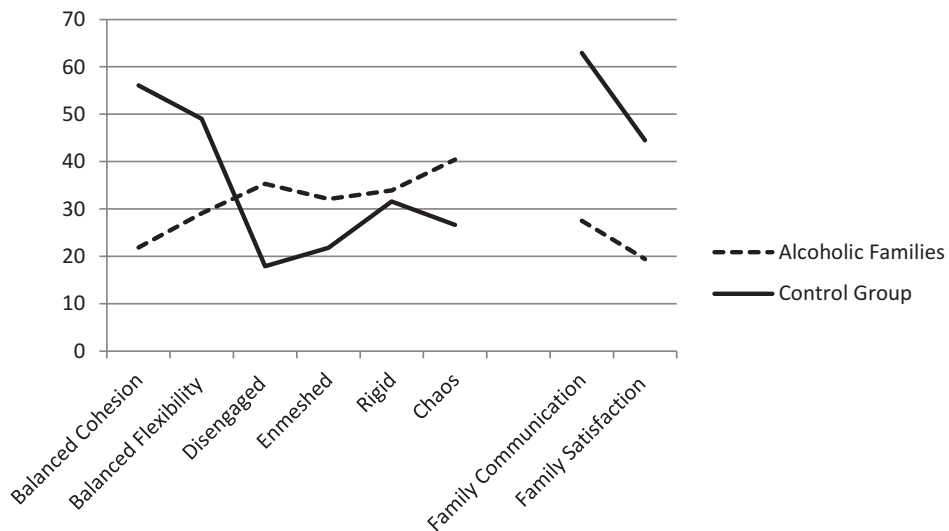


Figure 1. All family members profiles at pre-test using FACES IV-SOR

All the outcomes represented in the growth chart fall within the average range, which is typical of this particular measurement method. Nevertheless, both statistically significant and qualitative differences occurred between the scales. As hypothesized, the control group profile is close to balanced. All four *Unbalanced* scales decreased, while *Balanced cohesion* and *Balanced flexibility* improved. The Circumplex Model states that high *Balanced cohesion* and *Balanced flexibility* scores reflect a healthy and functioning family, whereas high *Unbalanced* scores suggest a dysfunction in the family. With no symptoms of stress, the resulting profile for the control group is both in line with the research hypothesis and the Circumplex Model. This is further corroborated by the following ratios: cohesion ratio (CR) = 2.40, flexibility ratio (FR) = 1.55 and the total ratio (TR) = 1.98, each of which is much higher than 1 and, thereby, suggests balance in the system.

For alcoholic families, a tendency toward unbalanced was only partially demonstrated. The resulting profile scores lower on *Balanced cohesion* and *Balanced flexibility*, while *Unbalanced* scores are heightened, yet still remain within the average range. The obtained profile cannot be defined as unbalanced. In fact, it is difficult to define it using any of the profiles derived from the Olson Circumplex Model. The alcoholic families involved in the study were at the initial stages of the husband's therapy, which had probably been preceded by drinking and a family crisis, the latter observation being reflected in lower *Balance* and highest *Chaos* scores in the family. That being said, the obtained ratios CR = 1.23, FR = 1.09, TR = 1.16 remain above 1 while still being much lower than in the control group. This means that, despite the crisis and a loss in a number of important skills, alcoholic families were not utterly dysfunctional (to be classed as dysfunctional their respective ratios would have to be below 1 and leaning toward 0). The fact that they were able to encourage the alcoholic member to undergo therapy only seems to corroborate their resilience.

Except for Rigidity, the other scales and ratios demonstrated statistically significant differences between the groups. Similar differences can also be observed on *Communication* and *Family life satisfaction* scales. The Circumplex Model suggests that the both scales should produce comparable results. As hypothesized, families with effective communication skills had higher family life satisfaction levels than families with poor communication skills, and families with higher scores on balance will enjoy high family life satisfaction levels. The above dynamics were demonstrated for both groups, and considerable and statistically significant differences were identified.

The post-test for both groups was carried out after 2 or 3 months. The post-test for alcoholic families was carried out after or near the end of the alcohol rehabilitation treatment, which is often referred to as the basic or initial stage and

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usually lasts between 8 and 10 weeks. As hypothesized, therapy was expected to have a positive effect on both the alcoholic family member and his entire family system. Relevant outcomes are presented below.

Table 2.

Post-test using FACES IV-SOR for all family members

Scale/indicators	Mean		t	P	Standard deviation	
	AA	CG			AA	CG
Balanced cohesion	57.12	66.39	-4.341	.0000	20.853	25.614
Balanced flexibility	57.61	61.37	-1.617	.1066	21.696	28.762
Disengagement	18.18	17.32	.949	.3430	10.290	9.370
Enmeshment	19.76	17.48	2.940	.0034	9.358	7.362
Rigidity	23.22	24.44	-1.029	.3040	11.805	14.103
Chaos	23.75	19.47	3.881	.0001	13.564	10.021
Cohesion ratio	2.46	2.70	-3.237	.0013	.768	.859
Flexibility ratio	1.99	2.18	-2.312	.0212	.786	1.021
Total ratio	2.22	2.44	-2.984	.0030	.700	.880
Communication	56.88	68.82	-5.487	.0000	23.621	23.754
Family life satisfaction	48.22	63.46	-6.603	.0000	23.636	26.675

AA – alcoholic families, $N = 250$; CG – control group, $N = 225$
t – t test for independent groups

The family profiles obtained with FACES IV-SOR are represented in the chart below.

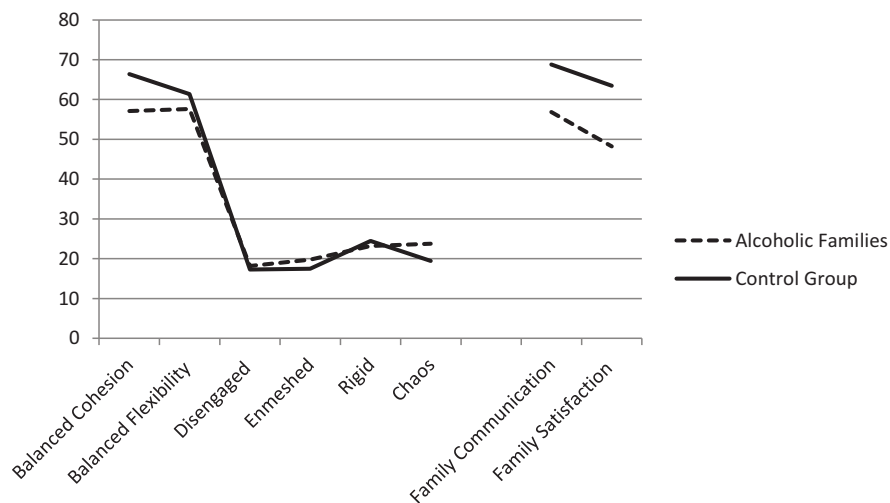


Figure 2. Post-test using FACES IV-SOR for all family members

The post-test brought similar results for both groups. They all fell within the average range, but alcoholic families scored a little lower on *Balanced cohesion* and *Balanced flexibility* as well as *Communication* and *Family life satisfaction*. However, both profiles produced matching results on *Unbalanced* scales. Statistically significant differences could be observed on five scales, but greater importance should be attached to increased scores on each scale and the ratio values. The ratios for alcoholic families were as follows: CR = 2.46, FR= 1.99, TR = 2.22, all of which were considerably above 1. Both profiles are close to balanced.

4. CONCLUSIONS AND DISCUSSION

The post-test demonstrated a dramatic change in alcoholic families. As hypothesized, they underwent spectacular change once the addicted father started therapy, and their scores increased on the *Balanced*, and decreased on the *Unbalanced* scales, respectively. However, the degree of change remains surprising, especially as mean scores for alcoholic families are the same as for their control group counterparts. All outcomes fall within the average range. Nevertheless, both statistically significant and qualitative differences occurred between the scales. As hypothesized, the control group profiles both at pre-test and post-test are close to balanced. All four *Unbalanced* scales decreased, while *Balanced cohesion* and *Balanced flexibility* improved. With no symptoms of stress, the resulting profile for the control group is both in line with the research hypothesis and the Circumplex Model. For alcoholic families, a tendency towards unbalanced was only partially demonstrated. The resulting profile scores lower on *Balanced cohesion* and *Balanced flexibility*, while *Unbalanced* scores are higher, yet within the average range. Incidentally, it is difficult to define it using any of the profiles derived from the Olson Circumplex Model (in general, alcoholic families tend to defy various classifications). The alcoholic families involved in the study were at the initial stages of the husband's therapy, which had probably been preceded by drinking and a family crisis, the latter observation being reflected in lower *Balance* and highest *Chaos* scores in the family. That being said, the ratios for alcoholic families at pre-test remain above 1 (CR = 1.23, FR= 1.09, TR = 1.16) although they are much lower than in the control group. This means that, despite the crisis and a loss in a number of important skills, alcoholic families were not utterly dysfunctional (their respective ratios would have to be below 1 and leaning toward 0 to be classed as dysfunctional). The fact that they were able to encourage the alcoholic member to undergo therapy only seems to corroborate their resilience.

The decision to undergo therapy and the successful completion thereof brought a significant change to the entire family system, which serves as empirical evidence for the validity of family systems theory. A significant increase was observed in balanced cohesion and balanced flexibility, which are two key variables for the functioning of a healthy family system. Even though the scores oscillated around the lower reaches of the average range at pre-test, several weeks of therapy produced an increase above the median at post-test. An analogous decrease was observed in scores on the *Unbalanced* scales: *Disengagement*, *Enmeshment*, *Rigidity* and *Chaos*, which oscillate around the lower reaches of the average range. Significantly higher scores were obtained for communication and family life satisfaction while cohesion, flexibility and total ratios increased considerably. The resulting change is large in scope, and yet the question remains whether this is something permanent or just a “honeymoon” effect during which the addicted husband is driven by guilt (as well as pride in joining therapy) and the wife is strongly persuaded that everything can change purely for the better. Therapists say that their addicted patients indulge, as it were, in therapy. The obtained outcomes allow the conclusion to be drawn that analogous mechanisms occur in the patients’ families, although no empirical data exists to prove this. Unfortunately, the study fails to establish whether the resulting change is permanent or not, which would be possible if subsequent measurements were taken on the same families after, for example, one year. This, however, calls for a different scientific project altogether. Secondly, the two profiles resembling one another suggest that alcoholic families are not so different from healthy families, at least with regard to the variables examined in the study. This may explain a discrepancy between clinical descriptions and empirical research outcomes. Another question arises whether the profiles obtained at post-test are a one-off peak or they indicate a return to the potential that has been eroded by the drinking phase in the family. The obtained results may serve as an empirical illustration of the oscillation, as it were, between alternate sobriety and drinking phases which are determined by the addict’s behavior and which Steinglass (1987) discovered in the functioning of alcoholic families. The issue cannot be resolved without consistent long-term research, and as such it offers an intriguing field for future investigations. The final conclusion from the study concerns the scope of diagnostic and therapeutic care for entire families: a change in the family occurs even if family members fail to directly participate in therapy. With good diagnostic and therapeutic care for the entire family, family members are more likely to understand the processes they are going through, and the resulting change is also more likely to be permanent.

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Marriages of women addicted to alcohol – A review of the literature

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SUMMARY:

Although there is a lot of literature and research about the marriages of people with an alcohol addiction, the main share of this research is devoted to couples with an addicted husband. However, women make up almost one-quarter of the alcohol addicted population. The aim of this article is to review the current literature about the functioning of marriages with alcohol addicted women, in particular such factors as marriage satisfaction, communication and violence.

1. INTRODUCTION

An alcohol addiction of one family member influences not only individual functioning of other family members, but also has effect on the relationships in those families, especially on marital interactions. There is a lot of research and literature related to marriages of alcohol addicted patients. This research indicated that those marriages, compared to marriages of non-alcohol dependent spouses, are characterized by disturbed communications and a high level of conflict (Kahler, McCrady and Epstein, 2003). Also, alcoholic couples experience negative emotions more often than positive ones (research review: Marshall, 2003), their marital quality is lower (KearnsBodkin and Leonard, 2005) and aggression (verbal, physical, psychological and sexual) occurs more often (Dubnova and Joss, 1997; Kurza, 2000; Leonard, 2005). When describing the functioning of marriages with an alcohol dependent partner, the term 'codependancy' is used to describe their spouse. It is usually used in relation to the wives of men with

an alcohol addiction (Beattie, 2006; Cermak, 1986; Margasiński, 2000; Melli-bruda, 1999; Ryniak and Świątek, 2009). Prest, Benson and Protinsky (1998) indicate that this term relates not only to intrapersonal phenomena but also describes the interpersonal aspect of complementary behaviors in dimensions such as irresponsibility and over-responsibility (Szczepańska, 1992). The literature review shows that the majority of research explores the situation of couples where the male is an alcoholic. However, 20–25% of the alcohol dependent population are women (Nikodemska, 2002; Włodawiec, 1997). It raises the question of whether marriages with alcohol dependent wives function in the same way as marriages with alcohol dependent husbands. Studies explore both the sociodemographic aspects of such marriages (i.e. what percentage of alcohol dependent women are married) and psychological issues such as the quality of the marriage, communication between the spouses or aggressive behavior and violence.

2. ALCOHOL DEPENDENCE AND THE MARITAL STATUS OF WOMEN

The research carried out to date indicates that alcohol dependent men live in marriages more often than alcohol dependent women. The Polish findings show that almost 70% of men addicted to alcohol continue to live in their marriages, whilst amongst alcohol dependent women this number is significantly lower – 52% (Nikodemska, 2000). Later studies carried out by The State Agency for the Prevention of Alcohol Related Problems and the Institute of Health Psychology of the Polish Psychological Association amongst alcohol dependent women indicate that around 3% of them stay in informal relationships. Also, one third lives with partner who is also misusing alcohol (Nikodemska, 2002). According to another study (Knapp and McCrady, 2007; Roberts and Leonard, 1997; Wilsnack and Wilsnack, 1991), living with alcohol dependent partner, which is more often amongst female alcoholic couples, can be a risk factor for problem drinking, because women more easily copy the drinking pattern of their partner (Gaşior, 2006; Gombert, 1997; McDonough and Russell, 1994).

A relatively high number of alcohol addicted women are single. For example, research carried out by Nikodemska (2002a) show that 39% of alcohol addicted mothers have no partner, i.e. 24% of them are divorced, 10% are widows and 5% are spinsters. Researchers also indicate that alcohol addicted women are left by their partners more often than alcohol addicted men (Kauffman and Reoux, 1991). In addition, a study by Włodawca (1997) shows that the percentage of divorces is higher amongst alcohol addicted women than in female population (23% compared to 7.7%).

3. ALCOHOL DEPENDENCY AND MARITAL QUALITY

Some research focuses on the marital quality of alcohol addicted women. However, the findings are not unambiguous. For example, research carried out by Dumka and Roos (1993) used data from 120 mothers and fathers with a drinking problem and showed that there is no correlation between the gender of an alcohol dependent parent and the wives' marital satisfaction. Other results indicate that the level of marital satisfaction differs in male and female alcoholic families. However, the researchers do not agree on the effects of these addictions. In the Noel, McCrady, Stout and Fisher-Nelson (1991) study, 45 married couples (of which 12 were female alcoholics) were assessed. This study suggests that couples with an alcoholic wife are more satisfied with each other and themselves in their role functioning, than couples with an alcoholic husband. On the other hand, Reed's (2005) research shows that this is not the case. It examined the marital satisfaction of male and female alcoholics couples. The sample included 50 male alcoholic cases and their spouses, 37 female alcoholic cases and their spouses and 50 control couples without an addition problem. Compared to other groups, alcoholic women scored lower on reported marital satisfaction. Partly similar results were obtained in a long-term study (Cranford, Frank, Schulenberg and Zucker, 2011) involving 105 couples. It shows that in families with alcoholic wives, the level of marital satisfaction of both spouses decreases during the lifetime of the marriage. Research by Haber and Jacob (1997) also indicates a similar effect. This research was focused more on the dominant emotion type rather than marital satisfaction. The results show that female alcoholic couples demonstrate greater negativity and lower positivity and congeniality.

4. COMMUNICATION IN FEMALE ALCOHOLIC MARRIAGES

There are a number of studies, albeit not many, analyzing communication between spouses in female alcoholic marriages. Olenick and Chalmers (1991) observed that alcohol addicted women drink alcohol as a response to marriage problems more often than alcohol addicted men. Another study (Miller, Downs and Gondoli, 1989), carried out in the late 1980s amongst alcoholic women selected from local treatment agencies and Alcoholic Anonymous groups, showed that those women experienced higher levels of spouse-to-woman aggressive and derogatory verbal interaction. A multi-purpose study on a randomized group of 316 women carried out by Thundal and Allebeck (1998) showed that poor communication with the spouse was strongly associated with alcohol dependence and abuse in women. Kelly, Hallford and Young (2002) also studied communication in female alcoholic couples. Couples with relationship problems in which

the woman abuses alcohol showed a distinctive pattern of negative, unpleasant and aggressive communication. Women alcoholics have a greater tendency, however, to listen to their partners, much like women in couples undergoing marital distress who do not have alcohol problems. The authors also describe the interaction pattern in female alcoholic couples as a “male-demand female-withdraw” pattern, which is a gender reversal of the “female-demand male-withdraw” pattern often observed in non-alcoholic couples with relationship problems.

5. VIOLENCE IN MARITAL RELATIONSHIPS AND ALCOHOL ADDICTION OF WOMEN

Violence was also examined in studies on alcoholic couples. Miller, Downs and Gondoli (1989) stated that alcoholic women had a higher level of spouse-to-woman moderate violence and severe violence than non-alcoholic women. Downs, Miller and Panek (1993) also studied the connection between alcohol addiction and reported partner-to-woman verbal abuse and physical violence. The results show that women with an addiction had a higher frequency of negative and aggressive verbal interaction. What is more, the research by Jacob, Leonard and Haber (2001) shows that if both spouses abuse alcohol, the risk of violent spouse-to-woman behavior rises. Chase, O’Farrell, Murphy, Fals-Stewart and Murphy (2003) also examined violence in female alcoholic couples. During the year before the research was carried out, about two thirds of women were victimized by their male partners, although a similar proportion engaged in violence toward their male partners. Research by Keller, El-Sheikh, Keiley and Liao (2009) provides some interesting conclusions. These research findings indicated that a drinking problem of the wife was associated with decreased verbal aggression while a drinking problem of the husband was associated with increased physical aggression. What is more, physical marital aggression could lead to an increase in wives with a drinking problem.

6. SUMMARY

Alcohol addicted women live in marriages less often than alcohol dependent men. They more often live with an alcohol dependent partner and divorce more frequently. Some research show that they are somewhat dissatisfied with their marital relationship and this level of satisfaction falls across time; some studies, however, show completely different dependencies.

Communication in female alcoholic marriages is described as non-adaptive and poor, with a high level of verbal aggression from both partners. Researchers indicate that there is a connection between alcohol abuse and experiencing or causing violence in relationship.

The review of literature review shows that the research picture of female alcoholic marriages is not entirely consistent, but rather fragmented. This is due to the low number of studies related to this subject. Also, the research reviewed showed methodological limitations. In some, the spouse relationship was assessed by just one of partners, usually the alcoholic woman. Mostly the data comes from self-description while the perspective of the other spouse could have been very significant. Also, the drinking of the other spouse was not always a control factor. Very often research was conducted on small groups. Sometimes informal relationships were included in the group of married couples. For the reasons listed above it is necessary to further explore this field. Further examination of female alcoholic marriages might succeed in formulating some useful clinical and therapeutic recommendations – especially directed towards addicted women, their partners and couples.

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